CALIFORNIA ACUPUNCTURE BOARD

SUNSET REVIEW REPORT 2016

California Acupuncture Board
BACKGROUND INFORMATION AND OVERVIEW OF THE CURRENT REGULATORY PROGRAM
As of November 17, 2015

Section 1
Background and Description of the Board and Regulated Profession

Mission Statement

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.

Brief History

In 1972, the Board of Medical Examiners (now called the Medical Board of California) began regulating acupuncture under provisions that authorized the practice of acupuncture under the supervision of a licensed physician as part of acupuncture research in medical schools. Subsequently, the law was expanded to allow acupuncture research to be conducted under the auspices of medical schools.

In 1975, Senate Bill 86 (Chapter 267, Statutes of 1975) created the Acupuncture Advisory Committee under the Board of Medical Examiners and allowed the practice of acupuncture only upon a prior diagnosis or referral by a licensed physician, chiropractor, or dentist.

In 1976, California became the eighth state to license acupuncturists.

In 1978, acupuncture was established as a "primary health care profession" when legislation eliminated the requirement for prior diagnosis or referral by a licensed physician, chiropractor, or dentist. That year, Assembly Bill 2424 (Chapter 1398, Statutes of 1978) authorized Medi-Cal payments for acupuncture treatment.

In 1980, legislation abolished the Acupuncture Advisory Committee, establishing an Acupuncture Examining Committee in its place. The Acupuncture Examining Committee was placed within the Division of Allied Health Professions, and had limited autonomous authority. Legislation also expanded the acupuncturists' scope of practice to include electroacupuncture, cupping, and moxibustion; clarified that Asian massage, exercise and herbs for nutrition were within the acupuncturist's scope of practice; and provided that fees be deposited in the Acupuncture Examining Committee Fund instead of the Medical Board's fund. Most of these statutory changes became effective on January 1, 1982.

In 1982, the Legislature designated the Acupuncture Examining Committee as an autonomous body. Effective January 1, 1990, through AB 2367 (Chapter, 1249, Statutes of 1989), its name was changed to Acupuncture Committee to better identify it as a state licensing entity for acupuncturists. The legislation further provided that, until January 1, 1995, the California Acupuncture Licensing Examination (CALE) would be developed and administrated by an independent consultant. This was later extended to June 2000.

In 1988, legislation (Chapter 1496, Statutes of 1988) was enacted that included acupuncturists as "physicians" for the Workers Compensation system only. The bill permitted acupuncturists to treat workplace injuries without first obtaining a referral, but did not authorize acupuncturists to evaluate disability. The bill went into effect in 1989 with a four-year sunset clause. AB 400 (Chapter 824, Statutes of 1992) extended the inclusion of acupuncturists as "physicians" in the Workers' Compensation system until December 1996 and AB 1002 (Chapter 26, Statutes of 1996) further extended the inclusion of acupuncturists as "physicians" in the Workers' Compensation system until January 1, 1999. Legislation passed in 1997 (Chapter 98, Statutes of 1997) deleting the 1999 sunset date on the Workers' Compensation system.

On January 1, 1999, the Committee's name was changed to Acupuncture Board[1] (SB 1980, Chapter 991, Statutes of 1998) and removed from within the jurisdiction of the Medical Board of California (SB 1981, Chapter 736, Statutes of 1998).

In 2002, AB 1943 (Chapter 781, Statutes of 2002) was signed into law. The bill raised the acupuncture training program curriculum standards requirement to 3,000 hours, which included 2,050 hours of didactic training and 950 hours of clinical training. The Board promulgated regulations to implement this bill, which become effective January 1, 2005.

In 2006, SB 248 (Chapter 659, Statutes of 2005) repealed the nine-member Board and reconstituted it as a seven-member board with four public members and three licensed acupuncture members. The quorum requirements were changed to four members including at least one licensed member constituted a quorum.

Today, the Board is fully constituted with four public members and three licensed acupuncture members. The Board consists of an Executive Officer and a total of 11 permanent and three part time staff. The Board regulates about 17,801 acupuncturists, 11,644 of whom are actively practicing in the State of California.

Acupuncture Scope of Practice

Acupuncture is defined in Business and Professions Code Section (BPC) Section 4927 (d) as the stimulation of a certain point or points on or near the surface of the body by the insertion of needles to prevent or modify the perception of pain or to normalize physiological functions, including pain control, for the treatment of certain diseases or dysfunctions of the body and includes the techniques of electroacupuncture, cupping, and moxibustion. (Chapter 655, sec. 56, Statutes of 1999).

Function of the Board

The Board's legal mandate is to regulate the practice of acupuncture and Asian medicine in the State of California. The Board established and maintains entry standards of qualification and conduct within the acupuncture profession, primarily through its authority to license. The Acupuncture Licensure Act commences with BPC Section 4925 et seq. The Board's regulations appear in Title 16, Division 13.7, of the California Code of Regulations (CCR).

The primary responsibility of the Board is to protect California consumers from incompetent, and/or fraudulent practice through the enforcement of the Acupuncture Licensure Act and the Board's regulations. The Board promotes safe practice through improvement of education training standards, continuing education, enforcement of the BPC and public outreach.

[1] Hereafter, the Acupuncture Board is referred to in this report as "Board."

1. *Describe the make-up and functions of each of the Board's committees.*

Committees of the Board

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 three or more Board Members who are charged with gathering public input, exploring alternatives to the issues and making recommendations to the full Board. The Board has four committees as follows:

Education Committee – addresses issues related to acupuncture educational standards, school application and approval process, tutorial programs, and continuing education.

Examination Committee – addresses issues related to development and administration of the examination, exam policy, and miscellaneous exam related issues.

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

Executive Committee – addresses issues related to expenditures/ revenue/fund condition, Executive Officer selection/evaluation, legislation/regulations, committee policy/ procedures, and special administrative projects.

Table 1a Attendance

Please see Appendix A.

Table 1b Board/Committee Member Roster

Please see Appendix A.

Board/Committee Member Roster

Member Name	Date First Appointed	Date Reappointed	Date Term Expires	Appointing Authority	Type (public or professional)
Aguinaldo, Hildegarde	08/21/13		06/01/17	Governor	Public
Chan, Kitman	08/21/13		06/01/17	Governor	Public
Corradino, Dr. Michael	05/21/15		06/01/17	Governor	Professional
Hsieh, Francisco	08/21/13		06/01/17	Assembly Speaker	Public
Kang, Jeannie	08/21/13		06/01/17	Governor	Professional
Shi, Michael	12/03/12	07/02/13	06/01/17	Governor	Professional
Zamora, Jamie	08/21/13		06/01/17	Senate Rules Committee	Public

2. *In the past four years, was the Board unable to hold any meetings due to lack of quorum? If so, please describe. Why? When? How did it impact operations?*

   The Board has not been unable to hold any meetings for lack of quorum since the majority of the Board was reconstituted in 2013.

3. *Describe any major changes to the Board since the last Sunset Review, including:*

   - *Internal changes (i.e., reorganization, relocation, change in leadership, strategic planning).*
   - *All legislation sponsored by the Board and affecting the Board since the last sunset review.*
   - *All regulation changes approved by the Board since the last sunset review. Include the status of each regulatory change approved by the Board.*

Internal Changes

- New Board Member was appointed to the Board. There are no current vacancies on the Board.

- With additional new staff, the Board was able to conduct 28 school site visits in FY 2014/15, which completed all site visits for schools seeking Board approval of their training programs and completed all compliance visits for Board approved schools in California and some out-of-state schools.
- With additional new staff, the Board streamlined the licensing process, eliminated fingerprint delays, and added outreach to licenses related to the status of their license and fingerprint compliance.
- With additional new staff, the Board was able to address the backlog in Enforcement caseload, and either close the cases or refer aging cases for prosecution. The Board increased the number of citations issued.
- The Board completed and released the results of the Occupational Analysis (OA) for the CALE in February 2015. The March 2016 CALE will be the first exam that is based on this new OA.
- The Board is auditing the national certification exam, and the results of the audit will be the basis of the policy decisions about which exam(s) should be used in the future as the basis for testing competency.
- The Board has created Board meeting updates for legislation, regulatory packages, strategic plan, and sunset review issues which are included in Board packet materials posted on the website and for members.
- All Board meetings are webcast.

Legislation

- The Board worked with Senate Business and Professions Committee to address the exclusion of Canadian acupuncture training programs. The amendment in SB 800 will allow Canadian acupuncture graduates to apply as foreign applicants effective January 1, 2016.

Regulations

- Consumer Protection and Enforcement Initiatives (CPEI) regulations were implemented and became effective October 1, 2015.
- SB 1441 (Uniform Standards Regarding Substance Abuse) is expected to be filed with the Office of Administrative Law (OAL) in fall 2015.
- AB 2699 (Free and Sponsored Health Events) was filed with the OAL in May 2015.
- Consumer Notice pursuant to Business and Professions Code Section 138] was filed with the OAL in May 2015.
- Disciplinary Guidelines update is expected to be filed with the OAL in spring 2016.
- SB 1246 Foreign Equivalency Standards regulations are being drafted with the goal of having them in place by January 1, 2017.
- The Board approved regulatory language to update the Hygiene Guidelines
- The Board approved regulatory language to promulgate regulations that would create an administrative action related to prostitution to assist the Board's effort to combat prostitution.
- The Board approved regulatory language to require licensees to include their license number in advertisements.
- The Board approved regulatory language to require continuing education course work in ethics.

(See Appendix B –Strategic Plan 2013-2017.)

CAB list of past and future regulations

Updated: August 12, 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, BPC Section 4933.

Pending regulations				
	Subject	**B&P code Sections/and regulations**	**Date authorizing vote taken (vote)**	**Status**
1	Standards for International Education Training and Clinical Experience BPC Section 4939.	BPC 4939. Adopts 1399.433. Revises1399.434,436 ,437.	11/17/2015	Drafting language and preparing for Board approval.
2	Uniform Standards Related to Substance Abuse and Recommended Guidelines for Disciplinary Orders and Conditions of Probation (SB 1441)	Adopts Sections 1399.469(a), 1399.469(b).	10/25/2013 (5-0)	Legal Counsel reviewed and returned to staff for further revisions. Expected filing with OAL by Spring 2016.
3	Sponsored Free Health-Care Events (AB 2699)	Adds Article 7 and Sections 1399.480, 1400.1, 1400.2 and 1400.3.	11/17/2011 (5-0)	45-day public comment period complete. Comments received for Board review at Sept. Board meeting. Staff preparing rulemaking submission to Agency for final OAL approval.
4	Display of licensure by Acupuncture Board (BPC 138)	Adds Section 1399.463.3.	11/14/2014 (6-0)	45-day public comment period complete. Staff preparing rulemaking submission to Agency for final OAL approval.
5	Update Disciplinary Guidelines	Revise 1399.469	10/25/2013 (5-0) pending	Originally approved by the Board as a combined package with SB 1441. Now being prepared as a separate package with additional revisions.

6	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 December 2016
7	Advertising guidelines – display of license numbers in advertising	Adopts Section 1399.455.	2/19/2013 (5-0)	Package being completed by staff. Expected submittal to OAL by Spring 2016.
8	Continuing education: Course in Professional Ethics	Adopts Section 1399.482.2.	11/15/2012 (5-0)	Package being completed by staff. Expected submittal to OAL by Spring 2016.
9	Hand Hygiene requirements	Amends 1399.451(a).	2/14/2014 (5-0)	Package being completed by staff. Expected submittal to OAL by Spring 2016.

Adopted Regulations

	Subject	B&P code /regulationsSections 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	*Approved by OAL 10/5/2004.* http://www.acupuncture.ca.gov/pubs_forms/laws_regs/art2.shtml#1399415
2	Cite and Fine enforcement	Amends Section 1399.465	*Approved by OAL 4/17/2006.* http://www.acupuncture.ca.gov/pubs_forms/laws_regs/art6.shtml#1399465
3	Continuing education	Amends Sections 1399.480 – 1399.489.1	*Approved by OAL on 8/25/2008.* http://www.acupuncture.ca.gov/pubs_forms/laws_regs/art8.shtml#1399480
4	Retroactive fingerprinting requirements	Adopts Sections 1399.419.1 and 1399.419.2	*Approved by OAL 9/23/2010.* http://www.acupuncture.ca.gov/pubs_forms/laws_regs/art25.shtml#13994191
5	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	*Approved by OAL on 6/2/2015. Effective 10/1/2015.* *http://www.acupuncture.ca.gov/about_us/relevant.shtml*

ACUPUNCTURE BOARD -- BILLS TRACKED

2014

BILL #	AUTHOR	SUBJECT	BOARD POSITION
AB 1702	Patterson	Delay of Denial of License	No position
AB 2396	Bonta	Denial of License	No position
AB 2720	Ting	Agency meetings	No position
SB 1159	Lara	Professions and Vocations	No position
SB 1246	Lieu	Acupuncture Board	SUPPORT IF AMENDED (version as amended 6/15/14)
SB 1256	Mitchell	Medical Services	No position

2015

BILL #	AUTHOR	SUBJECT	BOARD POSITION (DATE ADOPTED)
AB 12	Cooley	State Government	No position
AB 19	Chang	Small Business Regulations	No position
AB 41	Chau	Healing Arts	No position
AB 85	Wilk	Open Meetings	OPPOSE (version as amended 4/15/15)
AB 351	Jones-Sawyer	Public Contracts	No position
AB 483	Patterson	Healing Arts	No position
AB 611	Dahle	Controlled Substances	No position
AB 728	Hadley	State Government	No position
AB 750	Low	Business and Professions	No position
AB 758	Chau	Acupuncture and Training	No position
AB 797	Steinorth	Regulations	No position
AB 1060	Bonilla	Professions and Vocations	No position
AB 1351	Eggman	Deferred Entry of Judgment	No position
AB 1352	Eggman	Deferred Entry of Judgment	No position

SB 137	Hernandez	Health Care Coverage	No position
SB 467	Hill	Professions and Vocations	No position
SB 799	Sen. BP&ED	Business and Professions	No position
SB 800	Sen BP&ED	Healing Arts: Omnibus bill	SUPPORT (version as amended 4-20-15)

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

   The Board completed its OA that surveyed and updated practice and competencies for the profession. This analysis will change the outline for the CALE. The March CALE 2016 will be the first exam that will be constructed based on the new OA. (See Attachment C.)

5. *List the status of all national associations to which the Board belongs.*
   - *Does the Board's membership include voting privileges?*
   - *List committees, workshops, working groups, task forces, etc., on which Board participates.*
   - *How many meetings did Board representative(s) attend? When and where?*
   - *If the Board is using a national exam, how is the Board involved in its development, scoring, analysis, and administration?*

There are no state or national regulatory organizations in existence at this time on which the Board can participate.

Section 2
Performance Measures and Customer Satisfaction Surveys

6. *Provide each quarterly and annual performance measure report for the Board as published on the DCA website.*

   (See Appendix C.)

7. *Provide results for each question in the Board's customer satisfaction survey broken down by fiscal year. Discuss the results of the customer satisfaction surveys.*

   The Board offers customer satisfaction surveys through our website and through SOLID for Enforcement. There were no responses for the Enforcement satisfaction survey since the last sunset review. However, there were responses that we received through our website customer satisfaction survey. (See Appendix D.)

Section 3
Fiscal and Staff

Fiscal Issues

8. *Describe the Board's current reserve level, spending, and if a statutory reserve level exists.*

   The current reserve level for the Board is $1.456 million in addition to a $5 million outstanding loan to the General Fund which is not included in reserves until it is paid to the Board. The current spending level is $3.4 million for FY 15/16. The Board does not have a specific statutory reserve level requirement.

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

The Board is currently considering a fee increase in light of the projected increase in expenditures. A large increase in expenditures is due to the increase in staff, which permits the Board to accomplish much of the work that has been backlogged in previous years. For example, the Board added enforcement staff, which means that more of the enforcement cases are being closed.

Table 2. Fund Condition

(Dollars in Thousands)	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15	FY 2015/16	FY 2016/17
Beginning Balance	$5830	$1,367	$2,090	$1,881	$1,459	$1,226
Revenues and Transfers	-$2,594	$2,636	$2,555	$2,635	$3,225	$4,223
Total Revenue	$2,406	$2,636	$2,555	$2,635	$3,225	$3,223
Budget Authority	$2564	$2751	$2797	$3,256	$2,853	$3,457
Expenditures	$1860	$1,935	$2,797	$3,303	$2,853	$4,229
Loans to General Fund	-$5,000	0	0	0	0	0
Accrued Interest, Loans to General Fund	0	0	0	0	0	0
Loans Repaid From General Fund	0	0	0	0	0	0
Fund Balance	$1,367	$2,090	$1,881	$1,456	$1,226	$1,898
Months in Reserve	8.4	8.9	7.9	5.0	4.1	6.3

10. Describe the history of general fund loans. When were the loans made? When have payments been made to the Board? Has interest been paid? What is the remaining balance?

In FY 2003/04, the Board loaned the General Fund $1.5 million[2]. This loan was repaid in 2006. In FY2011/2012, the Board made a $5 million loan to the General Fund. That loan was planned to be repaid with interest in FY 2015/16. However, no such payment has been scheduled. No interest has been paid.

[2] Fiscal Year (FY) for the state is July 1 through June 30th.

11. Describe the amounts and percentages of expenditures by program component. Use Table 3. Expenditures by Program Component to provide a breakdown of the expenditures by the Board in each program area. Expenditures by each component (except for pro rata) should be broken out by personnel expenditures and other expenditures.

Table 3. Expenditures by Program Component (list dollars in thousands)

	FY 2011/12		FY 2012/13		FY 2013/14		FY 2014/15	
	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E
Enforcement	85,786	509,966	58,284	513,111	147,862	1,038,193	114,665	852,654
Examination	85,786	425,567	97,140	473,193	147,862	604,619	114,665	856,595
Licensing	42,893	54,859	48,570	67,601	147,862	231,257	114,665	155,191
Administration *	243,692	165,228	217,682	203,243	154,331	115,628	230,525	155,191
Education**	42,893	54,859	38,856	54,081	73,931	115,628	114,665	155,191
DCA Pro Rata		174,655		182,667	$0	203,520	$0	630,865
Diversion (if applicable)	NA	NA	NA	NA	NA	NA	NA	NA
TOTALS	501,050	1,385,134	460,532	1,493,896	671,846	2,308,845	809,183	2,805,685

*Administration includes costs for executive staff, board, administrative support, and fiscal services.
** Education line added to chart to reflect Education Program expenditures

12. Describe license renewal cycles and history of fee changes in the last 10 years. Give the fee authority (Business and Professions Code and California Code of Regulations citation) for each fee charged by the board.

Table 4. Fee Schedule and Revenue (list revenue dollars in thousands)

Fee	Current Fee Amount	Statutory Limit	FY 2011/12 Revenue	FY 2012/13 Revenue	FY 2013/14 Revenue	FY 2014/15 Revenue	% of Total Revenue
Other Regulatory Fees							1.8%
Duplicate Renewal Fee	$10	$10	$1	$1	$1	$1	
Endorsement	$10	$10	$1	$1	$1	$1	
Duplicate- Additional Office	$15	$15	$5	$5	$6	$6	
Duplicate Pocket License	$10	$10					
CE Approval Fee	$150	$150	$42	$40	$38	$44	
Licenses & Permits							30.8%
App Fee- Schools	$1500	$3000	$6	$3	$0	$3	
App Fee- CALE	$75	$75	$59	$69	$62	$62	
Re-Exam Fee- CALE	$550	$550	$189	$221	$235	$223	
App Fee- Tutorial Supervisor	$200	$200	$3	$3	$3	$2	
App Fee-Trainee	$50	$50	$0	$0	$0	$0	
Exam Fee- CALE	$550	$550	$366	$424	$373	$290	
Initial Licensure Fee	$325	$325	$144	$156	$145	$140	
Renewal Fees							66.7%
Biennial Licensure Renewal Fee	$325	$325	$1,590	$1,720	$1,696	$1,869	
Annual Renewal- Tutorial Supervisor	$50	$50	$1	$1	$1	$1	
Annual Renewal Fee- Tutorial Trainee	$10	$10	$0	$0	$0	$0	
Delinquent Fees							0.5%
Delinquent Renewal Fee- Licensure	$25	$25	$12	$13	$14	$16	
Delinquent Renewal Fee- Tutorial Supervisor	$25	$25	$0	$0	$0	$0	
Delinquent Renewal Fee- Tutorial Trainee	$5	$5	$0	$0	$0	$0	

*Fee pro-rated based on the date the license is issued and the birth month of the applicant. Fee varies from $176 for 13 months to $325 for 24 months.

Fees are set either through statutory and/or regulatory authority. The statutory authority for fees is set forth in BPC Sections 4970, 4971, 4972. The regulatory authority for fees is set forth in Sections 1399.460, 1399.461, 1399.462.

13. Describe Budget Change Proposals (BCPs) submitted by the Board in the past four fiscal years.

Table 5. Budget Change Proposals (BCPs)

BCP ID #	Fiscal Year	Description of Purpose of BCP	Personnel Services				OE&E	
			# Staff Requested (include classification)	# Staff Approved (include classification)	$ Requested	$ Approved	$ Requested	$ Approved
	15/16	SB 1246 implementation school oversight	1 Staff Services Manager (SSM1) 2 Associate Government Program Analysts (AGPA) 1Office Technician (OT)	pending				
	14/15	Address Enforcement Workload	1 SSM1 2 AGPAs 1 Special Investigator (SI) 2 OT	2 AGPAs, 1 OT approved				
	14/15	SB 1246 Implementation school oversight	Denied, told to resubmit next FY.	none				
	14/15	Audit of NCCAOM Exam	Appropriation only	NA	withdrawn			
	13/14	Request for additional staff	1SSM I, 3 AGPAs, 2OTs	none				
	12/13	Request for additional staff	2 AGPAs, 2 OTs	none				

Staffing Issues

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

The Board requested position authority for 3.0 permanent full-time positions, as well as Budget authority for $280,000 in FY 2014/15 and $256,000 in FY 2015/16 and ongoing to address the Board's continual increase in workload. Specifically, the Board requested 1.0 Associate Governmental Program Analyst for enforcement, 1.0 Associate Governmental Program Analyst (AGPA) for education oversight and one 1.0 Office Technician (OT) for licensing.

While the Board has had some success in receiving additional staff, the Board is only at the 2001 staffing levels with three times the workload. This shortage has caused challenges for the board in areas of its increasing Enforcement workload, rise in call volume, data analysis, and future BreEZe implementation, for example.

Vacancy Rates

The vacancy rate has remained low over the past three years.

Efforts to Reclassify Positions

The Board has reclassified staff and created permanent intermittent positions to address workload challenges. This provides immediate short-term assistance in addressing workload challenges, but the Board remains understaffed for all of its functions and continues to seek additional staff through the BCP process to provide a long-term solution to its staffing needs to ensure the Board is appropriately staffed for all functions.

Among the changes the Board has made to address workload challenges are to re-classify an OT into an analyst level to address the more complex and increased exam workload.

Additionally, the Executive Officer (EO) is the only manager classification, and does not have an Associate Executive Officer to assist in running the Board's daily operations.

Staff Turnover

Staff turnover has been minimal.

Recruitment and Retention Efforts

The Board has provided current staff with promotional opportunities which has provided staff incentive to continue their employment with the Board. The EO works with staff to develop their skills needed for promotional opportunities.

Succession Planning

The Board has created employee handbooks for each position that provides training for new employees in their duties and how to perform them.

15. Describe the Board's staff development efforts and how much is spent annually on staff development (cf., Section 12, Attachment D).

The Board has a staff development budget of $3,129. The Board primarily relies on the training provided by SOLID within DCA.

Section 4
Licensing Program

16. What are the Board's performance targets/expectations for its licensing[3] program? Is the Board meeting those expectations? If not, what is the Board doing to improve performance?

The Board's performance target/expectation is to decrease processing time between receiving an application for license and the issuance of the license. Processing time improved in FY2013/14 from an average of 14.6 days to 11.46 days. After receiving an additional licensing staff and as a result of streamlining our licensing systems, the processing time dropped to 9.26 days in FY 2014/15.

17. Describe any increase or decrease in the Board's average time to process applications, administer exams and/or issue licenses. Have pending applications grown at a rate that exceeds completed applications, what has been done by the Board to address them? What are the performance barriers and what improvement plans are in place? What has the Board done and what is the Board going to do to address any performance issues, i.e., process efficiencies, regulations, BCP, legislation?

Pending applications have not grown at a rate that exceeds completed applications. The Board has improved upon its applications processing by streamlining the process and gaining Licensing staff. Continued challenges exist due to the absence of online cashiering, which is expected to resolve through BreEZe implementation.

18. How many licenses or registrations does the Board issue each year? How many renewals does the board issue each year?

Table 6. Licensee Population

		FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15
Acupuncture	Active	10,313	10,706	11,111	11,477*
	Out-of-State	895	1041	856	903*
	Out-of-Country	249	271	211	222*
	Delinquent	893	1026	992	931*

*as of 7/1/15

Table 7a. Licensing Data by Type

	Application Type	Received	Approved	Closed	Issued	Pending Applications			Cycle Times		
						Total (Close of FY)	Outside Board control*	Within Board control*	Complete Apps	Incomplete Apps	combined, IF unable to separate out
FY 2011/12	(Exam)	1173	1083			-	-	-	-	-	-
	(License)	570	570		570	-	-	-	-	-	-
	(Renewal)			n/a		-	-	-	-	-	-
FY 2012/13	(Exam)	1342	1232								
	(License)	600	600		600						
	(Renewal)			n/a							
FY 2013/14	(Exam)	1210	1157								
	(License)	595	595		595						
	(Renewal)			n/a							

* Optional. List if tracked by the board.

[3] The term "license" in this document includes a license certificate or registration.

Table 7b. Total Licensing Data			
	FY 2012/13	FY 2013/14	FY 2014/15
Initial Licensing Data:			
Initial License/Initial Exam Applications Received	1942	1805	1723
Initial License/Initial Exam Applications Approved	1832	1752	1673
Initial License/Initial Exam Applications Closed			
License Issued	600	595	565
Initial License/Initial Exam Pending Application Data:			
Pending Applications (total at close of FY)			
Pending Applications (outside of board control)*			
Pending Applications (within the board control)*			
Initial License/Initial Exam Cycle Time Data (WEIGHTED AVERAGE):			
Average Days to Application Approval (All - Complete/Incomplete)	14.6	11.46	9.26
Average Days to Application Approval (incomplete applications)*			
Average Days to Application Approval (complete applications)*			
License Renewal Data:			
License Renewed	5215	5402	5570
* Optional. List if tracked by the board.			

19. How does the Board verify information provided by the applicant?

a. What process does the Board use to check prior criminal history information, prior disciplinary actions, or other unlawful acts of the applicant?

The Board uses a multi-pronged process to check for criminal histories, prior disciplinary actions, or other unlawful acts of an applicant:

- Applicants are required to report or disclose disciplinary actions or criminal history on their application for exam and licensure. If the applicant has a criminal record, the Board requests further information from the applicant for Board review. If the applicant failed to disclose a conviction that shows up, the Board follows-up with applicant requesting an explanation. The omission is taken into consideration in determining whether to grant or deny a license. Additionally, the Board has begun to issue citations and fines for non-disclosure.
- Each applicant for licensure is required to be fingerprinted prior to obtaining a license. The results from the fingerprinting are sent to the Board. Since the results would reveal a criminal record, it is a way of double-checking the applicant's disclosures.
- Certified court records, law enforcement arrest/incident reports are also obtained.

b. Does the Board fingerprint all applicants?

Yes. Title 16, California Code of Regulations Section 1399.419.2, which requires that all acupuncturists licensed prior to January 1, 2001 or for whom a record of the submission of fingerprint no longer exists,

submit a complete set of fingerprints to the California Department of Justice (DOJ) as a condition of licensure or licensure renewal.

c. *Have all current licensees been fingerprinted? If not, explain.*

All newly licensed acupuncturists licensed after 2001 have been fingerprinted. This past fiscal year (2013/14), the Board conducted manual queries for current licensees who have not been fingerprinted and individually reviewed all acupuncturists licensed before January 1, 2001 to make sure those licensees have complied with the fingerprint requirement. The licensees who were identified as non-compliant were sent a letter explaining the requirement and emphasizing that their license will not be renewed unless they comply. The result has been an increase in the number of outstanding fingerprints completed by current licensees.

d. *Is there a national databank relating to disciplinary actions? Does the Board check the national databank prior to issuing a license? Renewing a license?*

Yes, the Board now contracts with the National Practitioner Data Bank (NPDB). The Board currently is contracting for new licensees and out of state licensed applicants, for which the Board may not receive critical reports including police reports. The Board receives online reports on an ongoing basis through the NPDB.

e. *Does the Board require primary source documentation?*

Yes, the Board requires that all diplomas or certified diplomas and transcripts be official documents submitted from the issuing institution when submitted to the Acupuncture Board. The Board does not accept transcripts or copies from applicants to avoid the potential for fraudulent documents.

All foreign language documents must be accompanied by an English translation certified by the translator as to the accuracy of such translation under the penalty of perjury. A foreign evaluator translates foreign transcripts and verifies that the school is accredited.

20. Describe the Board's legal requirement and process for out-of-state and out-of-country applicants to obtain licensure.

Out-of-state applicants must have graduated from a Board approved training program in order to be eligible to take the CALE. If they are graduates of Board approved training programs, the Board reviews their transcripts to determine if they have met the Board's training program requirements. If they have, they are approved to take the licensure exam, and if they pass, they are eligible for licensure.

Foreign applicants are not required to graduate from a Board approved training program, but they are required to meet the same training program standards as those who have graduated from Board approved training programs. Foreign applicants are required to arrange to have their schools send two official transcripts: one to the Board; and one to the foreign evaluator that reviews, translates and notarizes the translation, evaluates the official transcripts, and indicates whether the school has regional accreditation. Upon receipt of all documents, the Board reviews the translated transcript and determines whether the applicant has met the Board's curriculum and clinical requirements.

21. Describe the Board's process, if any, for considering military education, training, and experience for purposes of licensing or credentialing requirements, including college credit equivalency.

a. *Does the Board identify or track applicants who are veterans? If not, when does the Board expect to be compliant with BPC § 114.5?*

Yes. The Board is fully compliant with BPC Section 114.5. The Board identifies and tracks applicants for license renewal who are veterans using our Consumer Affairs System (CAS) database system. A question regarding military service is included with all renewal applications and is entered into our CAS database when the renewal is processed.

b. *How many applicants offered military education, training or experience towards meeting licensing or credentialing requirements, and how many applicants had such education, training or experience accepted by the Board?*

Since the legislation become effective, the board has not received any applicants as of July 2015.

c. *What regulatory changes has the Board made to bring it into conformance with BPC § 35?*

Legal Counsel has determined such a regulatory change is not needed. Hence, the Board has not made any regulatory changes to be in compliance with BPC Section 35, as there are no known U.S. military college programs in Acupuncture and Oriental Medicine. Applicants for the exam with prior collegiate military education, who have completed a Board approved training program, are reviewed and processed like traditional applicants.

d. *How many licensees has the Board waived fees or requirements for pursuant to BPC § 114.3 and what has the impact been on Board revenues?*

As of July 1, 2015, the Board has waived fees for two licensees pursuant to BPC Section 114.3. The impact on Board revenue has been minimal ($325 biannual renewal fee x 2 licensees = $700.00 in lost revenue).

e. *How many applications has the Board expedited pursuant to BPC § 115.5?*

As of July 1, 2015, the Board has not had any applications for licensure pursuant to BPC Section 115.5.

22. Does the Board send No Longer Interested notifications to DOJ on a regular and ongoing basis? Is this done electronically? Is there a backlog? If so, describe the extent and efforts to address the backlog.

Since the last sunset review report, the Board has eliminated its "No Longer Interested" (NLI) notifications backlog as part of its streamlining of licensing systems. The notification is now done as part of our licensing process and notification to DOJ is done by mail, not electronically, per DOJ. There is no longer a backlog.

"No Longer Interested" notifications are a requirement for Board use of the results of background checks sent from the Department of Justice (DOJ). This information is confidential and is required to be destroyed once a case is closed. In addition, the DOJ requires the Board to notify them of all licensees whose fingerprint remain on file with the DOJ that there is no longer any need to send criminal background information on identified licensees. The licensee for which the Board no longer needs such criminal information includes cancelled licenses and deceased licensees.

Examinations

23. Describe the examinations required for licensure. Is a national examination used? Is a California specific examination required?

The California Acupuncture Licensure Exam (CALE) is the only exam that is currently required and accepted for licensure in California. The CALE is developed by the Office of Professional Examination Services (OPES) within DCA. The Board is currently auditing the national certification exam to determine whether it meets California standards.

24. What are pass rates for first time vs. retakers in the past 4 fiscal years? (Refer to Table 8: Examination Data)

Generally, there is a significant difference in pass rates for first-time test takers and re-takers in all years. First-time test takers pass at consistently higher rates than re-takers who pass at substantially lower rates.

(See Table 8 below.)

Overall Pass rates for First Time Test Takers vs. Re-Takers for the past four years:

Fiscal Year	First Time Test Takers vs. Retakers
2011/12	75% vs 35%
2012/13	78% vs 29%
201314	69% vs 22%
2014/15	72%vs 31%

Table 8. Examination Data				
California Examination (include multiple language) if any: English, Chinese, Korean				
	License Type: Acupuncture	English	Chinese	Korean
	Exam Title	CALE	CALE	CALE
FY 2011/12	# of 1st Time Candidates	273	96	79
	Pass %	76%	73%	75%
FY 2011/12	# of Ret-taker Candidates	178	87	134
FY 2011/12	Pass %	29%	37%	40%
FY 2012/13	# of 1st Time Candidates	313	140	100
	Pass %	78%	80%	78%
FY 2012/13	# of Re-taker Candidates	237	115	448
FY 2012/13	Pass %	30%	34%	29%
FY 2013/14	# of 1st Time Candidates	412	170	135
	Pass %	68%	68%	72%
FY 2013/14	# of Re-taker Candidates	194	72	69
FY 2013/14	Pass%	24%	26%	14%
FY 2014/15	# of 1st time Candidates	405	93	104
	Pass %	70%	72%	82%
FY 2014/15	# of Re-taker Candidates	244	84	78
FY 2014/15	Pass%	33%	27%	29%
	Date of Last OA	2015	2015	2015
	Name of OA Developer	OPES	OPES	OPES
	Target OA Date			
National Examination (include multiple language) if any: NA				

25. Is the Board using computer based testing? If so, for which tests? Describe how it works. Where is it available? How often are tests administered?

The Board has approved using computer-based testing November 2012 because it would be a significant cost savings and mutually convenient for both Board staff and candidates. However, the Board has not yet received DCA approval for moving forward with implementing computer-based testing because it is not yet certain whether the CALE will remain the sole exam for licensure in California.

Currently, the exam is offered twice a year, in March and August, one in Northern and one in Southern California. All three languages: English, Chinese and Korean exams are offered at the same time and location.

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

Yes, under the current Acupuncture Licensure Act, Canadian Acupuncture Training programs are not considered foreign or domestic. As a result, Canadian graduates of Acupuncture Training programs are

ineligible to be approved to sit for the CALE. SB 800 was designed to rectify this issue. It will become effective on January 1, 2016, and will permit the Canadian applicants to sit for the CALE.

School Approvals

27. Describe legal requirements regarding school approval. Who approves your schools? What role does BPPE have in approving schools? How does the Board work with BPPE in the school approval process?

Pursuant to BPC Section 4939, the Board has established curriculum and clinical training program standards. Under this authority, the Board approves curriculum and clinical training for in-state and out-of-state schools applying for Board approval of their training program for the first time.

This statute also gives the Board authority to conduct site visits to verify curriculum and evaluate the clinical training program for compliance. There are two types of site visits: (1) new training program approval; and (2) compliance visit of Board approved school.

The process for schools seeking Board approval of their training program is as follows:

- First, the school submits a voluminous application (some are 1000+ pages) to the Board, which the Board reviews and analyzes for compliance with curriculum standards.
- Next, the Board conducts a site visit to the school to verify records, policies included in the application, and to evaluate the clinical program through medical chart review, clinical observation, and student clinical records, which are only available on site. At the end of the site visit, the Board provides the school with a written exit report that details all curriculum and clinical non-compliance.
- The school is provided the opportunity to submit corrective action reports to the Board for review and analysis as to whether they have corrected the non-compliance items. This corrective action process typically ranges from two to six months.
- Next, the Education Committee reviews the exit report and any corrective action report submitted to the Board and makes a recommendation to the full Board. The Board then reviews and makes the final determination about whether the training program is approved, denied, revoked, suspended, or put on probation for compliance visits.

BPPE's involvement in this process is that schools typically seek BPPE and secure BPPE approval prior to applying to the Board for training program approval. For in-state schools, the school must obtain BPPE approval. For out-of-state schools, they must obtain the equivalent to BPPE approval in their respective state.

SB 1246, the Board's last Sunset Review bill, changed this process beginning January 1, 2017. SB 1246 expands the definition of approved training program to require schools be accredited, approved by BPPE and curriculum approved by the Board. Upon receiving ACAOM/BPPE accreditation, the school should then submit a request to the Board to determine whether it meets applicable curriculum standards. The Board has 30 days in which to respond.

Site visits will be conducted by ACAOM and BPPE to check for ongoing training program compliance. The licensure requirements of BPC Section 4938 have been revised to include this new school approval process.

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

Currently the Board has 38 schools (22 in-state and 16 out-of-state) that have received Board approval. Over the past two years, the Board conducted site visits for six schools seeking Board approval of their training programs and 22 follow-up compliance site visits of already approved schools.

School Site Visit Statistics

	FY 14-15
Withdrew Application	3
In-State Site Visit Completed	4
Out-of-State Site Visit Completed	2

	FY 14-15
In-State Compliance Visit	20
Out-of State Compliance Visit	2
Pending In-State Compliance Visit	**0**
Pending Out-of-State Compliance Visit	**14**

Prior to 2012, the Board had not conducted follow-up compliance site visits to Board approved training programs to check for compliance. Since 2012, the Board has conducted 28 school site visits. All of the schools that had been waiting for Board approval have been visited.

The Board has the ability to remove the approval of a school if they are non-complaint.

29. What are the Board's legal requirements regarding approval of international schools?

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

Continuing Education/Competency Requirements

30. Describe the Board's continuing education/competency requirements, if any. Describe any changes made by the Board since the last review.

a. *How does the Board verify CE or other competency requirements?*

At the end of a licensee's two-year renewal period, the licensee must submit a declaration under the penalty of perjury that they have completed the minimum requirement of 50 CE hours. Verification does not take place until the audit (discussed below). License renewals are only approved upon completion of the minimum number of required CE hours.

Those who fail to submit this declaration of 50 CE hours have a hold put on their license that is not removed until they have submitted their renewal form with appropriate CE course work. If they fail to renew, they are notified by letter that they are no longer eligible to practice acupuncture and must cease from practicing acupuncture until their renewal has been completed.

b. *Does the Board conduct CE audits of licensees? Describe the Board's policy on CE audits.*

Yes. Each year, the Board sends out notices of CE Audit to the licensee population that has renewed that year (10% of the licensing population). The Board pulls the files of licensees who have received the notice of CE Audit at random, and verifies that the required CE credits have actually been completed.

Since the last sunset review, the Board has significantly increased its oversight of CE courses, licensee compliance and CE providers since the last sunset review with the help of additional staff. The Board now implements a procedure that includes new audit matrices, increased enforcement for those who fail the audit, and identification of non-compliant CE providers.

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

Licensees found to not be in compliance are subject to enforcement action in the form of disciplinary action or citation, fine, and abatement.

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

The Board has audited 1707 licensees in the last four fiscal years. Of those licenses, 119 have failed the audit.

The CE Audit failure rate is 15% for the 2013/14 FY. The Board has issued Notice of Audits in the 2014/15 FY and is awaiting licensee submissions.

e. *What is the Board's course approval policy?*

The Board's course approval policy is set forth in Title 16, CCR Section **1399.483, "Approval Of Continuing Education Courses," which provides as follows:**

1. (a) Only a provider may obtain approval to offer continuing education courses.
2. (b) The content of all courses of continuing education submitted for board approval shall be relevant to the practice of acupuncture and Asian medicine and shall fall within the following two (2) categories

1. (1) Category 1 courses are those courses related to clinical matters or the actual provision of health care to patients Examples of Category 1 courses include, but are not limited to, the following:
    1. (A) Acupuncture and Asian Medicine
    2. (B) Western biomedicine and biological sciences.
    3. (C) Scientific or clinical content with a direct bearing on the quality of patient care, community or public health, or preventive medicine.
    4. (D) Courses concerning law and ethics and health facility standards.
    5. (E) Courses designed to develop a licensee's patient education skills, including, but not limited to, patient education in therapeutic exercise techniques, nutritional counseling, and biomechanical education.
    6. (F) Courses designed to enhance a licensee's ability to communicate effectively with other medical practitioners.
    7. (G) Courses in acupuncture's role in individual and public health, such as emergencies and disasters.
    8. (H) Courses in the behavioral sciences, patient counseling, and patient management and motivation when such courses are specifically oriented to the improvement of patient health.
    9. (I) Research and evidence-based medicine as related to acupuncture and Asian medicine.
2. (2) Category 2 courses are those courses unrelated to clinical matters or the actual provision of health care to patients. Examples of Category 2 courses include, but are not limited to, the following:
    1. (A) Practice management courses unrelated to clinical matters and direct patient care, including, but not limited to administrative record keeping, laws and regulations unrelated to clinical medicine, insurance billing and coding, and general business organization and management.
    2. (B) Breathing and other exercises, i.e. qi gong and taiji quan that are for the benefit of the licensee and not the patient.
3. (c) Each provider shall include, for each course offered, a method by which the course participants evaluate the following:
    1. (1) The extent to which the course met its stated objectives.
    2. (2) The adequacy of the instructor's knowledge of the course subject.
    3. (3) The utilization of appropriate teaching methods.
    4. (4) The applicability or usefulness of the course information.
    5. (5) Other relevant comments.
4. (d) Courses designed to be completed by an individual on an independent or home study basis shall not exceed 50% of the required continuing education hours.
    1. (1) Courses that require practical or hands on techniques may not be approved for independent or home study.
    2. (2) Courses approved for independent or home study shall include a self-assessment by the licensee upon completion of the course that tests the participant’s mastery of the course material.
5. (e) A provider is prohibited from selling, advertising or promoting any named brand product or service during a course. A provider shall ensure that any discussion of name product or service is objectively selected and presented with favorable and unfavorable information and balanced discussion of prevailing information on the product, competing products, alternative treatments or services. A provider shall ensure written disclosure to the audience, at the time of the program, of any

relationship between any named product(s) or services discussed and the provider or between any such products or service and any individual instructor, presenter, panelist, or moderator. However, a provider may offer for sale products or services after the course has been completed as long as it is made clear to all participants that they are under no obligation whatsoever to stay for the sales presentation or purchase any products. Nothing in this subdivision shall be interpreted as restricting a provider from discussing generic products during a course.

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

The Board approves all CE courses and all CE providers.

The Board's process for approving CE providers is as follows:

A prospective CE provider must meet the following requirements:

1) CE instructors must be licensed acupuncturists or authorized as "guest acupuncturists" in accordance with Section 4949 of the Business and Professions Code.

2) The licensed CE instructor must have a "current valid license" that has not been subject to revocation, suspension or probation.

3) The CE instructor must hold a BA degree or higher from a college or university and written documentation of experience in the subject matter of the course or two years of experience teaching the course within the last five years preceding the course.

Then, the prospective CE provider must submit an application to the Board. The Board approves the application if the CE provider meets the requirements above and the provider is offering courses within the scope of Acupuncture Practice or in Biomedicine. If approved, the CE provider may offer as many classes as desired within a two-year period, but each class must be approved by the Board.

The Board's approval of a CE provider expires two years after issuance. Renewal is done by application.

The Board's process for approving CE courses is as follows:

Board-approved CE providers must submit an application for course approval at least 45 days prior to the course being offered. The Board requires that all course content be relevant to the practice of acupuncture and Asian medicine. If Board staff questions any content of a CE course, the Board consults a subject matter expert to assist the Board in making the final determination of approval or denial.

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

There are currently 924 Board-approved CE providers. Of these providers, 69 received approval in the 2014/15 FY. No providers were denied during this time.

The Board received 3,627 CE Course Applications in the 2014/15 FY. Of these applications, 3,481 courses were approved and 146 courses were denied.

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

Pursuant to Title 16, CCR Section 1399.482(g), "the Board has the authority to audit CE providers. The Board retains the right and authority to audit or monitor courses given by any provider."

Pursuant to Title 16, CCR Section 1399.482(h), "Upon request, providers shall submit name, signature and license number of the acupuncturists taking the course and course evaluation forms completed by the participant on the quality and usefulness of the course."

The Board's audit of licensee compliance has revealed non-complaint CE providers. The Board is taking disciplinary action against these non-complaint CE providers.

i. Describe the Board's effort, if any, to review its CE policy for purpose of moving toward performance based assessments of the licensee's continuing competence.

Goal 4: Professional Qualifications, Objective 4.1 of the Board's Strategic Plan requires the Board to evaluate the approved continuing education course list and create defined scope for continuing education course work that focuses on improving practice knowledge, best practices, and updated research. The Education Committee was assigned to research continuing education policies of other boards which it has completed. Achievement of this objective is due in 2016 and 2017.

Section 5
Enforcement Program

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

Performance Measures and its Targets

The Board has the following performance measures (PM):

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

The Board's Performance by Fiscal Year

FY 2012/13

- PM 2 – Met target for all with the exception of quarter 1
- PM 3 – Met target for quarter 1 and 3 and slightly over on quarter 4
- PM 4 – Did not meet target
- PM 7 – Did not meet target
- PM 8 – Met target

FY 2013/14

- PM 2 – Met targets for all quarters except for being slightly over on quarter 3 by two days
- PM 3 – Did not meet target
- PM 4 – Did not meet target
- PM 7 – Slightly over target by a day or two
- PM 8 – Met target

PM 2

PM 2 measures the number of days between receipt of a complaint and the date a complaint is closed without assignment or the date it is assigned for investigation. There were times during the previous fiscal years where a small number of outlier complaints that were not timely closed or assigned for investigation drove up the overall average. The Board has addressed lengthy intake process times by prioritizing logging of complaints. Enforcement staff also is starting to receive back up assistance from an Office Technician on occasion when the volume of complaints is high in a given week.

PM 3

PM3 is the measure that takes into account the average cycle time from complaint receipt to closure of the investigation process. The measure does not include cases that are sent to the Attorney General or other forms of formal discipline. This measure includes the time it takes for desk investigations performed by staff, cases sent to the Division of Investigation (DOI) for formal investigations, reviews conducted by subject matter experts, and the review of staff that occurs after an investigation is complete.

An increasing volume of our complaints have warranted formal investigations with DOI, which can last up to a year. Additionally, our complaint volume is growing, so staff is working more desk investigations. Enforcement staff is also working backlogged cases from previous time periods when there was only one staff member.

With the extra caseload, the time for the intake and investigation phase is increasing, which can be seen in the 2013/14 annual report. As enforcement staff works through older investigations and closes out older disciplinary cases, the Board's cycle times will be more significantly over our target, but will eventually come down more to be in line with the targets. The EO meets with the staff weekly to prioritize cases and daily to make decisions on cases. Both staff and EO are mindful of process times and are prioritizing complaint intake in addition to working older cases first. The organization and labeling of complaints has improved, and the use of a log for pending complaints and cases has been implemented. The Board now has two enforcement positions, so even though caseload has increased, the load can be divided between the two, resulting in faster process times.

PM 4

PM 4 is the measure that tracks the average number of days to complete the entire enforcement process for cases resulting in formal discipline only. This target average was set by DCA for all healing arts Boards. Most complaints that go on for formal discipline are the complaints that are most complex and have gone through a formal investigation, been reviewed by a subject matter expert, Board staff, and then an Attorney General. These processes, alone, take about a year to a year and a half to complete. Then there is the time the case spends with the Attorney General, mostly waiting for a hearing date with the Office of

Administrative Hearings that is typically booked six months to a year out. The Board's goal is to process each case efficiently as possible, while not compromising the quality and level of consumer protection.

Staff is prioritizing checking on the status of disciplinary cases pending with the DOJ on a regular basis. Direction has been given to all deputy attorney generals to set cases for hearing as soon as a Notice of Defense is received. Additionally, negotiations are started on cases suited for stipulated settlements soon after a Notice of Defense is received. Once the backlog of disciplinary cases close out, the Board's overall process times will start to decrease.

Overall process times for cases that result in discipline will be decreased with the adoption CPEI regulations that go in effect October 1, 2015. These new regulations allow the EO to approve settlement agreements for revocation, surrender, or interim suspension orders. CPEI regulations allow the Board to deny a license to any applicant who is unable to perform as an acupuncturist safely due to a mental or physical illness. The regulations allow the Board to deny or revoke a license when the applicant or license is a registered sex offender. The Board will also be able to take disciplinary action against a licensee for failing to cooperate with a Board investigation. The CPEI regulations provide enforcement tools to more efficiently and more effectively protect consumers.

PM 7

PM 7 is a measure of the average number of days from monitor assignment to the date the monitor makes first contact with the probationer. The Board expects to meet this target in the future due to our increased enforcement staff this year. Staff is mindful of the performance measure target and is coordinating initial telephonic probation meetings within the 10 day timeframe. Additionally, staff is now providing probation forms and procedural information to probationers well before the effective date of probation. Monitoring probation in addition to all other functions of enforcement has been a challenge in the past and remains to be. However, with two staff dedicated to overseeing them, we are able to prioritize the Board's probation program more so.

PM 8

The Board is currently meeting its target for PM8, which is the average number of days from the date a violation of probation is reported to the date the assigned monitor initiates appropriate action.

32. Explain trends in enforcement data and the Board's efforts to address any increase in volume, timeframes, ratio of closure to pending cases, or other challenges. What are the performance barriers? What improvement plans are in place? What has the board done and what is the Board going to do to address these issues, i.e., process efficiencies, regulations, BCP, legislation?

The Board generally deals with two types of cases in its enforcement work: (1) aging (backlogged) cases, and (2) new cases. One of the trends related to aging cases, is the closure of a significant number of cases in the past two years. The second trend is the increase in cases over the past two years.

The Board has prioritized aging cases, which, has resulted in cases being completed. The performance measures show improvement that is the result of eliminating the backlog in aging cases. To illustrate the progress in improving overall enforcement, 91% of investigation cases closed were closed within two years; we have only 9% of aging cases closed that are older than two years. The cases closed by the AG show that 84 % were aging cases three or more years old, while 17% of cases closed were less than two years. These statistics reflect significant progress in completing discipline for the backlog of cases as well as making progress on newer cases as well.

One trend is that the overall number of complaints has increased. Additionally, the Board has dramatically increased the volume of citations in the past 2 years; the amount of fines issued has dramatically increased from $7,900 2 years ago to $57,000 last year. Having an additional staff person since FY 2014/15 has made a huge impact in processing both old and new caseload.

With the volume of consumer complaints increasing, the Board is investigating more complex complaints, which could possibly tack on more time for the investigative and review phases. The Board is managing this performance barrier by assigning one of its enforcement staff to focus on backlog. There is also a pending complaint log that is used regularly when managing caseload. Staff has clear direction to prioritize cases that are categorized as high or urgent. These cases are sent to DOI immediately. The Board has also received assistance from DOI's enforcement support unit to manage caseload and the various functions associated with obtaining evidentiary documents. The Board's EO prioritizes the review of enforcement cases and provides clear direction for enforcement staff so there is no hold up with in-house processing. The additional probationers the Board is monitoring are being managed by dividing the probationers between the two enforcement staff. One analyst oversees the monthly probation reports of compliance and the probationers who are required to undergo biological fluid testing. By making clear assignments to enforcement staff, workload is more streamlined.

The biggest barrier is that the Board still needs additional enforcement staff to address the increasing workload. The additional staff the Board received FY 2014/15 has helped with performance measures; but caseload has increased, so workload still exceeds staffing levels. The Board received approval to hire a part time Special Investigator last month. If a part time position can be filled, it will assist the Board in its unlicensed activity surveillance and enforcement.

Table 9a. Enforcement Statistics			
	FY 2012/13	FY 2013/14	FY 2014/15
COMPLAINT			
Intake (Use CAS Report EM 10)			
Received	73	119	175
Closed	3	8	8
Referred to INV	87	109	168
Average Time to Close	78	7	7
Pending (close of FY)	1	3	2
Source of Complaint (Use CAS Report 091)			
Public	39	64	62
Licensee/Professional Groups	13	19	23
Governmental Agencies	4	14	47
Other	142	93	152
Conviction / Arrest (Use CAS Report EM 10)			
CONV Received	126	71	109
CONV Closed	196	64	111
Average Time to Close	132	9	11
CONV Pending (close of FY)	0	7	5
LICENSE DENIAL (Use CAS Reports EM 10 and 095)			
License Applications Denied	0	0	3
SOIs Filed	0	0	1
SOIs Withdrawn	0	0	0
SOIs Dismissed	0	0	0
SOIs Declined	0	0	1
Average Days SOI	0	0	197
ACCUSATION (Use CAS Report EM 10)			
Accusations Filed	4	14	12
Accusations Withdrawn	0	0	0
Accusations Dismissed	0	0	0
Accusations Declined	2	3	3
Average Days Accusations	528	565	902
Pending (close of FY)	9	16	19

Table 9b. Enforcement Statistics (continued)			
	FY 2012/13	FY 2013/14	FY 2014/15
DISCIPLINE			
Disciplinary Actions (Use CAS Report EM 10)			
Proposed/Default Decisions	7	5	3
Stipulations	4	4	6
Average Days to Complete	988	1083	1132
AG Cases Initiated	6	21	22
AG Cases Pending (close of FY)	18	26	33
Disciplinary Outcomes (Use CAS Report 096)			
Revocation	4	3	2
Voluntary Surrender	0	0	1
Suspension	0	0	0
Probation with Suspension	0	2	0
Probation	5	4	5
Probationary License Issued	0	0	1
Other	0	0	0
PROBATION			
New Probationers	5	6	9
Probations Successfully Completed	6	5	4
Probationers (close of FY)	18	18	21
Petitions to Revoke Probation	0	1	0
Probations Revoked	0	0	1
Probations Modified	0	0	0
Probations Extended	0	0	0
Probationers Subject to Drug Testing	8	7	5
Drug Tests Ordered	141	161	138
Positive Drug Tests	0	0	1
Petition for Reinstatement Granted	0	0	1
DIVERSION			
New Participants	n/a	n/a	n/a
Successful Completions	n/a	n/a	n/a
Participants (close of FY)	n/a	n/a	n/a
Terminations	n/a	n/a	n/a
Terminations for Public Threat	n/a	n/a	n/a
Drug Tests Ordered	n/a	n/a	n/a
Positive Drug Tests	n/a	n/a	n/a

Table 9c. Enforcement Statistics (continued)			
	FY 2012/13	FY 2013/14	FY 2014/15
INVESTIGATION			
All Investigations (Use CAS Report EM 10)			
First Assigned	282	168	268
Closed	125	212	270
Average days to close	213	419	313
Pending (close of FY)	222	178	176
Desk Investigations (Use CAS Report EM 10)			
Closed	114	136	173
Average days to close	206	311	218
Pending (close of FY)	135	95	97
Non-Sworn Investigation (Use CAS Report EM 10)			
Closed	n/a	n/a	n/a
Average days to close	n/a	n/a	n/a
Pending (close of FY)	n/a	n/a	n/a
Sworn Investigation			
Closed (Use CAS Report EM 10)	11	76	97
Average days to close	293	612	482
Pending (close of FY)	87	83	79
COMPLIANCE ACTION (Use CAS Report 096)			
ISO & TRO Issued	0	0	0
PC 23 Orders Requested	0	0	0
Other Suspension Orders	1	0	0
Public Letter of Reprimand	2	0	0
Cease & Desist/Warning	0	0	0
Referred for Diversion	n/a	n/a	n/a
Compel Examination	0	0	2
CITATION AND FINE (Use CAS Report EM 10 and 095)			
Citations Issued	0	7	65
Average Days to Complete	0	995	276
Amount of Fines Assessed	0	7900	57900
Reduced, Withdrawn, Dismissed	0	2150	4700
Amount Collected	0	1600	35950
CRIMINAL ACTION			
Referred for Criminal Prosecution	1	4	6

Table 10. Enforcement Aging						
	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15	Cases Closed	Average %
Attorney General Cases (Average %)						
Closed Within:						
1 Year		0	0	1	1	3
2 Years		2	1	1	4	14
3 Years		5	3	0	8	28
4 Years		3	3	2	8	28
Over 4 Years		1	2	5	8	28
Total Cases Closed		11	9	9	29	
Investigations (Average %)						
Closed Within:						
90 Days		28	28	65	121	20
180 Days		32	34	45	111	18
1 Year		45	33	67	145	24
2 Years		19	83	71	173	29
3 Years		1	27	20	48	8
Over 3 Years		0	7	2	9	1
Total Cases Closed		125	212	270	607	

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

Statistics are showing an increase in consumer complaints since 2012/13. There was, however, a decrease in convictions/arrests received in 2013/14. Additionally, formal discipline stemming from complaints are being resolved by stipulated settlements more so than by proposed decisions. Statistics also show that the Board is closing out more investigations thereby decreasing the pending investigations. The volume of citations being issued has increased significantly. The Board is also seeing an increase in disciplinary actions resulting in probation; therefore, staff has to monitor more probationers.

34. How are cases prioritized? What is the Board's compliant prioritization policy? Is it different from DCA's Complaint Prioritization Guidelines for Health Care Agencies (August 31, 2009)? If so, explain why.

The Board uses DCA's Complaint Prioritization Guidelines policy. Cases are prioritized by the nature and severity of the complaint. The priorities are assigned during complaint intake and are assigned the following labels: routine, high priority, and urgent. Cases are then prioritized by age of the case.

35. Are there mandatory reporting requirements? For example, requiring local officials or organizations, or other professionals to report violations, or for civil courts to report to the board actions taken against a licensee. Are there problems with the Board receiving the required reports? If so, what could be done to correct the problems?

Under Business and Professions code Section 801, insurers and uninsured licensees are required to report malpractice settlements and judgments of $3,000 or more. The Board requires statutory authority to mandate a form and the Board approved seeking such statutory authority. The Board hopes to have this authority placed in its sunrise legislation next year to resolve this issue and satisfy the Committee's recommendation from the 2011 Sunset Review.

New this year, the Board has enrolled each new applicant and out-of-state licensees into the NPDB query system. All new licensees are checked through the NPDB prior to licensure. The Board continues to receive reports from mandated reporters via the mail and NPDB report forwarding process. Since this is new and

the Board does not have a mandated reporting form, it is unclear whether there are barriers to receiving reports. The Board is monitoring whether we receive any increases in reports next year.

Contracting with the NPDB was also a former Sunset Review recommendation that the Board has completed.

36. *Does the Board operate with a statute of limitations? If so, please describe and provide citation. If so, how many cases have been lost due to statute of limitations? If not, what is the Board's policy on statute of limitations?*

No, the Board does not have statute of limitations nor does it have any policy regarding statute of limitations. The Board uses complaint prioritization policy to address more urgent cases and cases involving criminal offenses. These cases are expedited with higher priority.

37. Describe the Board's efforts to address unlicensed activity and the underground economy.

The Board is reactive to complaints and information provided to the Board. DCA has ended its Unlicensed Activity Program, so the Board does not have the resources to proactively seek out unlicensed activity. The Board also works closely with local police departments around the state to combat unlicensed activity and the underground economy.

The Board submits all complaints about unlicensed activity to DOI for formal investigations. If an investigation provides substantial evidence to support a criminal violation, DOI submits the case to the District Attorney (DA) for criminal prosecution.

Even without criminal prosecution by the DA, the Board may still have authority to discipline unlicensed activity depending on the type of allegation. A pending regulatory package recently approved by the Board provides further administrative remedies for practitioners engaged in an underground economy.

Cite and Fine

38. Discuss the extent to which the Board has used its cite and fine authority. Discuss any changes from last review and describe the last time regulations were updated and any changes that were made. Has the Board increased its maximum fines to the $5,000 statutory limit?

The Board uses its cite and fine authority for cases in which there is no risk to the public and the violation can be remedied through an order of abatement and fine. The Board has authority to issue a citation with a maximum of $5,000. This limit is appropriate for most types of cases except unlicensed activity.

Since the last sunset review, the Board has not sought modification of the regulations conferring its cite and fine authority.

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

The Board uses citations for the purpose of educating the recipient and bringing him or her into compliance with the laws and regulations. A fine is most often used as a deterrent for future violations. Citations cannot be used for any cases involving patient harm; therefore, citations are generally issued for more administrative type violations, i.e. failure to register a business address, failure to keep adequate records, etc. The Board predominately uses cite and fine for failed CE audits. The Board also uses citations to address minor probation violations. In addition, citations are used for unlicensed practice of an individual holding him or her out as engaging in the practice of acupuncture through advertisements.

Although unlicensed cases generally pose a risk to public safety, the Board lacks jurisdiction over a non-licensed person performing acupuncture, so citations are the only recourse available to the Board to prevent unlicensed activity involving acupuncture.

The Board has significantly increased the number of cite and fines issued over the past two years. The majority of cite and fines are issued for CE audit violations for licensees and some CE providers. The other types of violations that result in cite and fines include unlicensed practice, poor record keeping, failure to register address change, failure to have and display license for each practice location.

40. How many informal office conferences, Disciplinary Review Committees reviews and/or Administrative Procedure Act appeals of a citation or fine in the last 4 fiscal years?

There have been 28 informal administrative hearings, formal administrative hearings, and written appeal reviews conducted in the last three fiscal years.

41. What are the 5 most common violations for which citations are issued?

Citations are predominately used for failed CE audits. The more recent common violations are failure to register business locations, unlicensed activity, violations occurring on business premises, and failure to keep adequate records.

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

The average fine pre-appeal is $920 and the average fine post appeal is $947. The higher number for post appeal is based on the way the statistics are gathered in point of time and calculated. Generally, the Board does not reduce citations on appeal.

43. Describe the board's use of Franchise Tax Board intercepts to collect outstanding fines.

If the board has a social security number for a cited person, licensed or unlicensed, the individual is sent three demand for payment letters, with the last being certified. If no payment is received, then the Board sends the person's information to the accounting office to forward to the Franchise Tax Board's (FTB) Interagency Interception Program (IIP).

Cost Recovery and Restitution

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

Since the last Sunset Review, the Board has included more specific language detailing when cost recovery is due in its stipulations. This allows the board to seek a violation of probation action for probationers who do not pay the ordered cost recovery. The Board is also monitoring its probationers more closely about fulfilling cost recovery probation terms.

In probationary cases, the Board's probation monitor ensures that the cost recovery is paid in full by the end of the licensee's probation term. If there is any unpaid balance, the Board can file a petition to revoke the probationer's license for a violation of the terms and conditions of their probation. In revocation and surrender cases where cost recovery was ordered and respondent failed to pay, the Board submits his or her information to the accounting office to forward to FTB's IIP.

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

Thirty (30) cases ordering cost recovery were established in the last four fiscal years totaling $186,134. Thirteen (13) of those cases are probation orders with cost recoveries, from which we typically receive full recovery. One of those cases is a revocation with costs already paid off. The remaining 16 cases will likely be forwarded to FTB for recovery. FTB's IIP has only returned about 3% of the total unrecovered costs reported. Based on this return rate for the remaining cases, it is estimated that $112,581.37 will be uncollectible.

46. Are there cases for which the Board does not seek cost recovery? Why?

Business and Professions Code Section 4959 (a) authorizes cost recovery only in cases where a licensee has been found guilty of unprofessional conduct. It does not allow it for statements of issues in cases involving non-licensees. Statement of Issues is the type of complaint the Board files against applicants for licensure. Therefore, the Board does not seek cost recovery for decisions involving applicants for licensure. Business and Professions Code Section 125.3 also only allows cost recovery for violations of the Acupuncture Licensure Act.

47. Describe the Board's use of Franchise Tax Board intercepts to collect cost recovery.

The Board submits all outstanding cost recovery cases to the FTB IIP for collection purposes. The Board relies on FTB IIP for all of its outstanding recovery costs that it has not received in a timely manner in the normal course of business. Future outstanding cases will be submitted to FTB IIP on a continual basis. Even though the recovery rate is low, it is still considered a valuable tool for cost recovery.

48. Describe the Board's efforts to obtain restitution for individual consumers, any formal or informal Board restitution policy, and the types of restitution that the Board attempts to collect, i.e., monetary, services, etc. Describe the situation in which the Board may seek restitution from the licensee to a harmed consumer.

The Board's disciplinary guidelines provide that the Board may order restitution for offenses involving breach of contract. It states the amount of restitution shall be the amount of actual damages sustained as a result of breach of contract. Evidence relating to the amount of restitution would have to be introduced at the Administrative hearing. The Board has not had a decision ordering restitution in the last four fiscal years; therefore, there have been no attempts to collect any restitution. If a future decision orders restitution, the Board will enforce the condition of probation just like cost recovery is collected and enforced. If the probationer or respondent has failed to pay the consumer full restitution by the probation end date or date specified, the Board has the jurisdiction to revoke his or her probation for violation of probation.

Table 11. Cost Recovery				(list dollars in thousands)
	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15
Total Enforcement Expenditures	509966	513111	364461.89	309947.43
Potential Cases for Recovery *	30	33	54	45
Cases Recovery Ordered	8	9	7	6
Amount of Cost Recovery Ordered	48428	54911	41773.50	41021.50
Amount Collected	29051.17	31534.05	17858.04	17099.28
* "Potential Cases for Recovery" are those cases in which disciplinary action has been taken based on violation of the license practice act.				

Table 12. Restitution				(list dollars in thousands)
	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15
Amount Ordered	0	0	0	0
Amount Collected	0	0	0	0

Section 6
Public Information Policies

49. How does the Board use the internet to keep the public informed of Board activities? Does the Board post Board meeting materials online? When are they posted? How long do they remain on the Board's website? When are draft meeting minutes posted online? When does the Board post final meeting minutes? How long do meeting minutes remain available online?

Agendas for all meetings are posted on the website at least 10 days in advance of the meetings. Materials appear on the website 3-5 days prior to the meeting and for convenience are merged into a single downloadable file. The notice of the meeting is also sent to the list serve with the link to the agenda 10 days prior to the meeting. Draft minutes are included in the meeting materials packet posted to the website. All meeting materials remain on the website indefinitely. Approved minutes are posted on the website after the meeting. For convenience, the agenda has the link to the DCA website location where all webcasts reside.

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

All of the Board meetings are webcast, committee meetings generally are not due to limited DCA webcasting resources. The Board recently requested webcasting of its committee meetings. DCA has indicated they will provide webcast of committee meetings.

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

Yes, the Board sets meetings a year in advance for quarterly meetings in Sacramento, San Francisco, Los Angeles and San Diego. Additional meetings are scheduled if needed to take action on deadline specific issues and are scheduled based on Board member availability. Board meetings with specific dates and locations are posted on the website. Committee meetings are scheduled on an as needed basis and are posted 1-2 months in advance of the meeting.

52. Is the Board's complaint disclosure policy consistent with DCA's Recommended Minimum Standards for Consumer Complaint Disclosure? Does the Board post accusations and disciplinary actions consistent with DCA's Web Site Posting of Accusations and Disciplinary Actions (May 21, 2010)?

Yes, the Board follows DCA's recommended Minimum Standards for Consumer Complaint Disclosure. The Board posts all PC23 orders, accusations and final orders on the website.

53. What information does the Board provide to the public regarding its licensees (i.e., education completed, awards, certificates, certification, specialty areas, disciplinary action, etc.)?

The Board posts licensure status and any disciplinary actions. It does not post education, awards, certifications, or specialty areas.

54. What methods are used by the Board to provide consumer outreach and education?

The Board provides outreach in several ways:

- The Board redesigned the website to increase usability for mobile users and traditional users. Every link has three ways that one can navigate to the information: mobile link, drop down menu, and categories by user type. The Board has Frequently Asked Questions for all of their functions on the website.
- The Board has begun sending extra notices for important deadlines with an explanation of those deadlines and instructions about what action is needed. Those new notices include delinquency notices of cancellation that warn licensees that if their license remains delinquent for 3 years that their license will be automatically cancelled.
- The Board has created a manual query of all delinquent licenses 1 year prior to cancellation, 6 months prior and 3 months prior to cancellation and sends a letter that notifies them that they are delinquent and what they need to do to become current; their license will be cancelled on a specific date; their options if their license is cancelled.
- Similarly, the Board created a manual query of all licensees that have not complied with the fingerprint requirement that explains the requirement, the action to become compliant and that if they do not comply their license will not be renewed in the future.
- The Board has developed tips about regulatory requirements such as fingerprints, CE requirements, and licenses can be cancelled after 3 years of delinquency that are included in the exam application materials and licensure application materials sent to exam candidates who pass the CALE.

Section 7
Online Practice Issues

55. Discuss the prevalence of online practice and whether there are issues with unlicensed activity. How does the Board regulate online practice? Does the Board have any plans to regulate internet business practices or believe there is a need to do so?

The Board has not observed a trend toward online practice in acupuncture. However, the Board has had disciplinary cases involving providing advice from a radio show for which disciplinary action was taken. So far, online practice has not been observed as a problem in acupuncture, so the Board has not addressed it.

Section 8
Workforce Development and Job Creation

56. What actions has the Board taken in terms of workforce development?

The Board requested additional demographic questions be included on the 2015 OA that provided data on workplace trends in acupuncture. Since there is no other source for annual data for the acupuncture profession, the OA data from the Board provides some insight into the profession. Professional associations provide workforce-related training.

57. Describe any assessment the Board has conducted on the impact of licensing delays.

Licensing delays have been eliminated. The Board had intermittent delays due to a staffing shortage and fingerprint delays. Since the last Sunset Review, the Board received an additional licensing staff and personnel who have resolved the issues behind the fingerprint delays. The Board remains fully staffed. Additionally, the Board has been proactive in reminding exam applicants to get their fingerprints completed prior to the exam so they can submit them with their application for licensure. Additional reminders are included in the licensure packet sent to candidates who pass the CALE. These reminders have resulted in fewer applications that are missing fingerprints.

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

The Board conducts site visits to schools that allow the Board to evaluate whether the school and its students are aware of the licensing requirements and the licensing process. During these site visits, the Board discusses licensing requirements and the licensing process to school officials in detail. The Board also evaluates whether the school lists licensure requirements in their catalogs and materials provided to students, and adequately counsels them on licensure requirements.

The Board is also proactive in reviewing records for official documentation, as training and transfer credit have been areas where licensing requirements have not been met. The Board stresses the need to strictly adhere to the policy of only accepting official documentation from issuing entities.

59. Provide any workforce development data collected by the Board, such as:

a. Workforce shortages

b. Successful training programs.

The Board does not collect data on workforce development beyond its exam pass/fail statistics that are analyzed by school, language, and first-time test takers vs. re-takers. The staff has explored collecting such data, but there is no mechanism beyond the OA of the profession that is conducted every 5 years. In the last OA, the Board requested and the OA did reflect additional workforce related questions to the demographic questions to provide some workforce data.

Section 9
Current Issues

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

The Board is in the Implementation stage. Several revisions have had to be made during the past year that it has undergone preliminary review. The revisions needed have related to the updating of the Board's Disciplinary Guidelines and the recent Attorney General's Advisory Opinion. One of the delays is related to the fact that it is a combined package that both implements SB 1441 and updates the Board's disciplinary Guidelines. As a result, the Board is separating its SB 1441 package from the update of its Disciplinary Guidelines and it is revising SB 1441 to address issues raised in the AG Opinion. As a separate regulatory package, it is anticipated that it will be approved for filing with OAL later this fall.

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

The Board received approval from OAL for its CPEI regulations that become effective October 1, 2015.

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

DCA has hosted several meetings with Executives and Board Presidents explaining and updating them on status, new plans, costs, the need for staff etc.

Section 10
Board Action and Response to Prior Sunset Issues

Include the following:

1. *Background information concerning the issue as it pertains to the Board.*
2. *Short discussion of recommendations made by the Committees/Joint Committee during prior sunset review.*
3. *What action the Board took in response to the recommendation or findings made under prior sunset review.*
4. *Any recommendations the Board has for dealing with the issue, if appropriate.*

STAFFING ISSUES

ISSUE #1: What can be done to assist the Board in increasing their staff to reduce backlog?

Background: The Committee identified the following deficiencies:

- Minimal CE audits have been conducted
- Board has not met enforcement performance targets
- Inconsistent intake and investigation timelines
- Late posting of Board materials and agendas to the website
- Regulatory implementation work is backlogged
- Education site visits have been severely limited
- Little to no consumer outreach and education efforts have been initiated
- No participation in national organizations
- Inability to process licenses in a timely manner

The Board reported that these deficiencies were directly related to a lack of staff. At the time, the Board had eight staff. The board had requested 10.5 staff in the fall and spring BCPs, but only 3 were granted. With the exception of exams, all functions are performed by only one staff and there is no back-up manager to act as back-up for the Executive Officer.

Staff Recommendation: The Board should confer with DCA to review whether staffing levels are adequate to manage workload. The Board should hire permanent intermittent staff to address workload and backlog in the meantime.

Board Response: The Board has followed the Committees' recommendation in addressing these deficiencies**.** The Board did confer with DCA about its need for staff and DCA has been very supportive**.** The Board hired three new staff and created two permanent intermittent positions. The Board now has 11 Personnel Years (PYs) and three part time staff. As a result, the Board has addressed all of the above-listed deficiencies with the help of additional staff as follows:

- Progress with CE audits: The Board conducted random audits of 5-8% of licensees over the past two years. Those audits have resulted in citations issued to licensees and non-compliant CE providers identified through the audit process. The staff created a system to randomly audit licensees, an audit template for enforcement, and a system for the Education staff to work with Enforcement staff in the enforcement process.
- Progress in meeting Enforcement targets: The Board has reduced its enforcement backlog of aging cases while increasing its overall enforcement caseload. Ninety-one percent of closed investigations are less than two years old and 84% of Attorney General closed cases are more than two years old. The board has also increased the number of citations it has issued.
- Progress with intake and investigation timelines: The Board has made some progress on meeting its intake and investigative timelines due to the additional enforcement staff.

- Progress with posting Board materials and agendas to website: The Board has timely posted agendas. The Board materials posted on the website are consolidated into one document for ease of use. The Board routinely arranges for webcasts of all its Board meetings and some of its committee meetings. It has also re-activated its list serve that provides updates and meeting notices that link to the website.
- Progress in implementing regulations: The Board implemented CPEI regulations. The Board has filed the AB 2699 Sponsored Free Health Care Events and the BPC 138 regulatory packages with the Office of Administrative Law. The Board is finalizing its SB 1441 and SB 1246 regulatory packages, as well as AB 2699 and Notice to Consumers BPC 138 regulatory packages.
- Progress with Education site visits: The Board conducted 28 school visits last year, completing all visits necessary to evaluate pending school applications and all compliance visits for all in-state Board-approved training programs. The remaining out-of-state school visits are to be completed this year.
- Progress with consumer outreach and education efforts: The Board has created outreach materials, templates for contacting and educating licensees, tips for new licensees and revised website with new Frequently Asked Questions, and more outreach information related to all Board functions. The Board created an outreach letter about the new law that allows the use of either a Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN). The website has new law changes related to military and ITIN new policies.
- Progress with participating in national organizations: The Board has hosted members of national organizations including Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM), the Accrediting Council for Independent Colleges and Schools (ACICS) to make presentation on accreditation to the Board. Additionally, the Board has hosted the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) to make a presentation about their exam. The Board has begun to expand their collaboration with ACAOM regarding sharing information about school oversight.
- Progress with processing licenses in a timely manner: The Board has eliminated all processing delays, and has reduced processing time to an average of nine days. The Board has instituted manual status checks on licensees and created information letters that are sent to identified licensees informing them of their status, problems, delinquency, and impending cancelation.

TECHNOLOGY ISSUES

ISSUE #2: What is the status of Breeze implementation by the Board?

Staff Recommendation: The Board should update the Committees about the current status of its implementation of BreEze. Have there been any challenges in working to implement this new system? What are the anticipated costs of implementing this system?

Board Response: The Board is not scheduled for BreEze implementation until release three. No date or details on release three are available at this time. The Board staff continues to be involved with DCA planning on BreEze.

ISSUE #3: What has prevented the Board from providing information to the public via its list serve, website and webcast?

Background:
The Board has difficulty posting agendas to the website and publicizing meetings notices at least ten days prior to Board meetings as required by law. Since the report, the Board has shown improvement in this area. It has taken down old materials from the website, began posting exam scores and meeting agendas in a timely fashion. However, the Board acknowledged in their 2014 that this was an area in which they struggled. Notices for meetings are not always sent out on the list serve on a consistent basis and there is a delay in how long it takes before webcasts are uploaded to the Board's website. In addition, not every meeting is webcast.

Staff Recommendation: The Board should inform the Committees what issues have led to the lack of consistency and timeliness with utilizing technology to provide materials to the public.

Board Response: The Board followed the Committees' recommendation and has addressed this deficiency since the last sunset review. The Board has posted all agendas to the website at least ten days prior to Board meetings as required. All meetings are webcast and for convenience the link to the webcast is included on the agendas posted on the website. The list serve has been re-activated and meeting notices and other update information are sent to the list serve. In the past 2 years, only one meeting notice was not sent through the list serve.

ENFORCEMENT ISSUES

Issue #4: Should the Board use the National Practitioner Data Bank to check the background of applicants for licensure?

Background: The Board requires both FBI and DOJ fingerprint results prior to licensing. The Board also requires license verification from all healing arts boards that issued a license or certificate to the applicant as one of the verification requirements to identify prior disciplinary actions. The applicant is also compelled to disclose prior convictions, pending convictions and disciplinary actions taken by any healing arts licensing authority on the application for licensure. The Board does not use the NPDB prior to issuing or renewing a license. The Committees are concerned with the protection of the public and effective operation of the profession. As such, it is imperative that methods, such as utilizing the NPDB, be employed to thoroughly examine potential licensee professional background and criminal history.

Staff Recommendation: The Board should set procedures in place to begin checking the NPDB. If the cost of continuous query serves is too high, the Board may consider conducting periodic checks of sets of licensees. The Board should confer with other Boards to gain insight about how other Boards utilize the NPDB.

Board Response: The Board followed the Committees' advice and is now contracting with the NPDB. The Board is checking all new licensees and out of state licensees and conducting random checks in the general licensee population. The Board did confer with other Boards on how they were utilizing the NPDB. The Enforcement Committee will review the results to see whether this has led to in an increase in reports to the Board.

Issue #5: Why is there a delay in promulgating the consumer protection regulations?

Staff Recommendation: Consumer protection is the utmost concern of the Committees and should be the priority of the Board. The Board should explain why these regulations have not been promulgated.

Board Response: The Board followed the Committees' recommendation. The Board reclassified a position to create a dedicated regulatory staff position to promulgate regulations. As a result, over the last two years, the Board has drafted five regulatory packages that are in final implementation or review stages. The CPEI regulations have been promulgated and became effective October 1, 2015.

Issue #6: Why has it taken the Board over 2 years to establish guidelines and training manuals?

Background: The Committee was concerned about a comment made by the Board that it was creating training manuals for new staff.

Staff Recommendation: Public protection should be the primary concern of the Board. As such, an adequate enforcement program is critical. The Board should explain why the guidelines for case assignment have not been finished.

Board Response: The enforcement staff has had training manuals since 2010. These training manuals describe the DCA guidelines the staff has followed for all enforcement activities, case prioritization, assignment, and procedures. At the time of last sunset review, the enforcement staff was the only staff that had training manuals. Now, all of the staff have training manuals.

CONSUMER NOTICE ISSUE

Issue #7: Should the Board promulgate regulations pursuant to a statute enacted in 1991, to require acupuncturists to inform patients that they are licensed by the Acupuncture Board?

Background: BPC Section 138 requires that DCA boards and bureaus, including the healing arts boards such as the acupuncture board, initiate the process of adopting regulations on or before June 30, 1999. There is an exemption if a Board has regulations in place. MBC implemented regulations in 2012 that the Committee recommends the Board do the same.

Staff Recommendation: Pursuant to BPC Section 138, the Board should adopt regulations to require acupuncturists to inform their patients that they are licensed by the Acupuncture Board.

Board Response: The Board followed the Committees' recommendation. The Board has filed its BPC Section 138 regulatory package with the OAL, and is currently in its final stages of submitting it for final approval with OAL.

ADMINSTRATIVE ISSUES

Issue #8: Should the Board join professional regulatory associations?

Background: In the Sunset Review Report, the Board noted that it does not belong to any national, regional or local professional regulatory associations. The Committees believe that membership in such organizations is of value to the Board and the profession. Considering California has the largest population of acupuncturists in the nation, it is important for the Board to have a presence at these forums in order to ensure that the Board is well aware of current trends and practices in the profession.

Staff Recommendation: The Board should advise the Committees' why it does not belong to any regional regulatory associations. The Board should consider joining professional associations.

Board Response: There are no national or regional regulatory associations for Acupuncture Boards. There used to be a national regulatory association, but it ceased to exist years ago. Unlike other professions that have national and regional regulatory associations, there are no such regulatory associations for acupuncture boards. The Board consulted legal counsel about joining professional associations. The Board was advised that it could not become a member of these associations because they were non-governmental organizations. However, individual Board members could become members of these associations only in their capacity as an individual, not as a Board member.

Issue #9: What is contributing to cashiering delays?

Background: In the Board's 2013-17 Strategic Plan, the Board set a goal to work with DCA to resolve cashiering delays. However, this issue was not highlighted in the Sunset Review Report.

Staff Recommendation: The Board should advise the Committees' about what has led to the cashiering delays.

Board Response: The Board has addressed these delays. This issue was placed in the strategic plan as part of the Board's overall effort to streamline its licensing process. The major delays related to fingerprint processing delays or non-receipt of fingerprint results. To address this delay the Board identified and reached out to those experiencing delays either as a result of delays or problems receiving fingerprint results or not having submitted their fingerprint with their application. This eliminated the delays in processing licenses.

An additional streamline issue the Board identified was that some of the letters being sent to licenses were sent in error, which caused confusion among licensees receiving those letters. The Board met with DCA staff to resolve these errors and was told that the issues could not be resolved because the solution involved making changes to ATS database. DCA created a policy that during the BreEze database implementation, all changes to ATS or CAS software are subject to a "freeze" unless an exemption is obtained by the Board. To obtain a freeze exemption, the Board presents its request to

the DCA Control Board that has been set up to review requests for changes to the existing data bases while the BreEze database is being implemented. The Control Board prioritizes changes and staff time to address the changes. The Board applied for an exemption and was denied. The Board also applied to have online payment of credit cards and was not given an exemption to add that capacity to further streamline license processing time.

Issue #10: What are the impediments to the Board's Oversight Functions?

Background: In the 2012 Background Paper, the Board was asked to review its CE course approval and auditing processes to determine if it has sufficient resources to operate an effective CE oversight program. The Board was also asked to seek legislative authority to assess a fee for CE course approvals.

In the Board's Sunset Review Report, it indicated that there is still no verification of completion of the required CE credits for licensees. The reason for not requiring any verification documents is because there are space issues at the Board. This past year, the Board only audited 600 CE applications of its licensee population (16,874 acupuncturists) due to staffing issues. At the time of their Sunset Review Report, the Board had not completed the audit.

Regarding the legislative authority to assess a fee for CE course approval, the Board responded in its Sunset Review Report that it has not sought legislative authority to assess a fee for course approvals. However, upon review of BPC Section 4945, it appears that the Board already has legislative authority to assess a fee for courses. As the expense that is charged to CE provider for offering course is only $150, which permits the provider the ability to offer an unlimited number of courses, the Board may need to begin charging additional fees for courses.

Staff Recommendation: The recent approval for additional staff should help the Board begin to operate more efficiently in the area of CE oversight. The Board should establish fees for individual courses that a provider offers.

Board Response:

Since the last Sunset Review, the Board has made a number of changes to improve its CE oversight.

- The Board hired a CE Coordinator who is dedicated to CE oversight including auditing licensees.
- The Board has created a system of random audits that more accurately reflect the number of active licensees and their renewal cycles.
- The Board has significantly increased the number of citations to licensees and CE providers based on these audits.

At the time of the last Sunset Review, the Board was beginning the process of conducting random audits with a goal of auditing 5% of the licensee population. In 2013, the Board audited 14,500 licensees. This population included all non-cancelled licenses, even those who are inactive and those who are newly licensed. So, in 2014, the Board removed inactive licensees and new licensees from the

audit population, resulting in 10,000 licenses, 647 (6.4%) of whom were audited. In 2015, the Board removed delinquent licensees and licensees whose two-year renewal cycle had not yet been completed. This resulted in 4,000 licensees, 438 (11%) of whom were audited.

The Board agrees with the Committees' recommendation and is in the process of exploring the appropriate fee level for CE providers, courses and monitoring based on costs of approval and monitoring by the Board. Both the Education Committee and Executive Committees have discussed fee increases in this area and had a preliminary discussion about increasing the provider fee and making it an annual fee. The Board would need statutory authority to charge fees by individual courses or credits, which the Board is also considering.

EXAMINATION ISSUE

Issue #11: When will the Board conduct an audit of the NCCAOM Examination?

Background: The Board develops and administers its own licensing examination, the California Acupuncture Licensing Examination (CALE). The Board spent approximately $571,000 on the examination, which is offered only twice a year; once in northern California and once in southern California. Conversely, most states automatically accept applicants who have passed the national examination administered by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM). The NCCAOM examination(s) are offered in English, Chinese and Korean, they are computerized and are offered at multiple locations in states in which it is provided. California is the only state that does not utilize the national examination.

Staff Recommendation: Because of the problems the Board has encountered with providing the CALE, the associated costs of this examination and the existence of a national examination that appears to be adequate to test entry-level practitioners, the Board should take strides to move towards the goal of utilizing the national examination. The Board should first conduct an occupational analysis of the acupuncture workforce, conduct an audit of the NCCAOM examination(s), and pursue legislation that will allow students to take either the CALE or NCCAOM examination(s) until 2016. If the NCCAOM examination(s) are found to be valid and reliable, the Board should pursue legislative changes to require the use of the NCCAOM examination for licensure instead of the CALE.

Board Response: The Board conducted a recent OA of the acupuncture profession and released the results of the OA in February 2015.

The Board began its audit of the NCCAOM exam in the spring of 2015, after the final security agreements secured for the study. To assist with conducting the audit of the NCCAOM exam, the Board hired a panel of national experts, including the OPES. These national experts are currently in the process of conducting the audit of the NCCAOM exam. Upon completion, the Board will release the results of the audit of the NCCAOM exam and begin discussion about whether the NCCAOM is suitable at all or in part. The results of the audit will drive the Board's discussion and final determination.

SCHOOL OVERSIGHT /ACCREDITATION ISSUE

Issue #12: Should the Board continue to be responsible for the approval of schools and colleges offering education and training in the practice of acupuncture and should schools of acupuncture be required to be accredited?

Background: BPC 4939(a) requires the Board, on or before January 1, 2004, to "establish standards for the approval of schools and colleges offering education and training the practice of an acupuncturist, including standards for the faculty in those schools and colleges and tutorial programs." Section 4939 (b) states that the training program shall include a minimum of 3,000 hours of study.

There are approximately 65 acupuncture schools throughout the U.S., 36 of which are approved by the Board. Twenty one of the California approved schools are located in California and 15 are located in other states. Sixty of the 65 schools are accredited by the Accreditation Commission of Acupuncture and Oriental Medicine (ACAOM).

The Board approves the schools' Acupuncture Training Programs, in particular their curriculum programs, to ensure they meet the standards adopted by the Board. The school Training Program approval process requires review of the application, governance, program curriculum, catalogs, admission policies, student and faculty policies and procedures, and financial solvency. An onsite visit is performed to review implementation of policies and procedures, facilities and clinical training. According to the Board's 2012 Sunset Review Report, the Board and Bureau of Private and Post-Secondary Education (BPPE) "may perform joint onsite visits, if the institution has applied to both entities for approval." In the 2012 Background Paper to the Board, the Committees suggested that the Board create an MOU with the BPPE regarding school site visits. The Board reported in its 2014 Sunset Review that it is in the process of working with the BPPE.

The ACAOM is the nationally recognized accrediting agency for the field of acupuncture and Oriental medicine (Asian) medicine. While many other states defer to ACAOM accreditation as being a sufficient condition for applicants to take the licensing exam in their states, California does not accept accreditation by ACAOM, nor does it require graduation from an accredited school as a condition of being eligible to take the licensing exam. Instead, it conducts its own school evaluation and approvals.

In 2004, the Little Hoover Commission (LHC) conducted a comprehensive comparative analysis of the school approval process of the ACAOM, the approval process of the Board of Post-Secondary and Private Education (BPPE) and the Board approval process. The LHC's report concluded that the processes used by ACAOM appeared to be superior to the school approval process used by the Board and could be used by the state to ensure the quality of education for potential licensees.

The Committee cites the following concerns about the Board's school approval process:

- Students who are educated in accredited schools that are not approved by California receive only partial credit for their training. If they wish to gain licensure in California, they must complete a Board approved training program.
- The Board is slow to approve applications for schools located outside of California due to budget constraints.

- The Board has recently begun conducting ongoing site reviews. However, because of staff vacancies, this has been a slow process.

Staff Recommendation: Considering the Board's demonstrated difficulty with approving schools and the significant amount of resources that it takes for the Board to oversee this process, the Board should act on recommendations made during prior Sunset Review Hearings and seek legislative changes to require all schools of acupuncture to obtain accreditation from an agency approved by the U.S. Department of Education.

Board Response:
The Board is moving forward with full implementation of SB 1246, which requires all schools of acupuncture to obtain accreditation from ACAOM.

Since the last sunset review, the Board has also taken action on the Committee's concerns about the Board's school approval process:

- The transfer credit rule is eliminated in 2017 pursuant to SB 1246, so applicants will all be evaluated based on whether they meet the Board's curriculum requirements.
- The Board has addressed the delays in conducting site visits and approving schools.
- The Board completed site (compliance) visits on all 28 California-based schools and all pending applications for Board approval of its training program.

Issue #13: Should the licensing and regulation of acupuncturists be continued and be regulated by the current Board?

Background: The health, safety and welfare of consumers are protected by a well-regulated acupuncture profession. Despite a quickly growing profession and the impact of the lack of staff, the newly formed Board has stated a strong commitment to protecting, ameliorating past deficiencies and improving efficiency in its operation. As has been recommended to prior Board members, the current Board should make every effort to ensure that its primary concern be the protection of the public and not over-involvement with the profession.

The Committees understand that the current Board members and staff inherited a program with little to no infrastructure, and no institutional knowledge was passed down from prior Board staff. In recognition of this, Committee staff has reached out to the Board Executive Officer in an effort to ensure that the Executive Officer communicates the importance of addressing the concerns that were highlighted during the 2012 Sunset Review Hearing to the Board and Board staff. While the new Executive Officer has made laudable strides to improve Board operations, the Committee remains concerned about some of the outstanding tasks.

Of primary concern to the Committees are the aforementioned recommendations which were included in the 2012 Background Paper but have not been fully addressed to date. This leads the Committees to

ask, “Where are the Board’s priorities? Will the newly formed Board continue down this road of selecting which issues it deems important while lacking in other critical functions?”

The Board should consider it a priority to direct its Executive Officer and staff to act on the following three recommendations prior to its next Sunset Review Hearing. These recommendations will put the Board back on track so that it might focus on essential tasks that it lacks in such areas as enforcement, CE oversight and promulgating regulations:

1) Promulgate consumer protection and BPC Section 138 regulations.

2) Conduct an occupational analysis of the acupuncture workforce, audit the NCCAOM examination(s) and pursue legislation that will provide students with the option to either take the CALE or the NCCAOM examination(s) thereafter.

3) Discontinue the Board’s school approval process and instead pursue legislation to require that all schools be accredited by an accrediting agency approved by the U.S. Department of Education.

Staff Recommendation: Recommend that the practice of acupuncture continue to be regulated by the current Board to protect the interests of the public. The Board should be reviewed by these Committees again in two years to specifically determine if the three identified issues have been addressed.

Board Response: The Board agrees with the Committees’ recommendation that the acupuncture profession should be regulated by the current Board. The Board has worked hard to build the infrastructure to protect the public and provide a well-regulated profession. Similarly, the Board has worked hard to address and comply with the Committees’ three priorities above as follows:

1) The Board is in the final stages of promulgating its BPC 138 regulations.

2) The Board has conducted and completed an OA released in February 2015. The Board is currently conducting an audit of the NCCAOM with a panel of national experts, the results of which are integral to the discussion about an option to take the CALE or NCCAOM exams.

3) The Board is moving forward with SB 1246. By 2017, the Board will have a completed curriculum and clinical training program compliance evaluation of all Board approved training programs that will be provided to ACAOM and BPPE to incorporate into their accreditation and approval processes.

Section 11
New Issues

This is the opportunity for the Board to inform the Committees of solutions to issues identified by the Board and by the Committees. Provide a short discussion of each of the outstanding issues, and the Board's recommendation for action that could be taken by the Board, by DCA or by the Legislature to resolve these issues (i.e., policy direction, budget changes, legislative changes) for each of the following:

1. *Issues that were raised under prior Sunset Review that have not been addressed.*

   The Board agrees with the Committees' past Sunset Review recommendation to require a standardized 801 reporting form. The Board needs statutory authority to mandate a form for BPC Section 801 reports to the Board. The Board did propose that it be included in one of last year's Committee bills, but it was not approved for inclusion in last year's Committee Omnibus bill. The Board hopes the Committee will include its proposed language in its 2016 sunrise bill.

2. *New issues that are identified by the Board in this report.*

   The Board is moving forward with promulgating regulations pursuant to SB 1246 to establish Foreign Equivalency Standard, but wants to raise to the Committees' attention the Board's concern about meeting the January 1, 2017 date for implementation of foreign equivalency standards. Even with the most optimistic estimates of time for implementing the regulatory package, it may not become effective until after some months beyond January 1, 2017.

3. *New issues not previously discussed in this report.*

   The Board is interested in exploring whether it should be granted the authority to use foreign credential evaluators who meet specified criteria. This would allow the Board to ensure that appropriate credential evaluation occurs and assist in combating fraud.

4. *New issues raised by the Committees.*

   This is to be completed by Committee.

Section 12
Appendixes/Attachments

Summary of Appendixes:

Appendix A: Board Attendance Tables

Appendix B: Strategic Plan 2013-2017

Appendix C: Enforcement Measures

Appendix D: Consumer surveys and responses

Summary of Attachments:

Attachment A: Board Administrative Manual

Attachment B: Board Committees Org Chart

Attachment C: Study: Occupational Analysis

Attachment D: Organizational Charts FY 12-13, FY 13-14, FY 14-15, FY 15-16.

Please provide the following attachments:

A. *Board's administrative manual.* See Attachment A

B. *Current organizational chart showing relationship of committees to the Board and membership of each committee (cf., Section 1, Question 1).* See Attachment B

C. *Major studies, if any (cf., Section 1, Question 4).* Occupational Analysis 2015: See Attachment C

D. *Year-end organization charts for last four fiscal years. Each chart should include number of staff by classifications assigned to each major program area (licensing, enforcement, administration, etc.) (cf., Section 3, Question 15).* See Attachment D

Appendices

Appendix A

Appendix A

BOARD OF ACUPUNCTURE

BOARD MEMBER ATTENDANCE REPORT 01/2014 – 12/2014

2014								
Board Member Name	**JANUARY Committee Meetings**	**FEBRUARY *Board Meeting (Sacramento)***	**APRIL Committee Meetings**	**MAY *Board Meeting (San Francisco)***	**JUNE *Board Meeting (Sacramento)***	**JULY *Board Meeting (Sacramento)***	**SEPTEMBER Board Meeting (Los Angeles**	**NOVEMBER Board Meeting (San Diego)**
	1/17	**2/14**	**4/18**	**5/23**	**6/13**	**6/27**	**9/12**	**11/14**
AGUINALDO, Hildegarde	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**A***
CHAN, Kitman	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**
HSIEH, Francisco	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**A***
KANG, Jeannie	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**
SHI, Michael	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**
ZAMORA, Jamie	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**

X = Present
A* = Excused Absence
A = Absent
R = Retired

Appendix A – cont.

BOARD OF ACUPUNCTURE

BOARD MEMBER ATTENDANCE REPORT 01/2015 – 08/2015

2015				
Board Member Name	**JANUARY Committee Meetings (Teleconference)**	**FEBRUARY *Board Meeting (Sacramento)***	**MAY Committee Meetings (Teleconference)**	**JUNE *Board Meeting (San Francisco)***
	1/23	**2/20**	**5/29**	**6/19**
AGUINALDO, Hildegarde	**X**	**X**	**X**	**X**
CHAN, Kitman	**X**	**X**	**X**	**X**
CORRADINO, Dr. Michael, DAOM				**X**
HSIEH, Francisco	**X**	**X**	**A**	**X**
KANG, Jeannie	**X**	**A**	**X**	**X**
SHI, Michael	**X**	**X**	**X**	**X**
ZAMORA, Jamie	**X**	**X**	**A**	**X**

X = Present

A = Absent

A* = Excused Absence

R = Retired

Appendix A – cont.

BOARD OF ACUPUNCTURE

BOARD MEMBER REPORT 01/2015 – 08/2015

	2015			
Board Member Name	**JANUARY Committee Meetings (Teleconference)**	**FEBRUARY *Board Meeting (Sacramento)***	**MAY Committee Meetings (Teleconference)**	**JUNE *Board Meeting (San Francisco)***
	1/23	**2/20**	**5/29**	**6/19**
AGUINALDO, Hildegarde	**X**	**X**	**X**	**X**
CHAN, Kitman	**X**	**X**	**X**	**X**
CORRADINO, Dr. Michael, DAOM				**X**
HSIEH, Francisco	**X**	**X**	**A***	**X**
KANG, Jeannie	**X**	**A**	**X**	**X**
SHI, Michael	**X**	**X**	**X**	**X**
ZAMORA, Jamie	**X**	**X**	**A***	**X**

X = Present

A = Absent

A* = Excused Absence

R = Retired

Appendix A – cont.

BOARD OF ACUPUNCTURE
BOARD MEMBER ROSTER

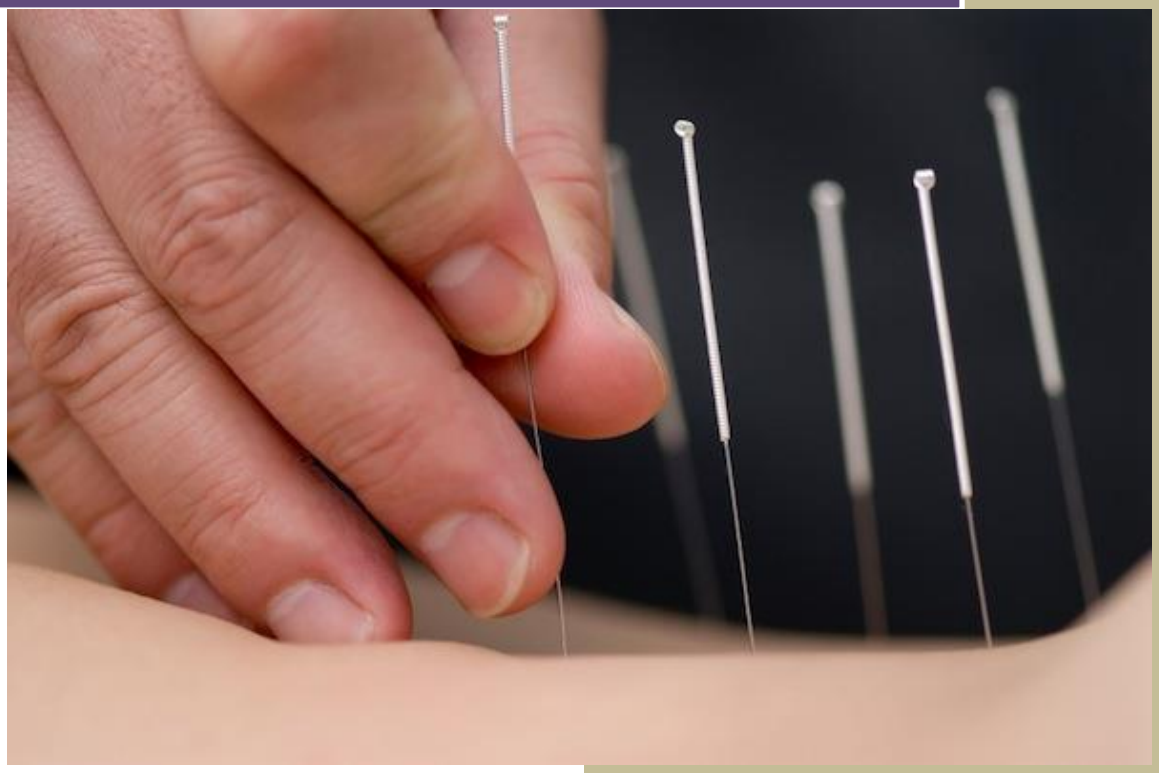
2013 - 2015					
Board Member Name	**Date First Appointed**	**Date Reappointed**	**Date Term Expires**	**Appointing Authority**	**Type (Public or Professional)**
AGUINALDO, Hildegarde	**08/14/13**	**n/a**	**06/01/17**	**Governor**	**Public**
CHAN, Kitman	**08/14/13**	**n/a**	**06/01/17**	**Governor**	**Public**
CORRADINO, Dr. Michael,	**05/21/15**	**n/a**	**06/01/17**	**Governor**	**Professional**
HSIEH, Francisco	**06/01/13**	**n/a**	**06/01/17**	**Assembly Speaker**	**Public**
KANG, Jeannie	**08/14/13**	**n/a**	**06/01/17**	**Governor**	**Professional**
SHI, Michael	**10/26/12**	**06/21/13**	**06/01/17**	**Governor**	**Professional**
ZAMORA, Jamie	**08/21/13**	**n/a**	**06/01/17**	**Senate Rules Committee**	**Public**

Appendix B

State of California

Board of Acupuncture

2013-2017



Strategic Plan

MEMBERS OF THE

CALIFORNIA ACUPUNCTURE BOARD

Nian Peng “Michael” Shi, L.Ac., Chair

Kitman Chan, Vice-Chair

Hildegarde Aguinaldo, J.D., Public Member

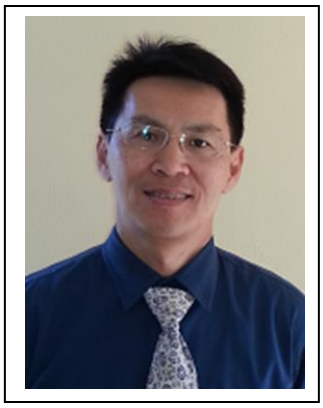
Jeannie Kang, L.Ac., Licensed Member

Francisco H. Hsieh, Public Member

Jamie Zamora, Public Member

Dr. Michael Corradino, DOAM, Licensed 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

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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 three or more 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:

Committee	Responsibilities
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 seven 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 to be licensed to practice in the 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 licensure 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 are 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 in the number 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. A streamline application process for distance learning was created that required an online course for 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 5% 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 validated, 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.*

**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.

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.

2.3 Seek legislation to expand non-complaint based clinic inspection authority to further public protection.

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.

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.

3.2 To ensure that students are qualified to successfully complete Acupuncture training programs, the Board will explore increasing initial licensure qualifications to a Bachelor's degree or set a score for the Medical College Admission Test (MCAT).

3.3 The Education Committee will evaluate school courses and course materials to ensure compliance with the Board's curriculum requirements.

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).

3.5 Enhance school curriculum regulations by adding a required course in Standardized Acupuncture terminology.

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.

4.2 Formalize the continuing education audit process of the Education Committee's review of potentially non-compliant continuing education courses and providers.

4.3 Review past occupational analysis studies to identify improvements to the evaluation process and implement those improvements during the next analysis.

4.4 Evaluate the CALE exam to ensure continued test validity and security.

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.

5.2 Increase outreach to interested stakeholders by leveraging cost-effective technology to increase understanding of the Acupuncture profession and the Board.

5.3 Work collaboratively with state and national professional associations to increase awareness of the Board's functions.

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

5.5 Modify the Board's website to ensure accessibility and increase usability.

GOAL 6: ADMINISTRATION

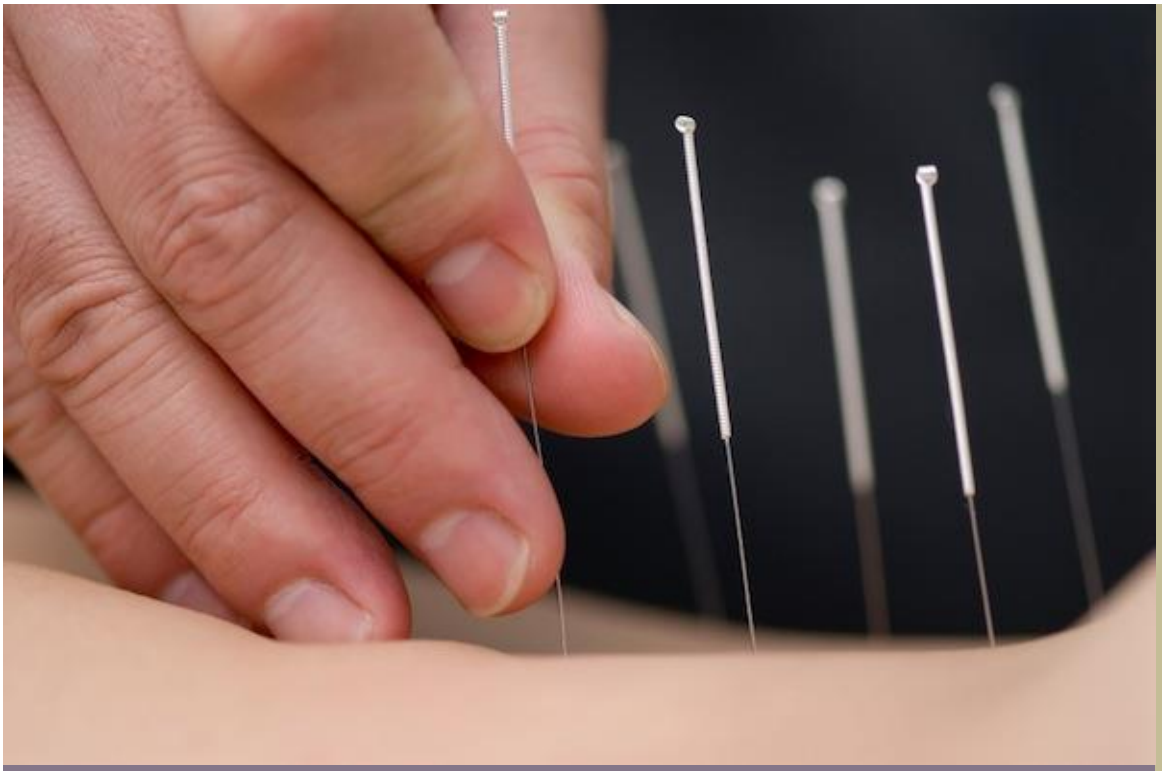
Build an excellent organization through proper Board governance, effective leadership, and responsible management.

6.1 Ensure adequate staffing levels within all areas of the Board to fulfill the Board's mandate and achieve Board goals.

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.

6.3 Create targeted training for new Board members to provide further details on Board and government processes.

6.4 Develop desk manuals for all Board functions to ensure proficiency, performance, and for succession planning.



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Appendix C

Department of Consumer Affairs

State of California

Acupuncture Board

Performance Measures

Annual Report *(2010 – 2011 Fiscal Year)*

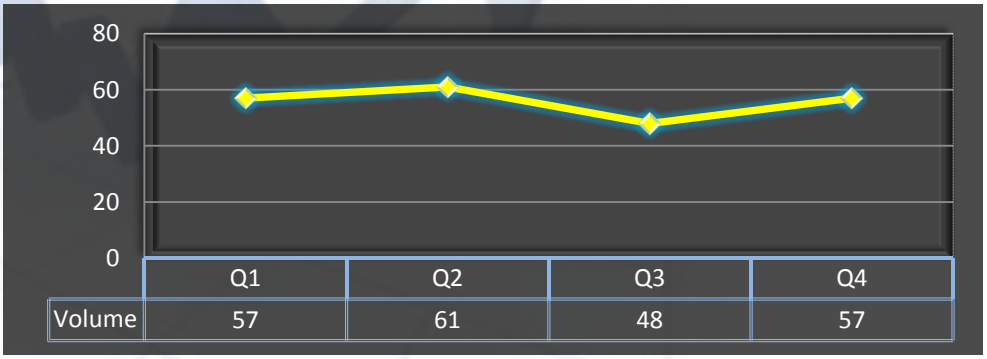
To ensure stakeholders can review the Board's progress in meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures are posted publicly on a quarterly basis.

This annual report represents the culmination of the first four quarters worth of data.

Volume

Number of complaints and convictions received.

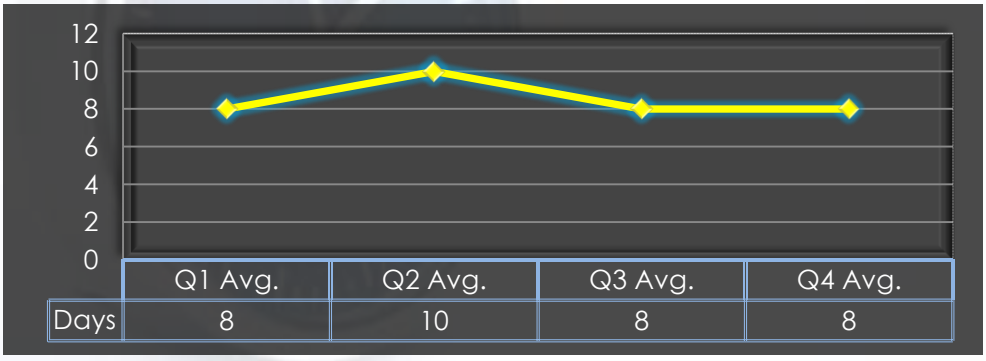
The Board had an annual total of 223 this fiscal year.



Intake

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

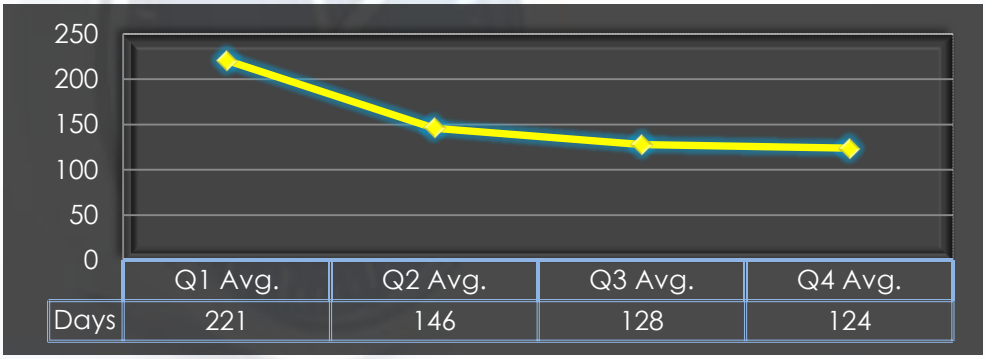
The Board has set a target of 10 days for this measure.



Intake & Investigation

Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.

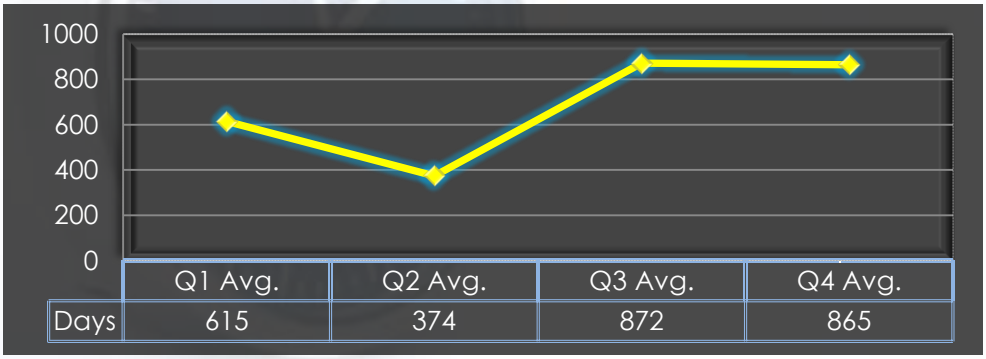
The Board has set a target of 200 days for this measure.



Formal Discipline

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board, and prosecution by the AG)

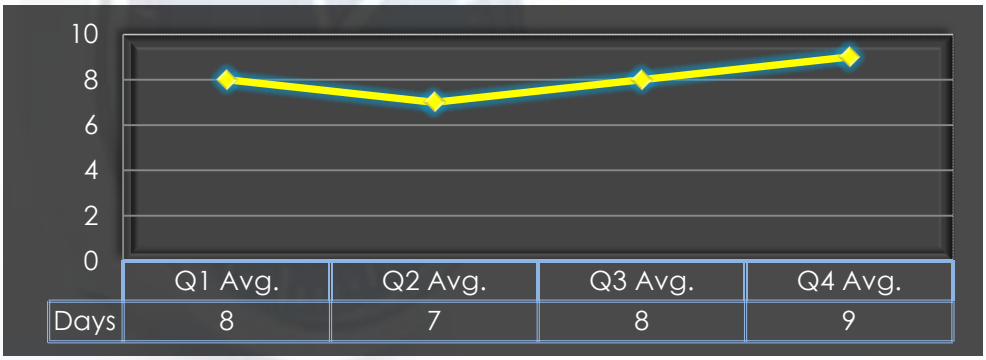
The Board has set a target of 540 days for this measure.



Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

The Board has set a target of 10 days for this measure.



Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

The Board has set a target of 10 days for this measure.

Department of Consumer Affairs

Acupuncture Board

Performance Measures

Q1 Report *(July - Sept 2010)*

To ensure stakeholders can review the Board's progress in meeting its enforcement goals and targets, we have developed a transparent system of performance measurement.

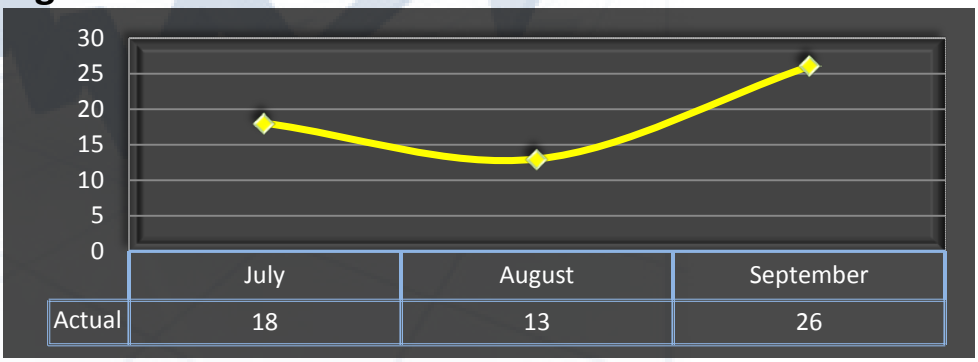
These measures will be posted publicly on a quarterly basis. In future reports, additional measures, such as consumer satisfaction and complaint efficiency, will also be added. These measures are being collected internally and will be released once sufficient data is available.

Volume

Number of complaints received.*

Q1 Total: 57 ***(Complaints: 34 Convictions: 23)***

Q1 Average: 19



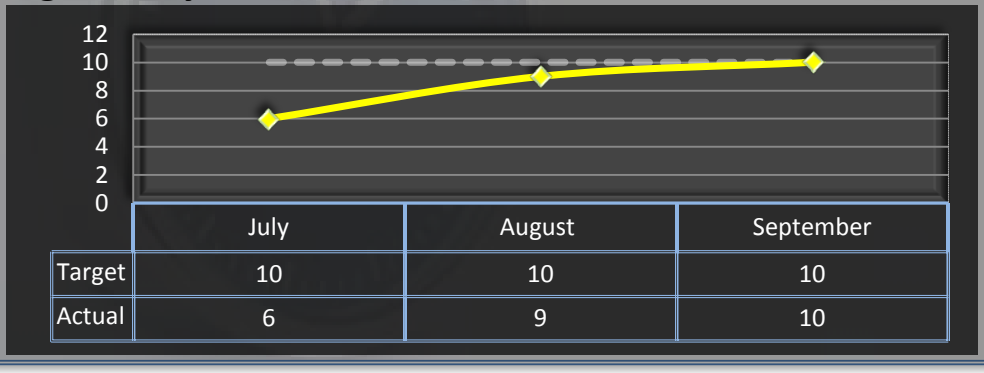
	July	August	September
Actual	18	13	26

Intake

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

Target: 10 Days

Q1 Average: 8 Days



	July	August	September
Target	10	10	10
Actual	6	9	10

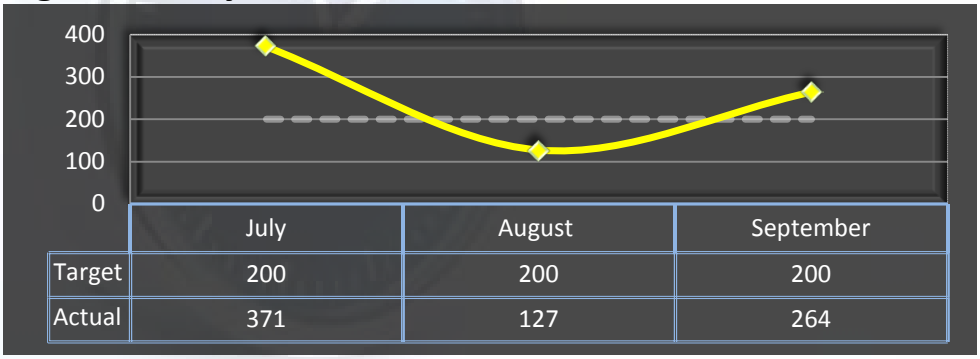
***"Complaints" in these measures include complaints, convictions, and arrest reports.**

Intake & Investigation

Average cycle time from complaint receipt to closure of the investigation process. Does <u>not</u> include cases sent to the Attorney General or other forms of formal discipline.

Target: 200 Days

Q1 Average: 221 Days



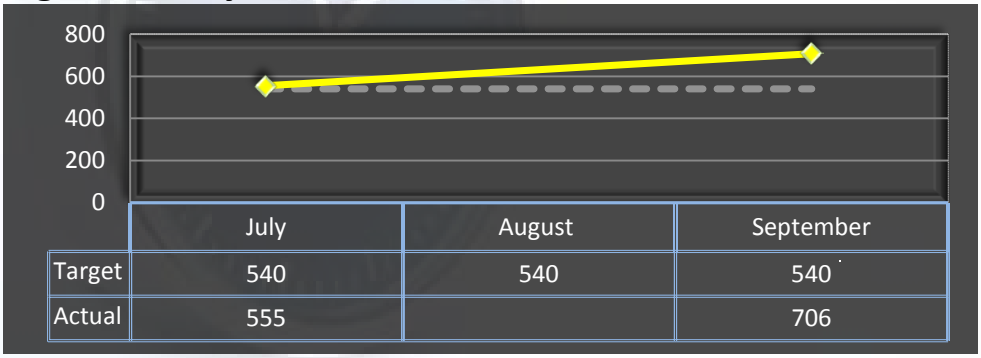
	July	August	September
Target	200	200	200
Actual	371	127	264

Formal Discipline

Average cycle time from complaint receipt to closure, for cases sent to the Attorney General or other forms of formal discipline.

Target: 540 Days

Q1 Average: 615 Days



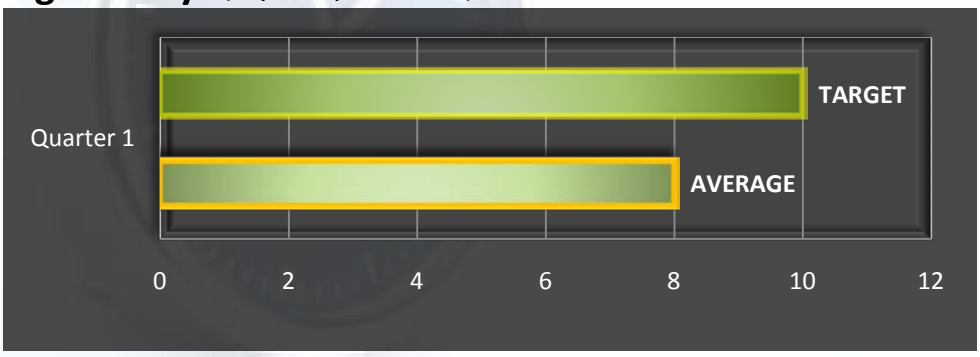
	July	August	September
Target	540	540	540
Actual	555		706

Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Target: 10 Days

Q1 Average: 8 Days **(only 1 data point available)**

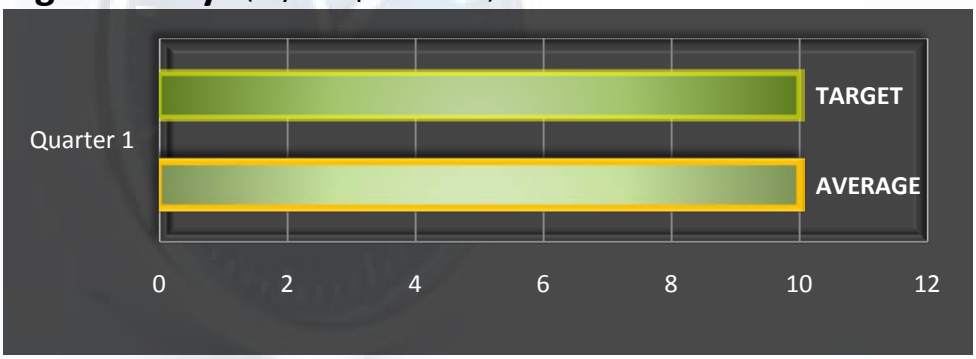


Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

Target: 10 Days

Q1 Average: 10 Days (only 1 data point available)



Department of Consumer Affairs

Acupuncture Board

Performance Measures

Q2 Report *(October - December 2010)*

To ensure stakeholders can review the Board's progress in meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

In future reports, the Department will request additional measures, such as consumer satisfaction. These measures are being collected internally and will be released once sufficient data is available.

Volume

Number of complaints and convictions received.

Q2 Total: 61

Complaints: 42 Convictions: 19

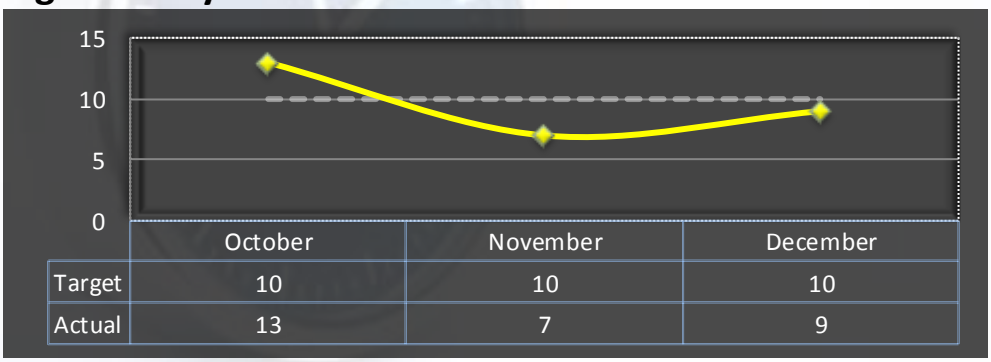
Q2 Monthly Average: 20

Intake

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

Target: 10 Days

Q2 Average: 10 Days



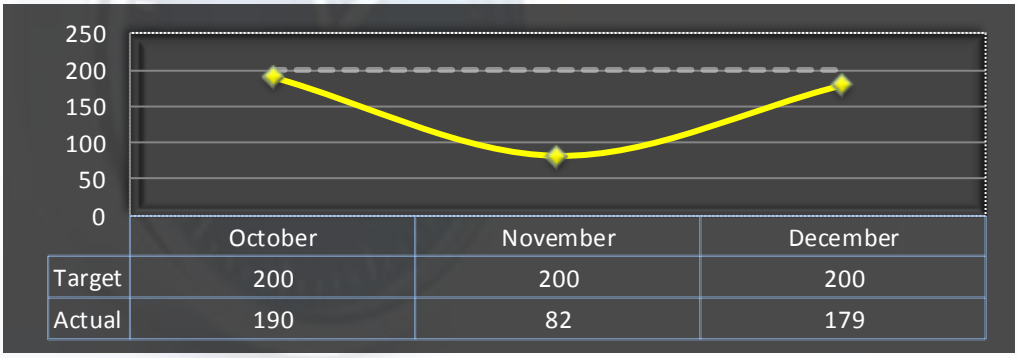
	October	November	December
Target	10	10	10
Actual	13	7	9

Intake & Investigation

Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.

Target: 200 Days

Q2 Average: 146 Days



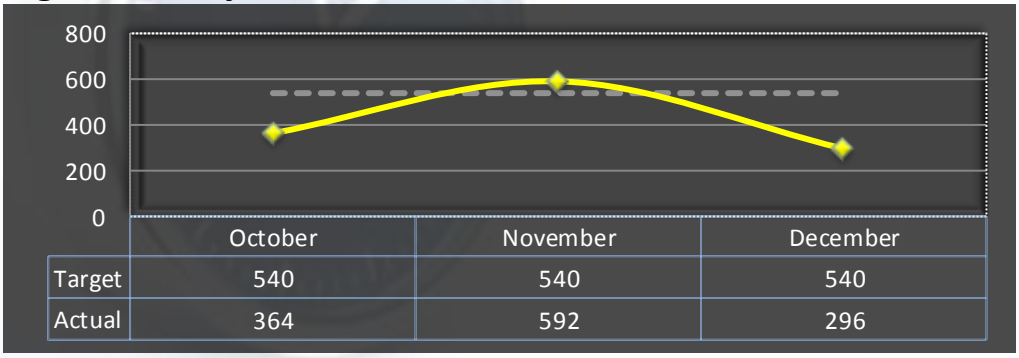
	October	November	December
Target	200	200	200
Actual	190	82	179

Formal Discipline

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board, and prosecution by the AG)

Target: 540 Days

Q2 Average: 374 Days



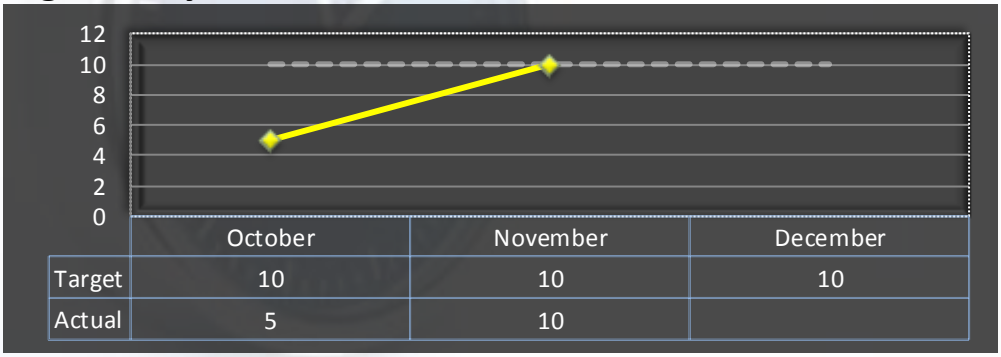
	October	November	December
Target	540	540	540
Actual	364	592	296

Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Target: 10 Days

Q2 Average: 7 Days



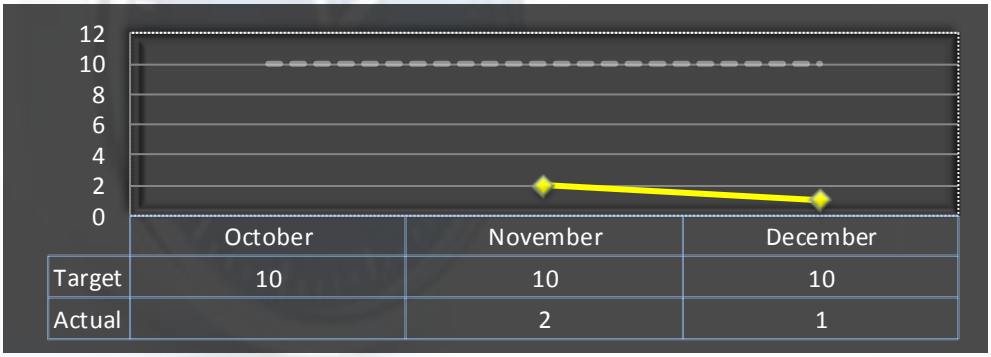
	October	November	December
Target	10	10	10
Actual	5	10	

Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

Target: 10 Days

Q2 Average: 1 Day



	October	November	December
Target	10	10	10
Actual		2	1

Department of Consumer Affairs

Acupuncture Board

Performance Measures

Q3 Report *(January - March 2011)*

To ensure stakeholders can review the Board's progress in meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

In future reports, the Department will request additional measures, such as consumer satisfaction. These measures are being collected internally and will be released once sufficient data is available.

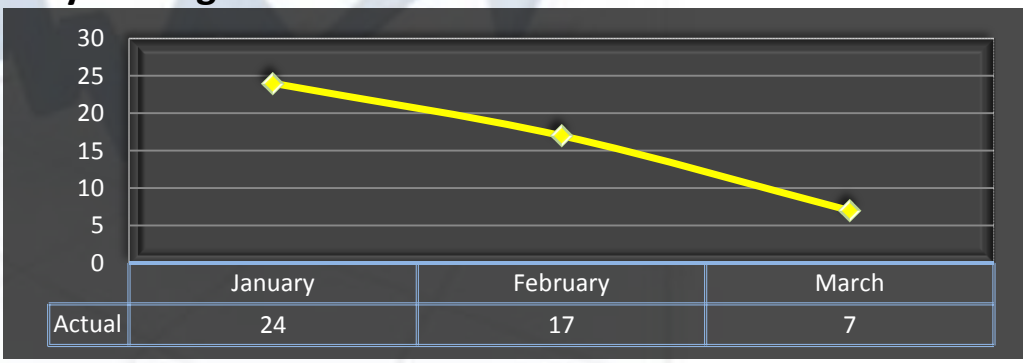
Volume

Number of complaints and convictions received.

Q3 Total: 48

Complaints: 27 Convictions: 21

Q3 Monthly Average: 16



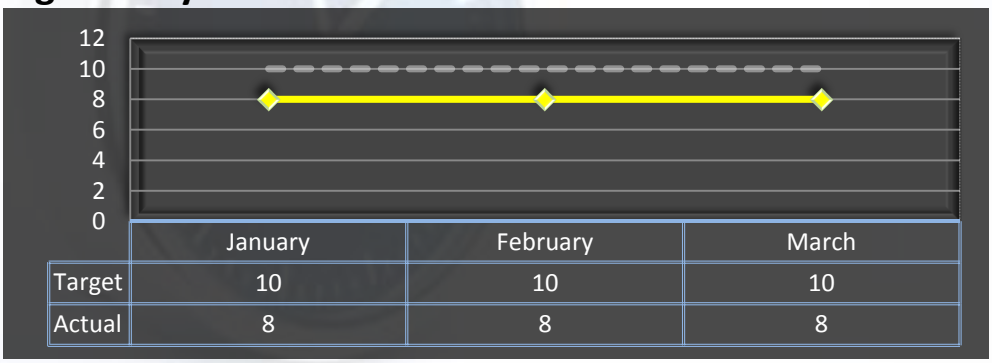
	January	February	March
Actual	24	17	7

Intake

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

Target: 10 Days

Q3 Average: 8 Days



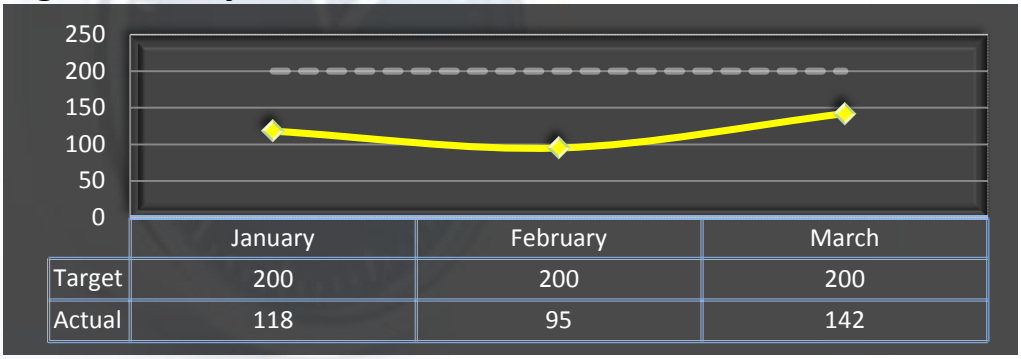
	January	February	March
Target	10	10	10
Actual	8	8	8

Intake & Investigation

Average cycle time from complaint receipt to closure of the investigation process. Does <u>not</u> include cases sent to the Attorney General or other forms of formal discipline.

Target: 200 Days

Q3 Average: 128 Days



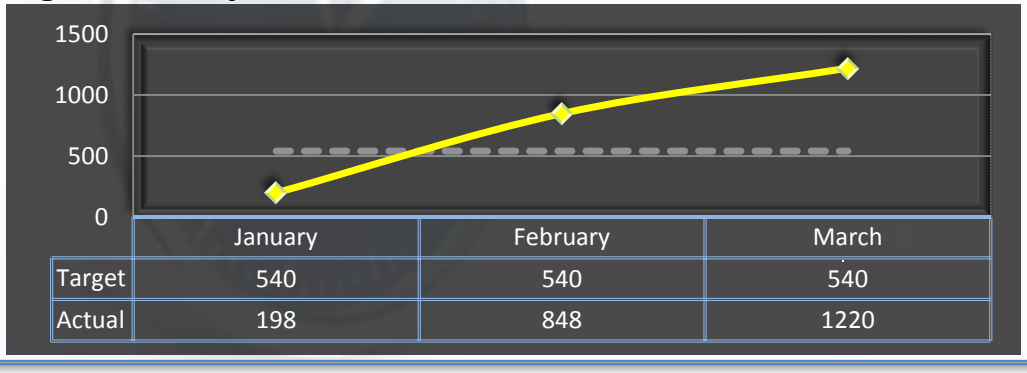
	January	February	March
Target	200	200	200
Actual	118	95	142

Formal Discipline

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board, and prosecution by the AG)

Target: 540 Days

Q3 Average: 872 Days



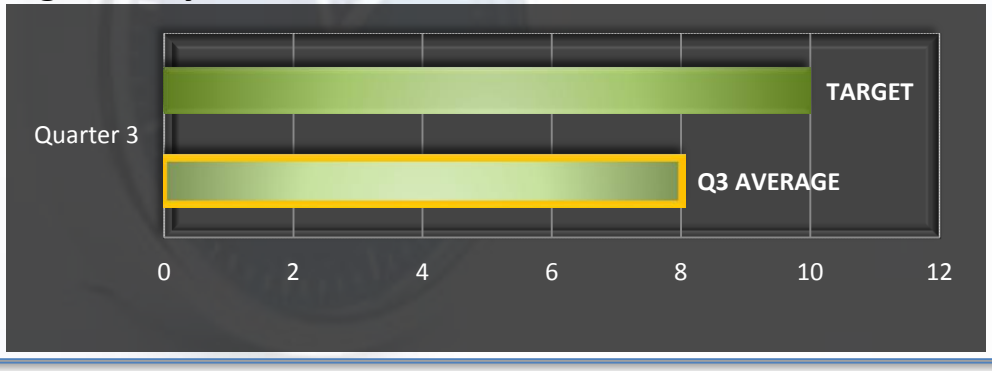
	January	February	March
Target	540	540	540
Actual	198	848	1220

Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Target: 10 Days

Q3 Average: 8 Days

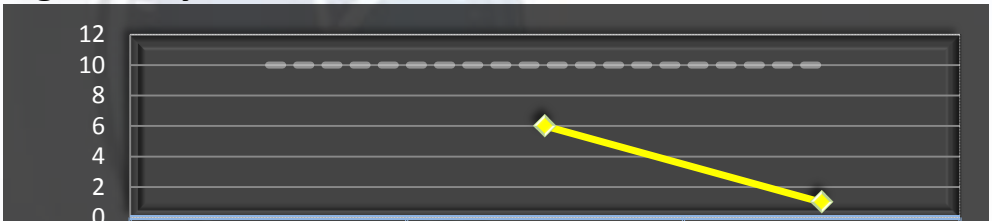


Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

Target: 10 Days

Q3 Average: 4 Days



	January	February	March
Target	10	10	10
Actual		6	1

Department of Consumer Affairs

State of California Acupuncture Board

Performance Measures

Q4 Report *(April - June 2011)*

To ensure stakeholders can review the Board's progress in meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

In future reports, the Department will request additional measures, such as consumer satisfaction. These measures are being collected internally and will be released once sufficient data is available.

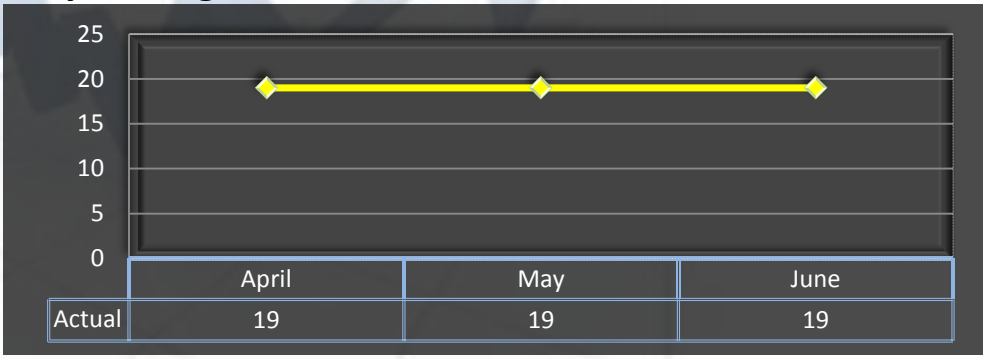
Volume

Number of complaints and convictions received.

Q4 Total: 57

Complaints: 30 Convictions: 27

Q4 Monthly Average: 19

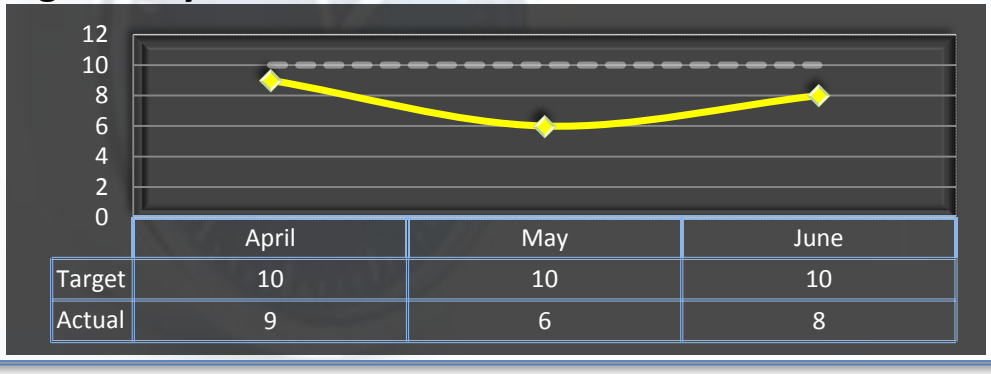


Intake

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

Target: 10 Days

Q4 Average: 8 Days

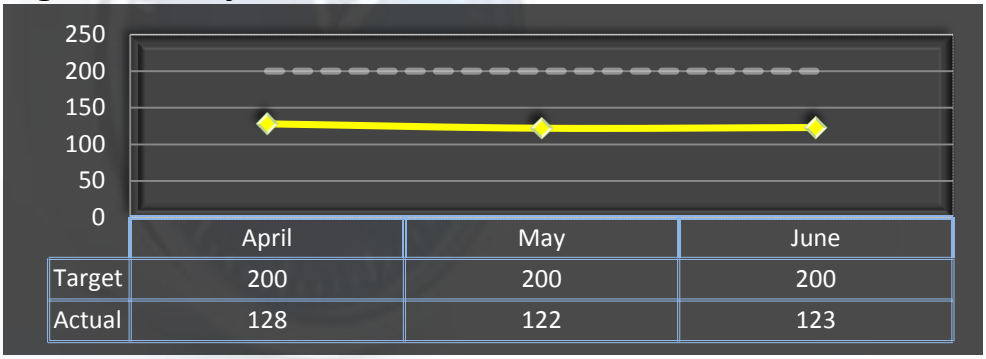


Intake & Investigation

Average cycle time from complaint receipt to closure of the investigation process. Does <u>not</u> include cases sent to the Attorney General or other forms of formal discipline.

Target: 200 Days

Q4 Average: 124 Days



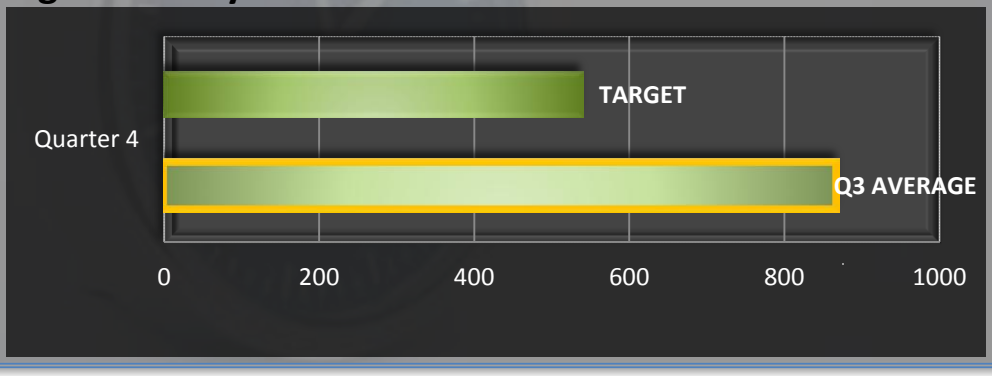
	April	May	June
Target	200	200	200
Actual	128	122	123

Formal Discipline

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board, and prosecution by the AG)

Target: 540 Days

Q4 Average: 864 Days

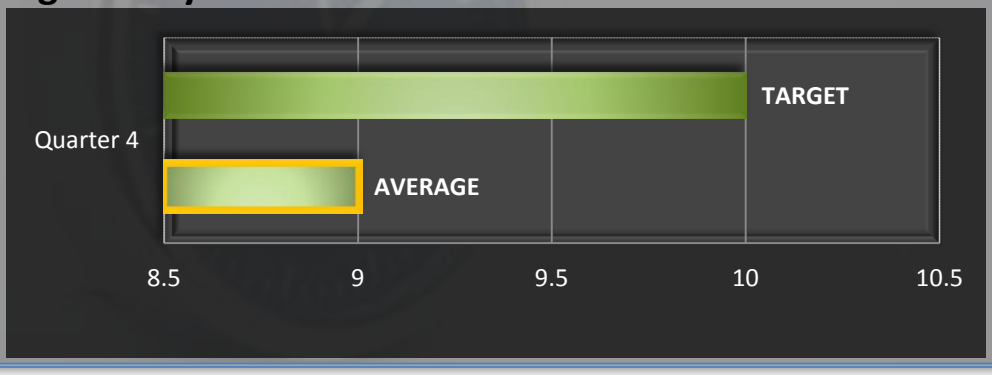


Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Target: 10 Days

Q4 Average: 9 Days

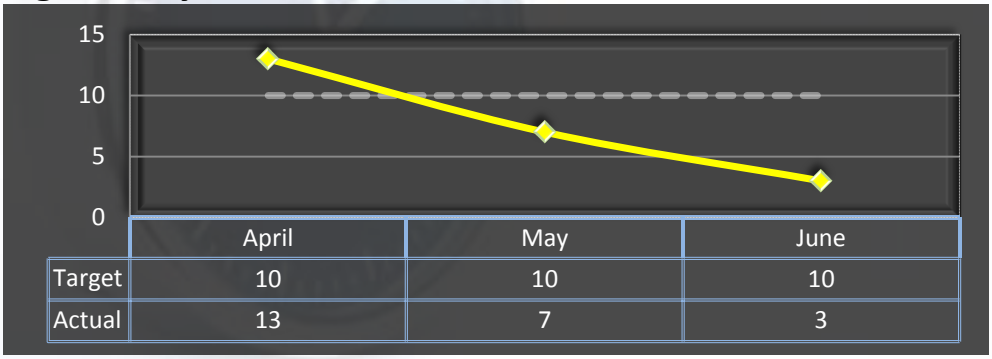


Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

Target: 10 Days

Q4 Average: 9 Days



	April	May	June
Target	10	10	10
Actual	13	7	3

Department of Consumer Affairs

State of California

Acupuncture Board

Performance Measures

Annual Report *(2011 – 2012 Fiscal Year)*

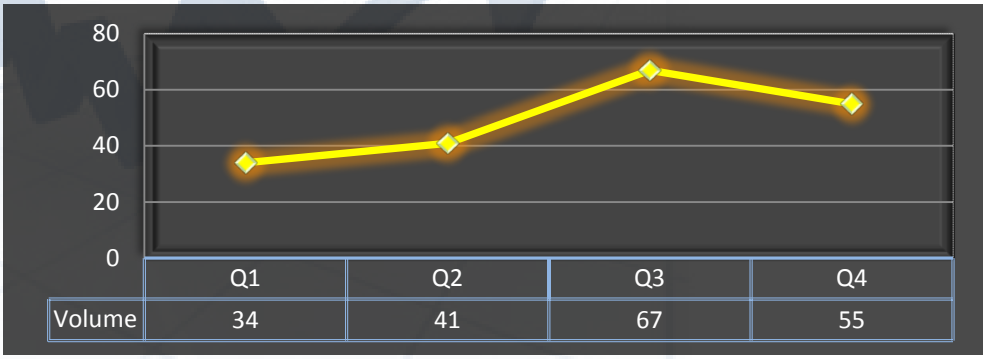
To ensure stakeholders can review the Board's progress in meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures are posted publicly on a quarterly basis.

This annual report represents the culmination of the first four quarters worth of data.

Volume

Number of complaints and convictions received.

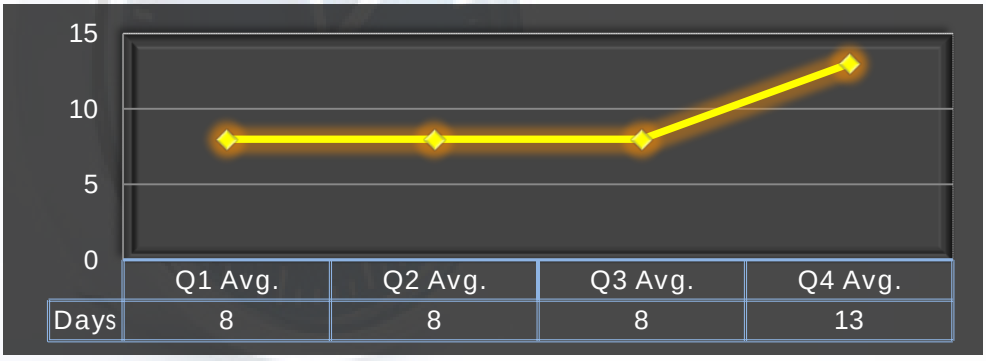
The Board had an annual total of 197 this fiscal year.



Intake

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

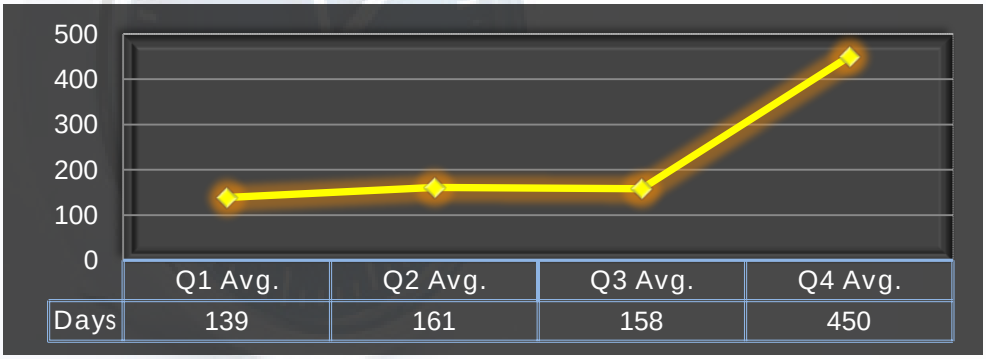
The Board has set a target of 10 days for this measure.



Intake & Investigation

Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.

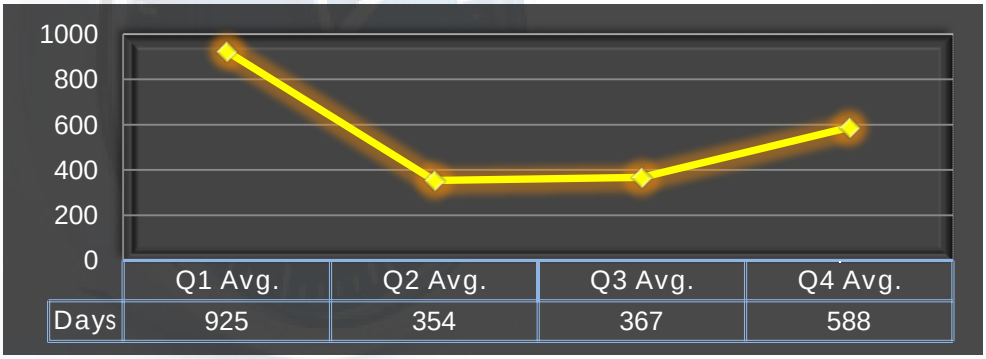
The Board has set a target of 200 days for this measure.



Formal Discipline

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board, and prosecution by the AG)

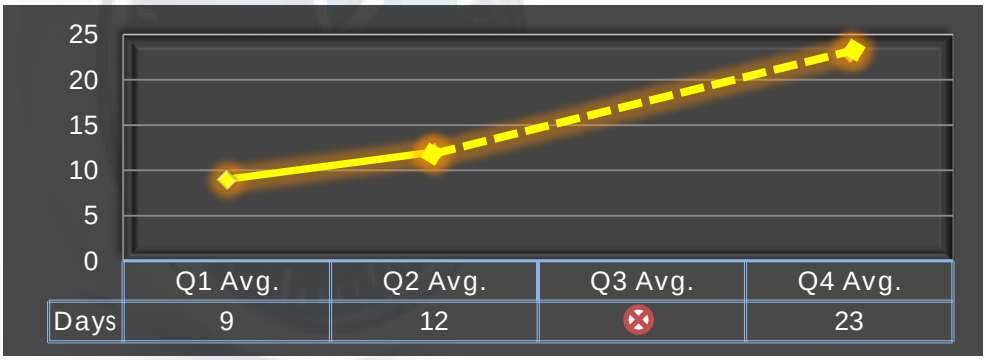
The Board has set a target of 540 days for this measure.



Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

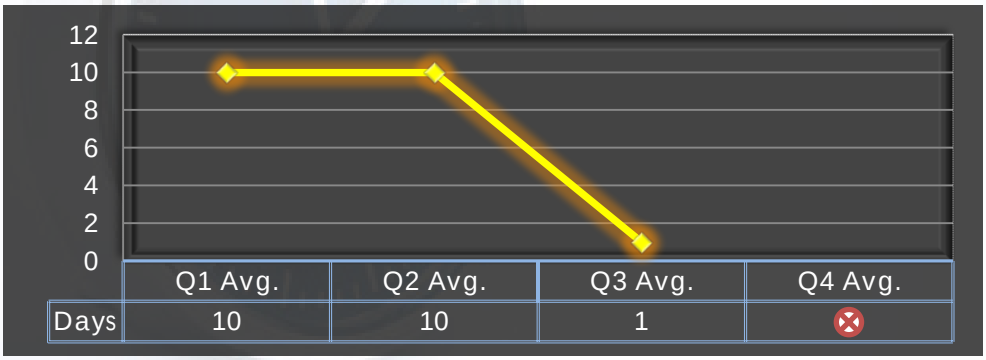
The Board has set a target of 10 days for this measure.



Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

The Board has set a target of 10 days for this measure.



	Q1 Avg.	Q2 Avg.	Q3 Avg.	Q4 Avg.
Days	10	10	1	

Department of Consumer Affairs

State of California Acupuncture Board

Performance Measures

Q1 Report *(July - September 2011)*

To ensure stakeholders can review the Board's progress in meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

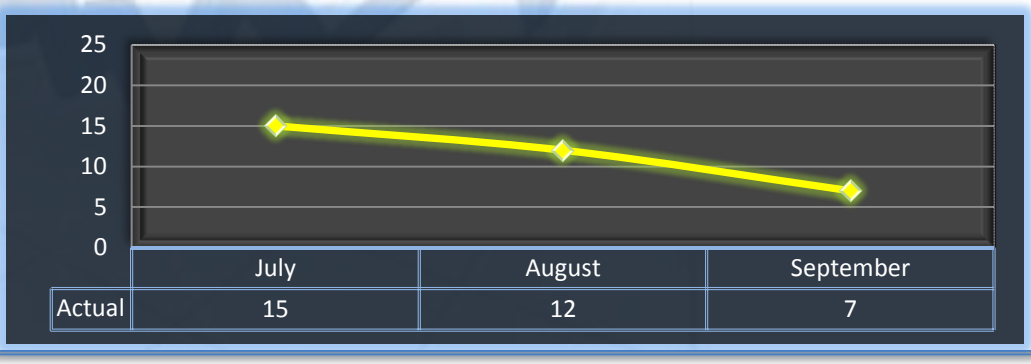
Volume

Number of complaints and convictions received.

Q1 Total: 34

Complaints: 18 Convictions: 16

Q1 Monthly Average: 11



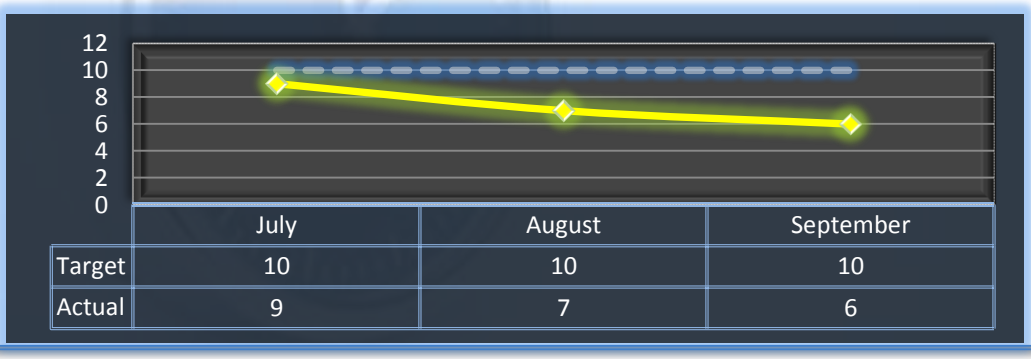
	July	August	September
Actual	15	12	7

Intake

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

Target: 10 Days

Q1 Average: 8 Days



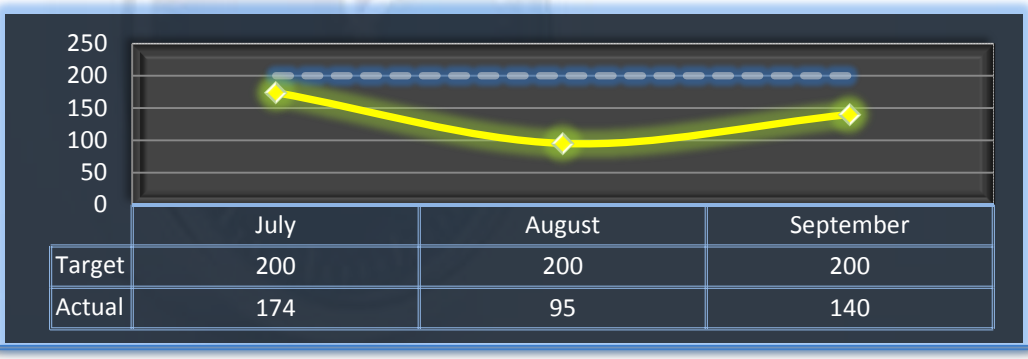
	July	August	September
Target	10	10	10
Actual	9	7	6

Intake & Investigation

Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.

Target: 200 Days

Q1 Average: 139 Days



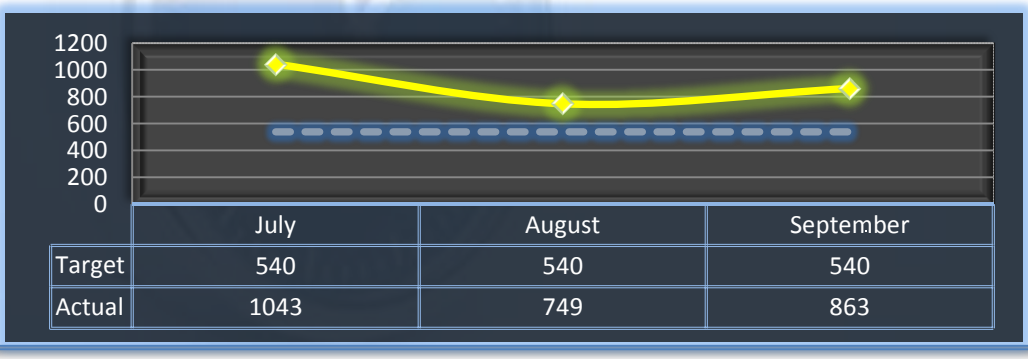
	July	August	September
Target	200	200	200
Actual	174	95	140

Formal Discipline

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board, and prosecution by the AG)

Target: 540 Days

Q1 Average: 925 Days



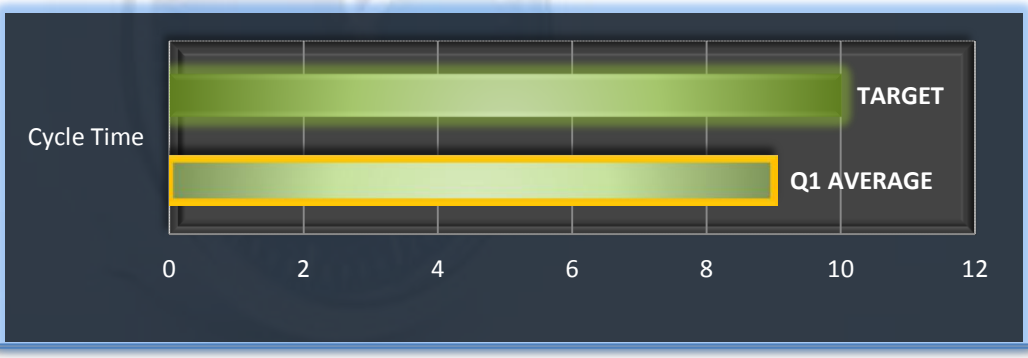
	July	August	September
Target	540	540	540
Actual	1043	749	863

Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Target: 10 Days

Q1 Average: 9 Days

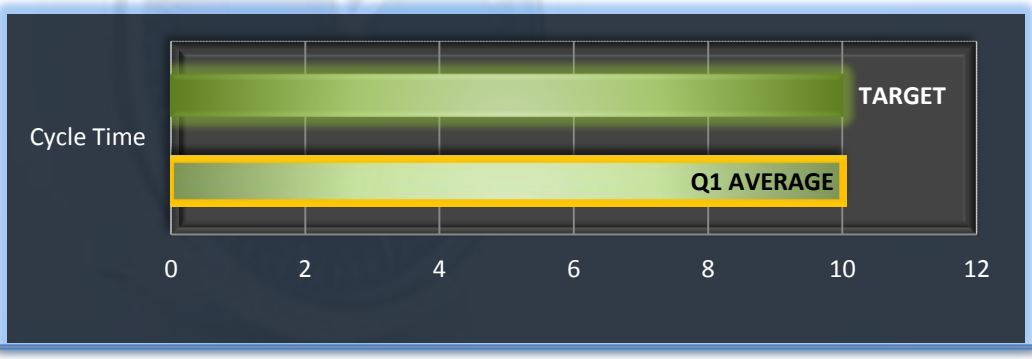


Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

Target: 10 Days

Q1 Average: 10 Days



Department of Consumer Affairs

State of California Acupuncture Board

Performance Measures

Q2 Report *(October - December 2011)*

To ensure stakeholders can review the Board's progress in meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

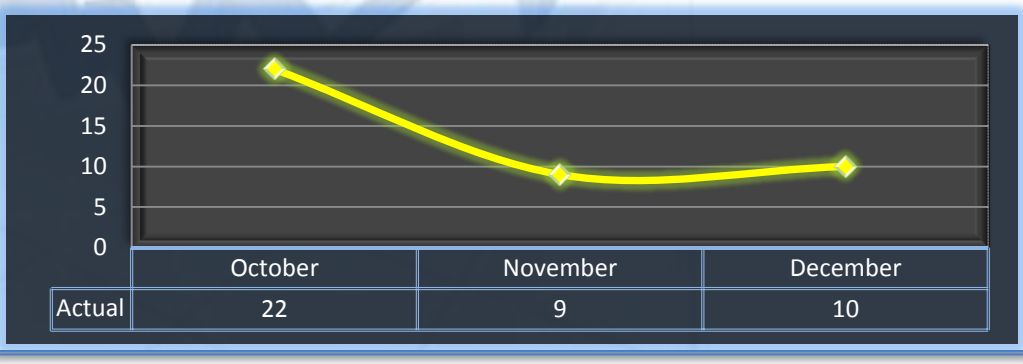
Volume

Number of complaints and convictions received.

Q2 Total: 41

Complaints: 23 Convictions: 18

Q2 Monthly Average: 13



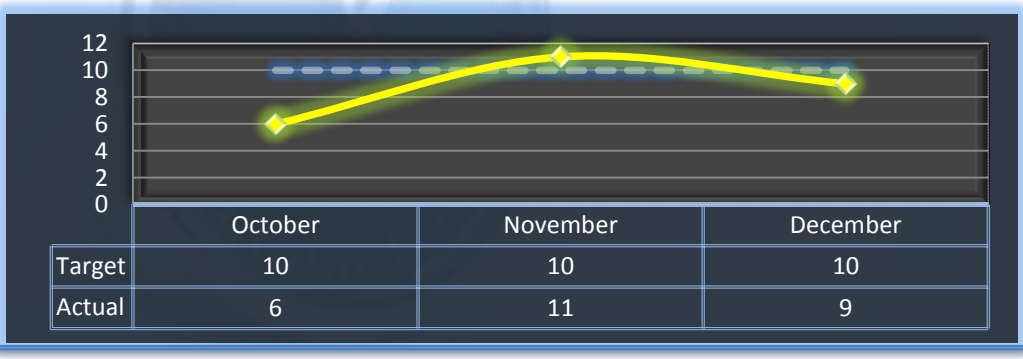
	October	November	December
Actual	22	9	10

Intake

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

Target: 10 Days

Q2 Average: 8 Days



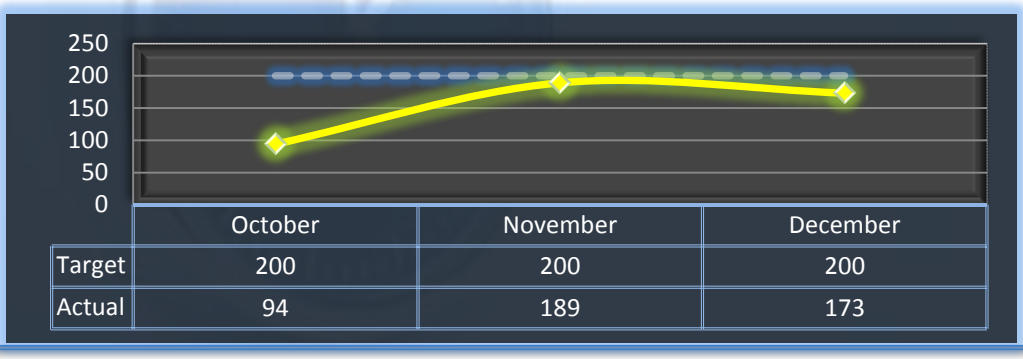
	October	November	December
Target	10	10	10
Actual	6	11	9

Intake & Investigation

Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.

Target: 200 Days

Q2 Average: 161 Days



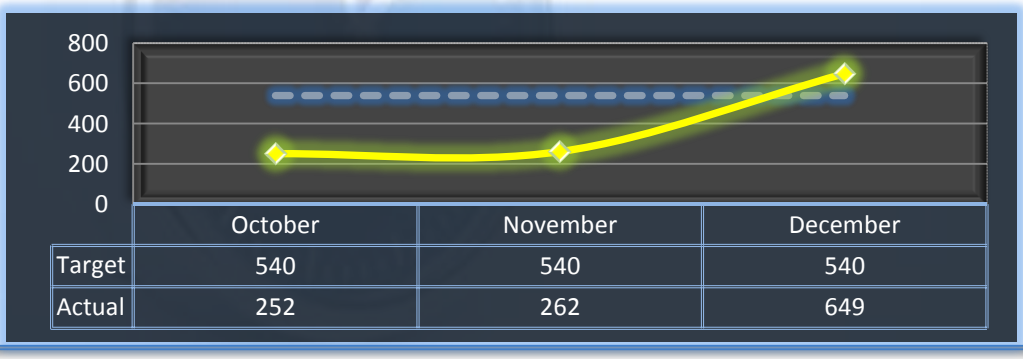
	October	November	December
Target	200	200	200
Actual	94	189	173

Formal Discipline

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board, and prosecution by the AG)

Target: 540 Days

Q2 Average: 354 Days



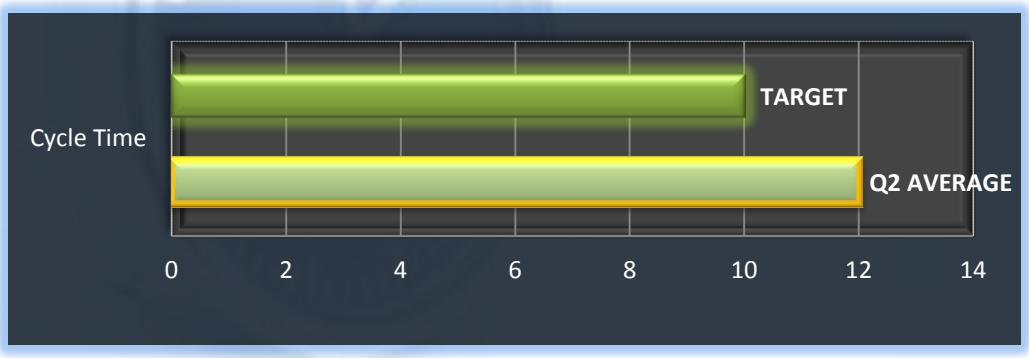
	October	November	December
Target	540	540	540
Actual	252	262	649

Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Target: 10 Days

Q2 Average: 12 Days

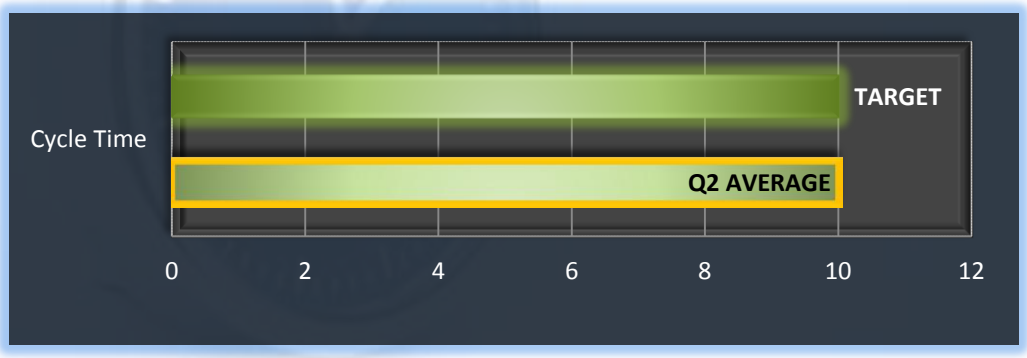


Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

Target: 10 Days

Q2 Average: 10 Days



Department of Consumer Affairs

State of California Acupuncture Board

Performance Measures

Q3 Report *(January - March 2012)*

To ensure stakeholders can review the Board's progress in meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

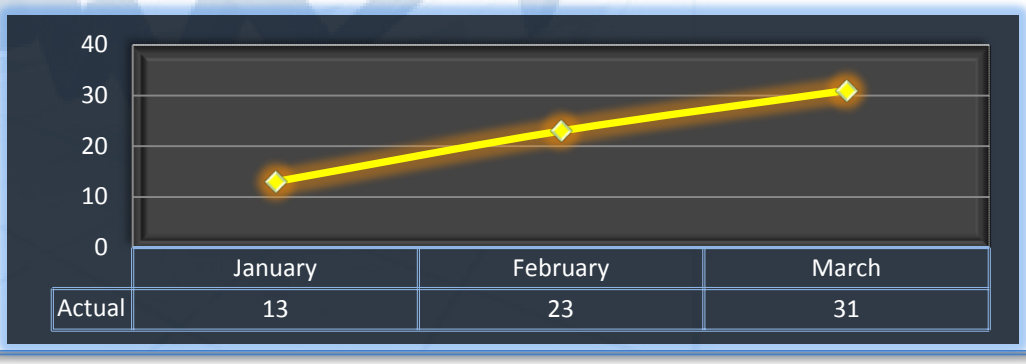
Volume

Number of complaints and convictions received.

Q3 Total: 67

Complaints: 25 Convictions: 42

Q3 Monthly Average: 22



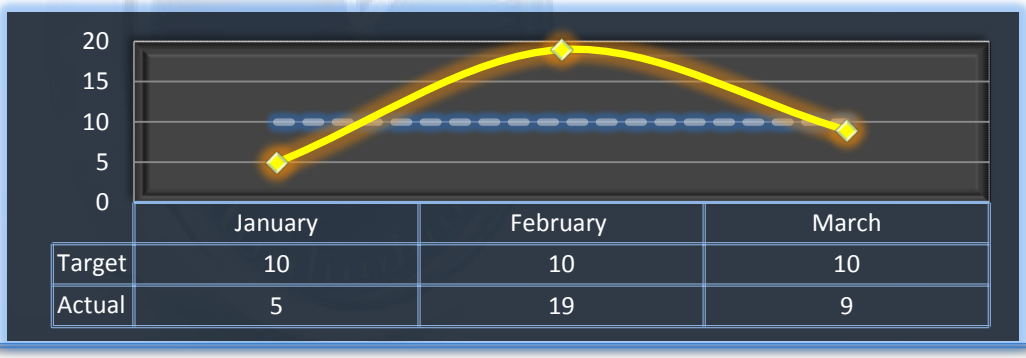
	January	February	March
Actual	13	23	31

Intake

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

Target: 10 Days

Q3 Average: 8 Days



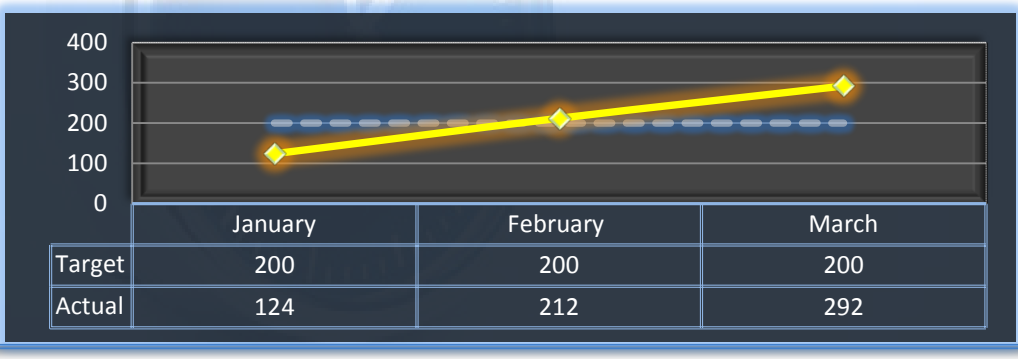
	January	February	March
Target	10	10	10
Actual	5	19	9

Intake & Investigation

Average cycle time from complaint receipt to closure of the investigation process. Does <u>not</u> include cases sent to the Attorney General or other forms of formal discipline.

Target: 200 Days

Q3 Average: 158 Days



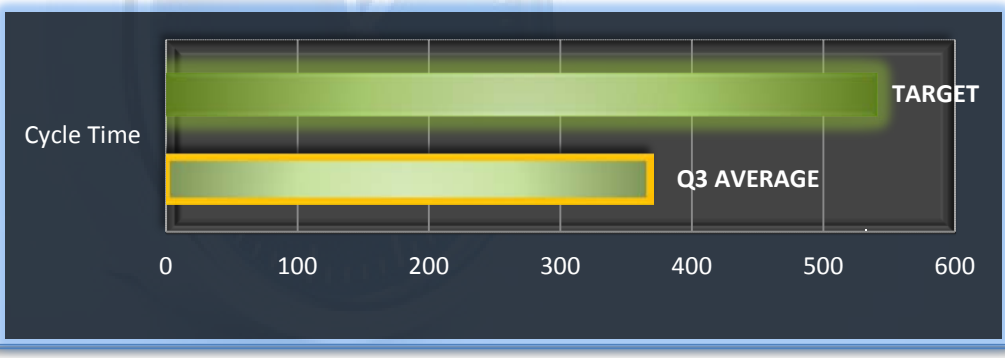
	January	February	March
Target	200	200	200
Actual	124	212	292

Formal Discipline

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board, and prosecution by the AG)

Target: 540 Days

Q3 Average: 367 Days



Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Target: 10 Days

Q3 Average: N/A

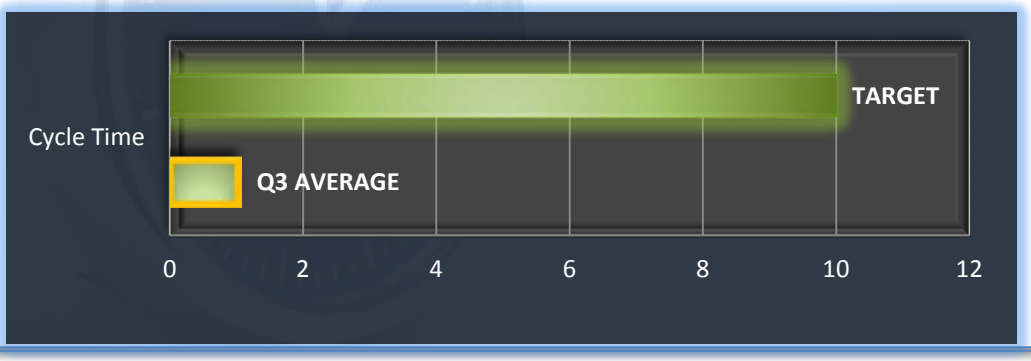
The Board did not contact any new probationers this quarter.

Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

Target: 10 Days

Q3 Average: 1 Day



Department of Consumer Affairs

State of California Acupuncture Board

Performance Measures

Q4 Report *(April - June 2012)*

To ensure stakeholders can review the Board's progress in meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

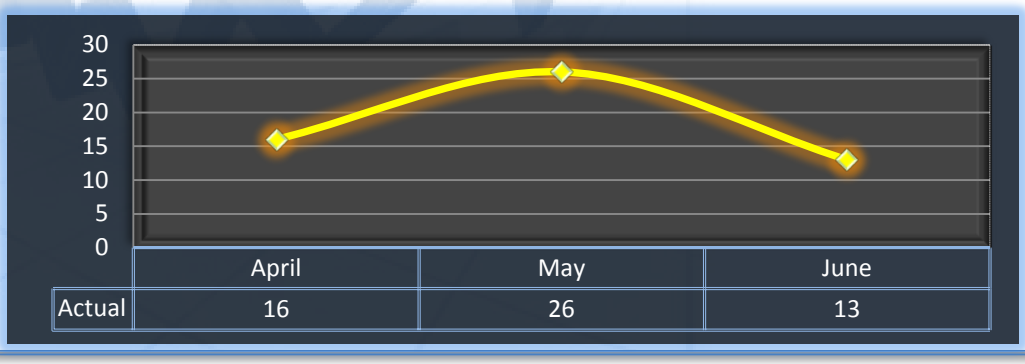
Volume

Number of complaints and convictions received.

Q4 Total: 55

Complaints: 19 Convictions: 36

Q4 Monthly Average: 18

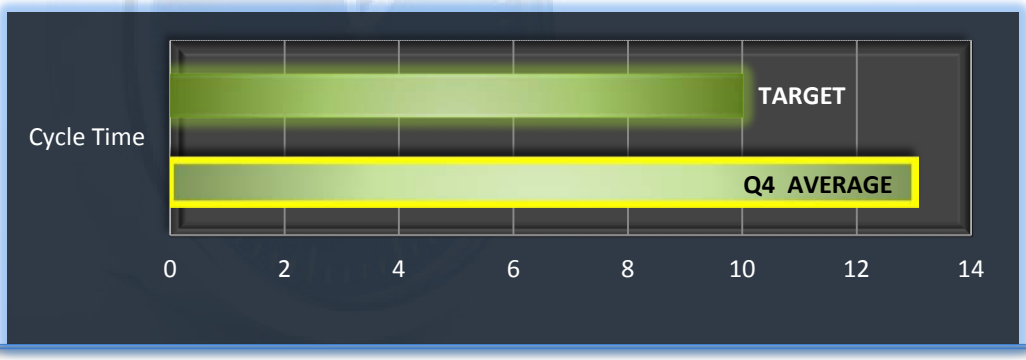


Intake

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

Target: 10 Days

Q4 Average: 13 Days

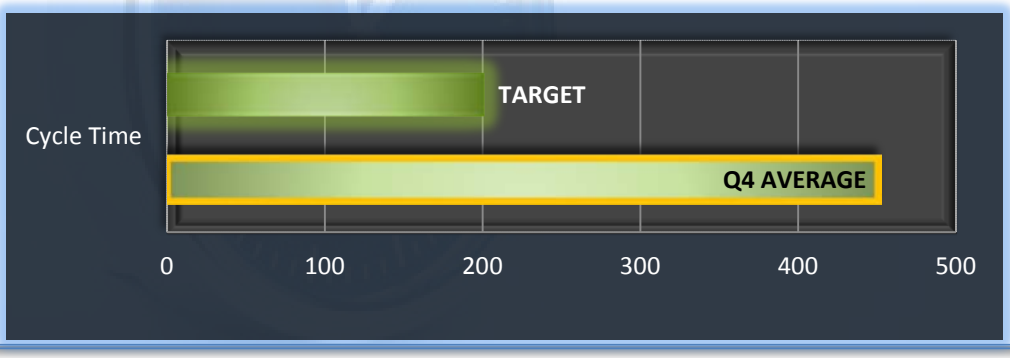


Intake & Investigation

Average cycle time from complaint receipt to closure of the investigation process. Does <u>not</u> include cases sent to the Attorney General or other forms of formal discipline.

Target: 200 Days

Q4 Average: 450 Days



Formal Discipline

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board, and prosecution by the AG)

Target: 540 Days

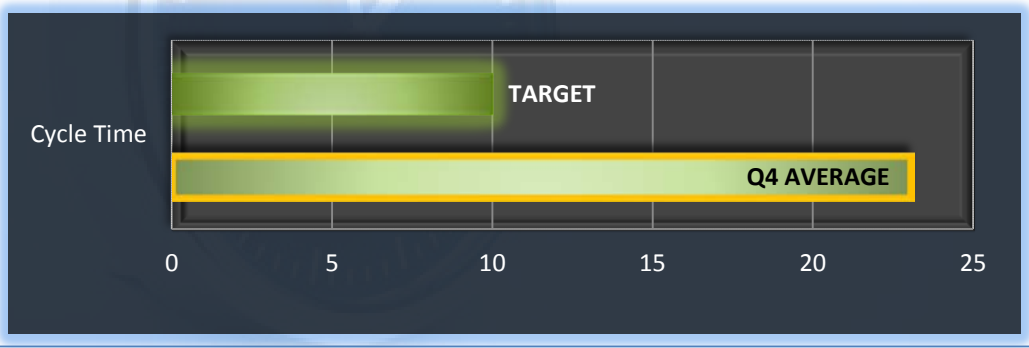
Q4 Average: 588 Days

Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Target: 10 Days

Q3 Average: 23 Days



Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

Target: 10 Days

Q3 Average: N/A

The Board did not handle any probation violations this quarter.

Department of Consumer Affairs

State of California

Acupuncture Board

Performance Measures

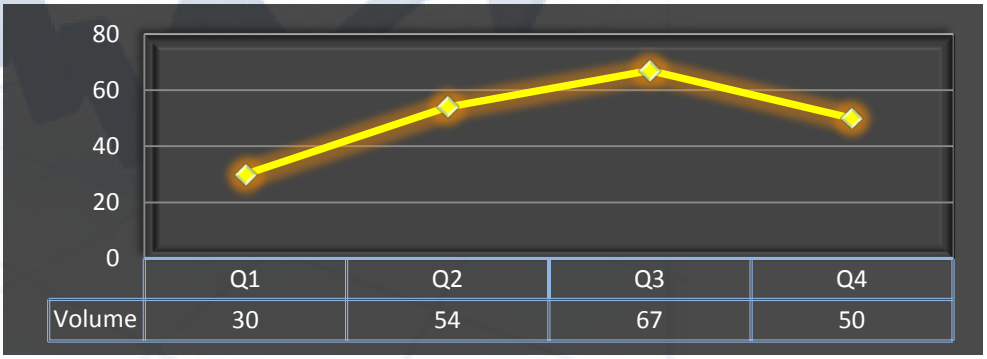
Annual Report *(2012 – 2013 Fiscal Year)*

To ensure stakeholders can review the Board's progress in meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures are posted publicly on a quarterly basis.

Volume

Number of complaints and convictions received.

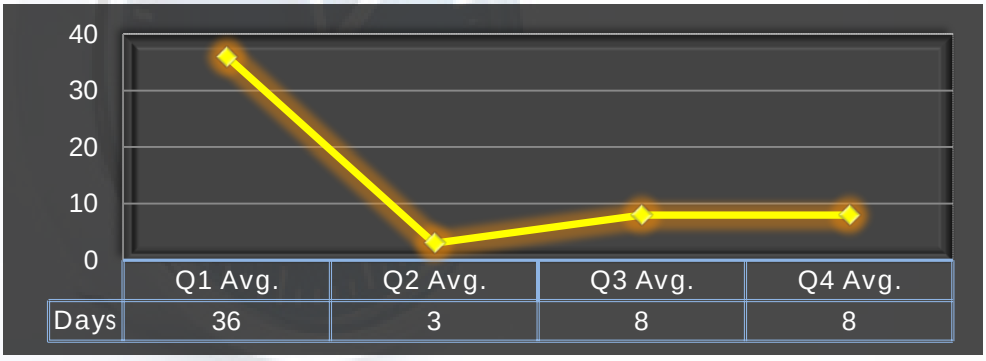
The Board had an annual total of 201 this fiscal year.



Intake

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

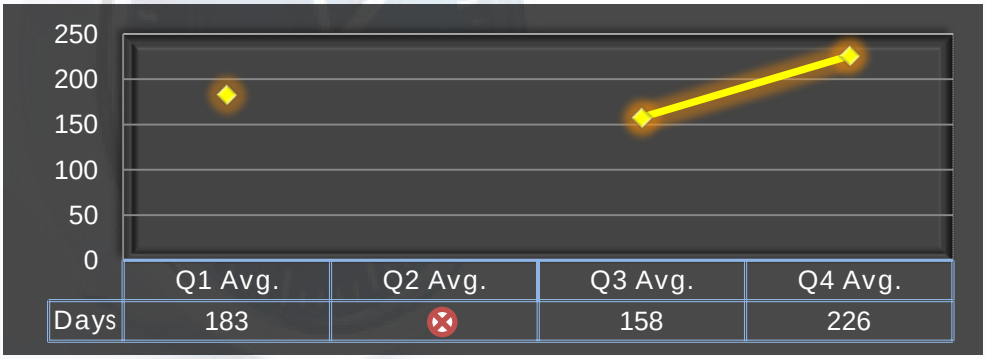
The Board has set a target of 10 days for this measure.



Intake & Investigation

Average cycle time from complaint receipt to closure of the investigation process. Does <u>not</u> include cases sent to the Attorney General or other forms of formal discipline.

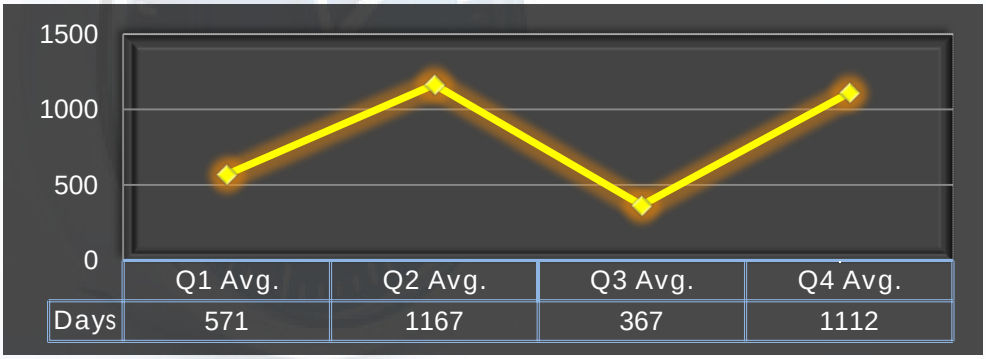
The Board has set a target of 200 days for this measure.



Formal Discipline

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board, and prosecution by the AG)

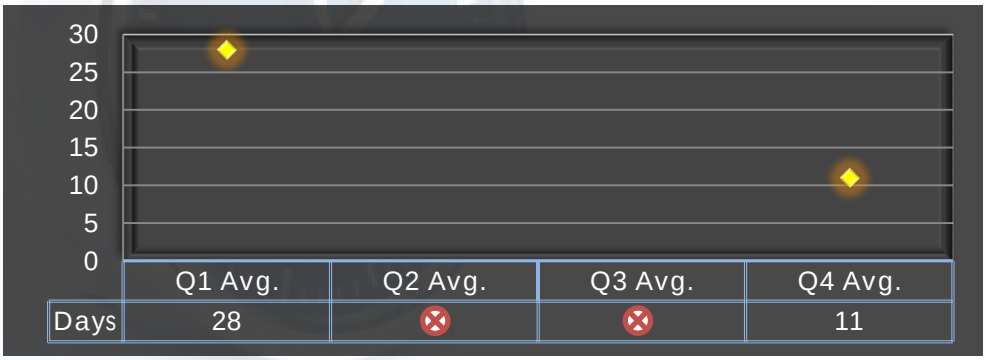
The Board has set a target of 540 days for this measure.



Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

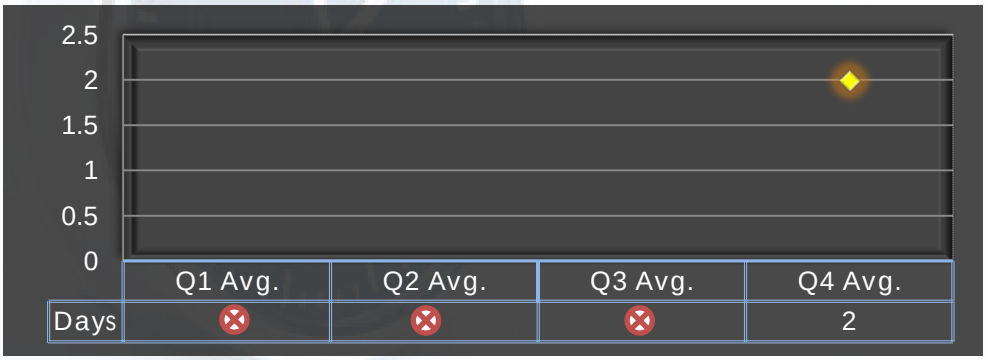
The Board has set a target of 10 days for this measure.



Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

The Board has set a target of 10 days for this measure.



Department of Consumer Affairs

State of California Acupuncture Board

Performance Measures

Q1 Report *(July - September 2012)*

To ensure stakeholders can review the Board's progress in meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

Volume

Number of complaints and convictions received.

Q1 Total: 30

Complaints: 18 Convictions: 12

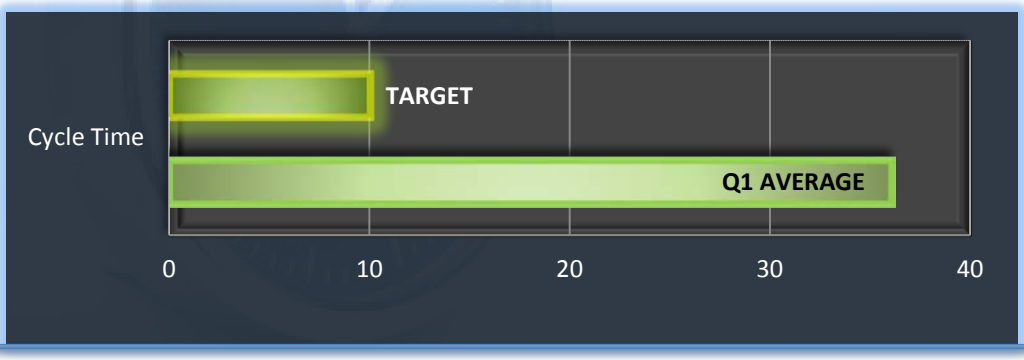
Q1 Monthly Average: 10

Intake

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

Target: 10 Days

Q1 Average: 36 Days

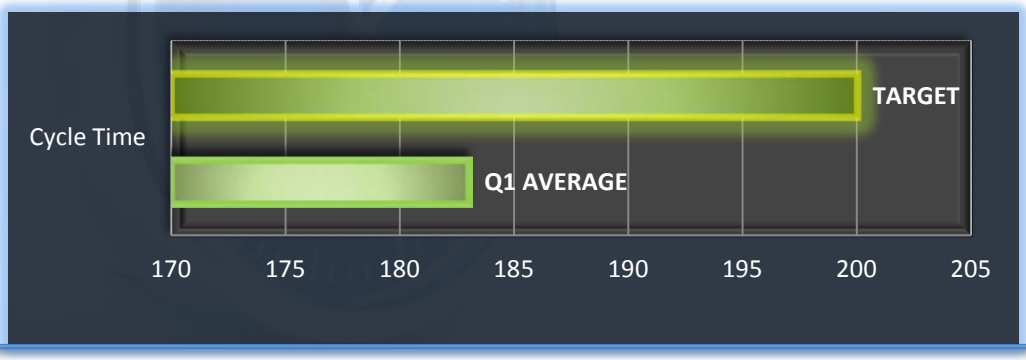


Intake & Investigation

Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.

Target: 200 Days

Q1 Average: 183 Days

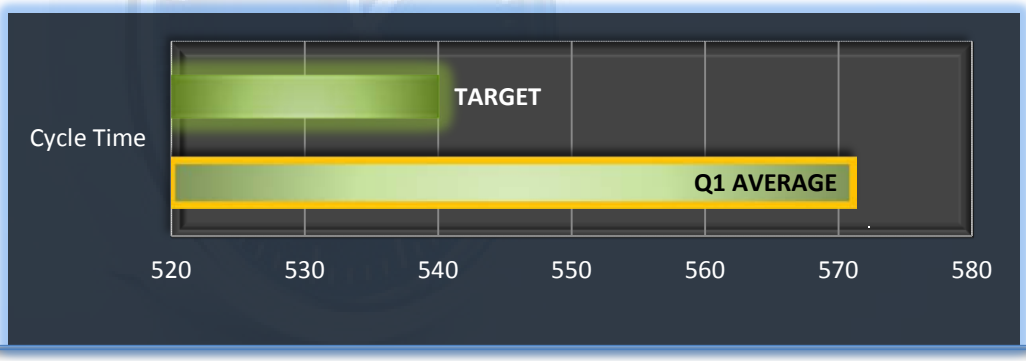


Formal Discipline

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board, and prosecution by the AG)

Target: 540 Days

Q1 Average: 571 Days

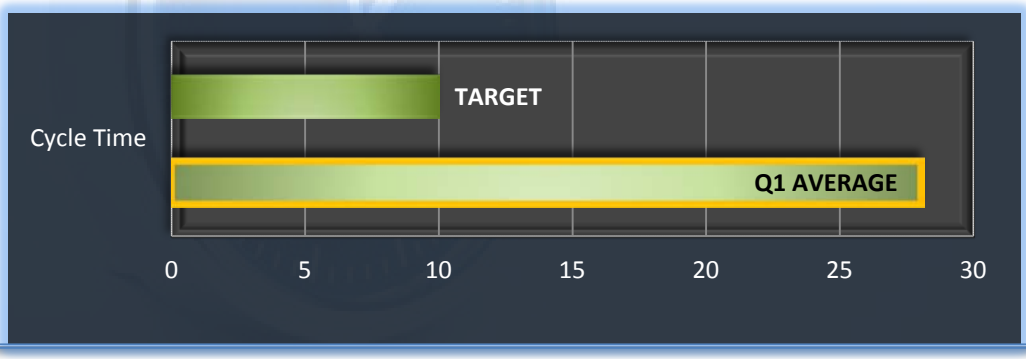


Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Target: 10 Days

Q1 Average: 28 Days



Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

Target: 10 Days

Q1 Average: N/A

The Board did not handle any probation violations this quarter.

Department of Consumer Affairs

State of California Acupuncture Board

Performance Measures

Q2 Report *(October - December 2012)*

To ensure stakeholders can review the Board's progress in meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

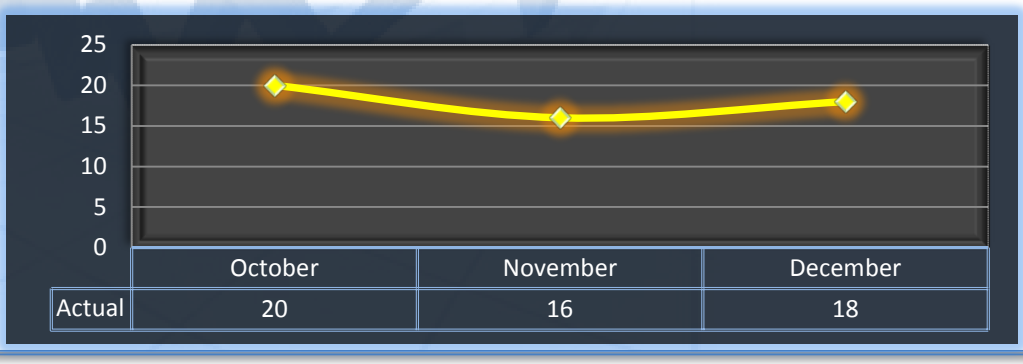
Volume

Number of complaints and convictions received.

Q2 Total: 54

Complaints: 8 Convictions: 44

Q2 Monthly Average: 18

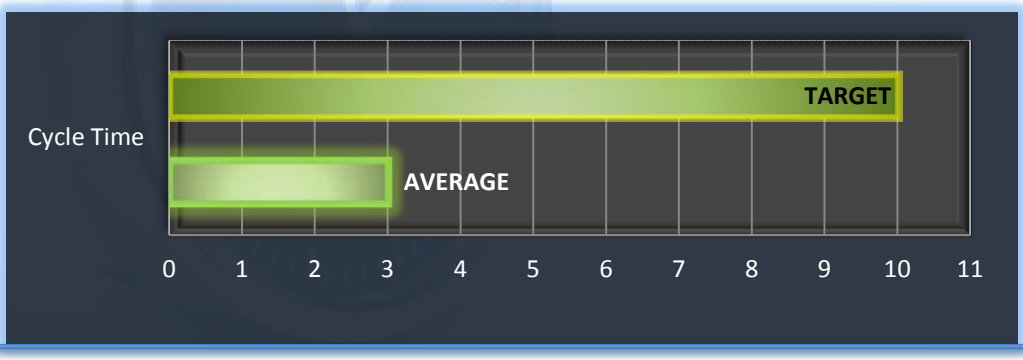


Intake

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

Target: 10 Days

Q2 Average: 3 Days



Intake & Investigation

Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.

Target: 200 Days

Q2 Average: N/A

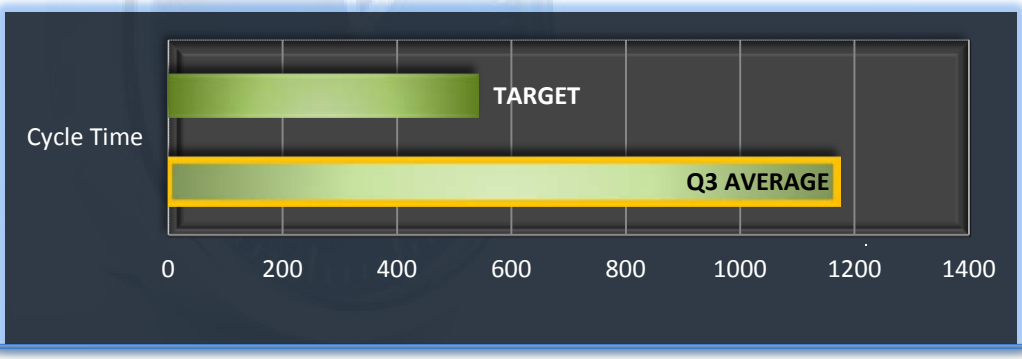
The Board did not report any investigations this quarter.

Formal Discipline

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board, and prosecution by the AG)

Target: 540 Days

Q2 Average: 1,167 Days



Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Target: 10 Days

Q2 Average: N/A

The Board did not contact any new probationers this quarter.

Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

Target: 10 Days

Q2 Average: N/A

The Board did not handle any violations this quarter.

Department of Consumer Affairs

State of California Acupuncture Board

Performance Measures

Q3 Report *(January - March 2013)*

To ensure stakeholders can review the Board's progress in meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

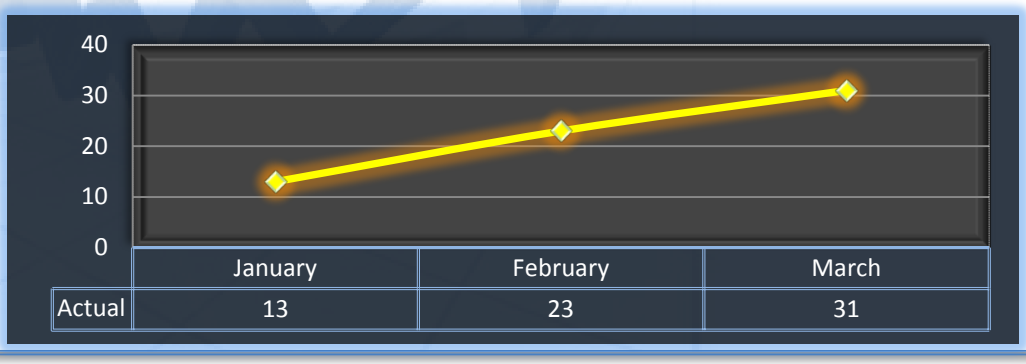
Volume

Number of complaints and convictions received.

Q3 Total: 67

Complaints: 25 Convictions: 42

Q3 Monthly Average: 22



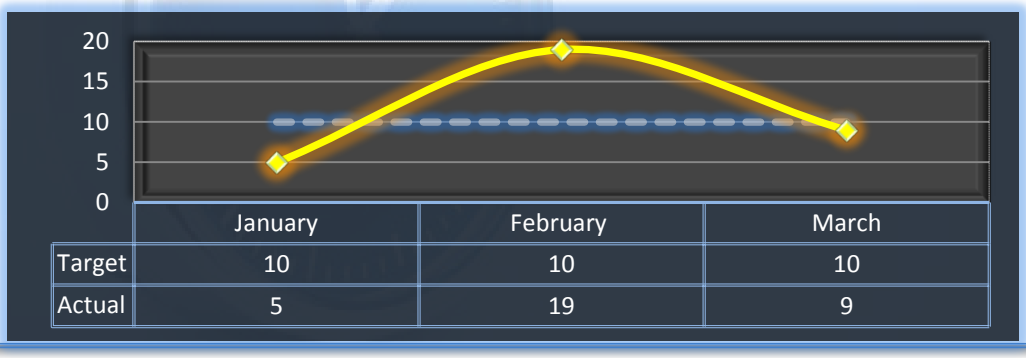
	January	February	March
Actual	13	23	31

Intake

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

Target: 10 Days

Q3 Average: 8 Days



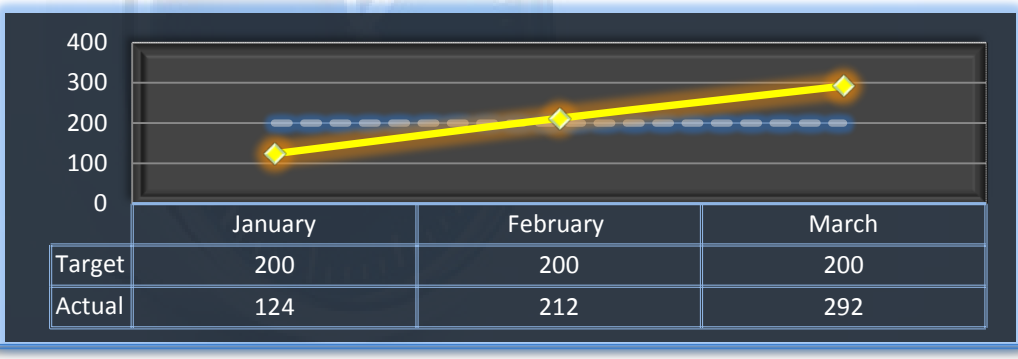
	January	February	March
Target	10	10	10
Actual	5	19	9

Intake & Investigation

Average cycle time from complaint receipt to closure of the investigation process. Does <u>not</u> include cases sent to the Attorney General or other forms of formal discipline.

Target: 200 Days

Q3 Average: 158 Days



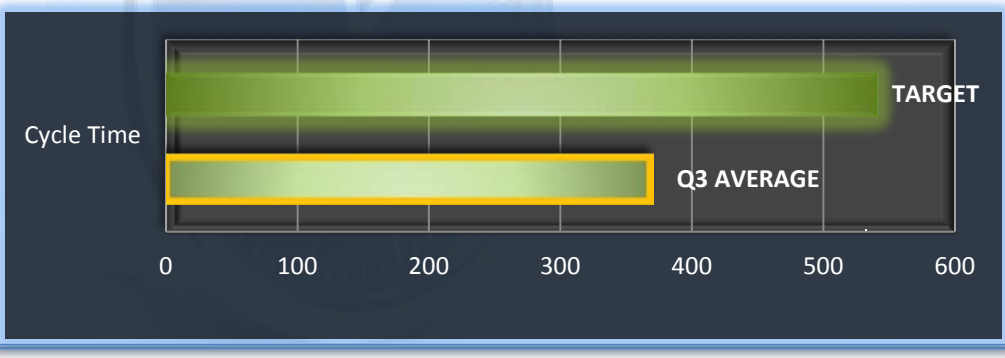
	January	February	March
Target	200	200	200
Actual	124	212	292

Formal Discipline

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board, and prosecution by the AG)

Target: 540 Days

Q3 Average: 367 Days



Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Target: 10 Days

Q3 Average: N/A

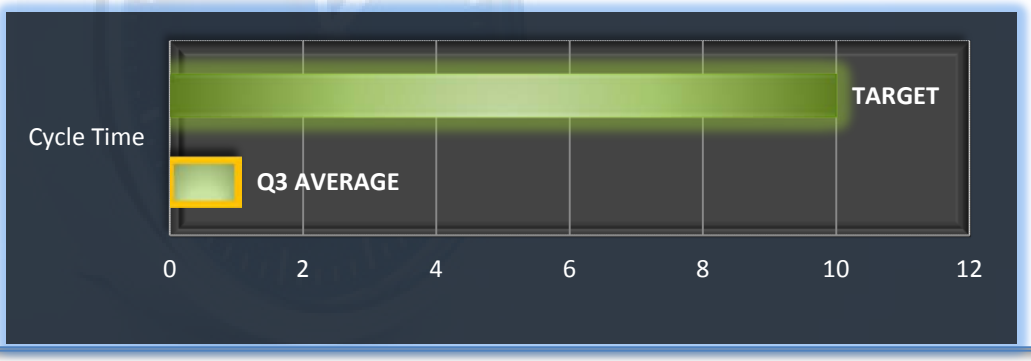
The Board did not contact any new probationers this quarter.

Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

Target: 10 Days

Q3 Average: 1 Day



Department of Consumer Affairs

State of California Acupuncture Board

Performance Measures

Q4 Report *(April - June 2013)*

To ensure stakeholders can review the Board's progress in meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

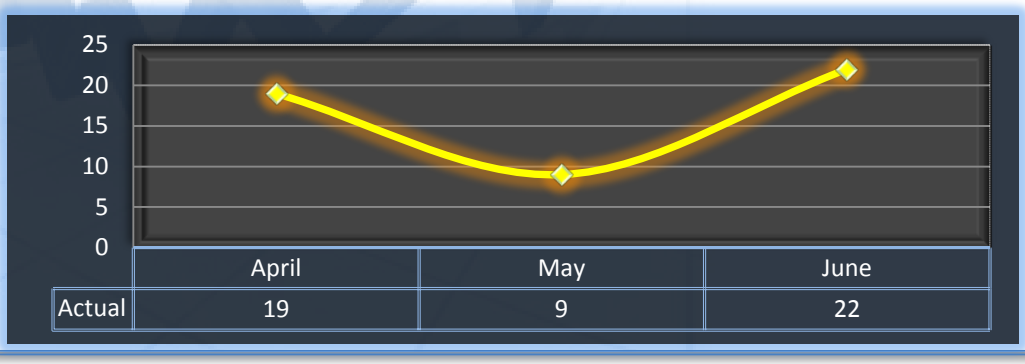
Volume

Number of complaints and convictions received.

Q4 Total: 50

Complaints: 26 Convictions: 24

Q4 Monthly Average: 17



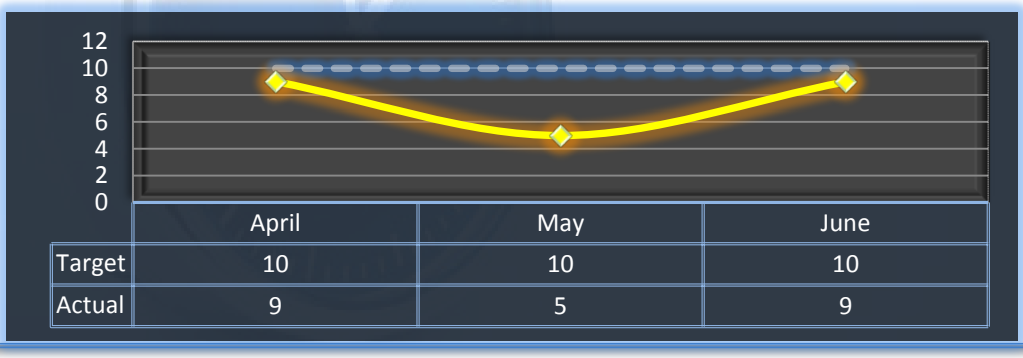
	April	May	June
Actual	19	9	22

Intake

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

Target: 10 Days

Q4 Average: 8 Days



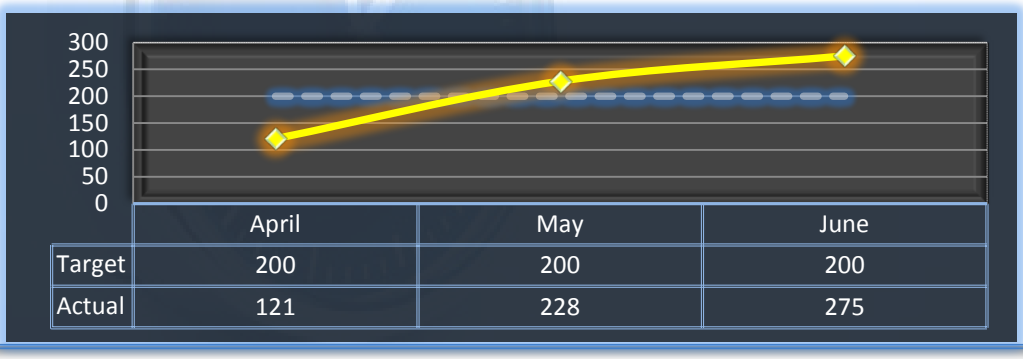
	April	May	June
Target	10	10	10
Actual	9	5	9

Intake & Investigation

Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.

Target: 200 Days

Q4 Average: 226 Days



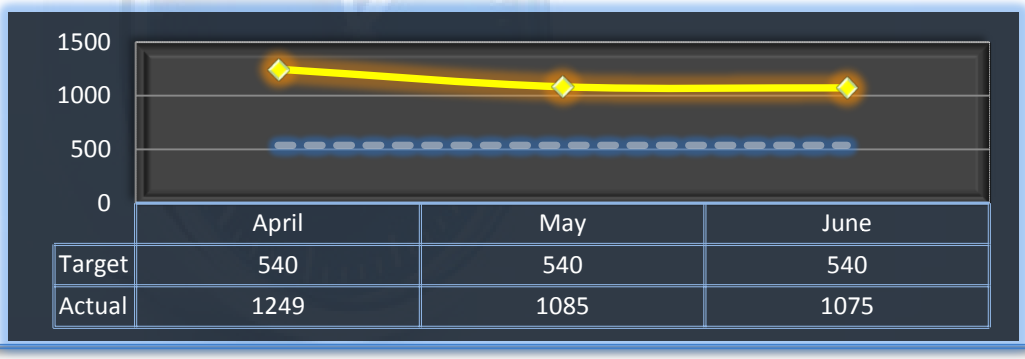
	April	May	June
Target	200	200	200
Actual	121	228	275

Formal Discipline

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board, and prosecution by the AG)

Target: 540 Days

Q4 Average: 1,112 Days



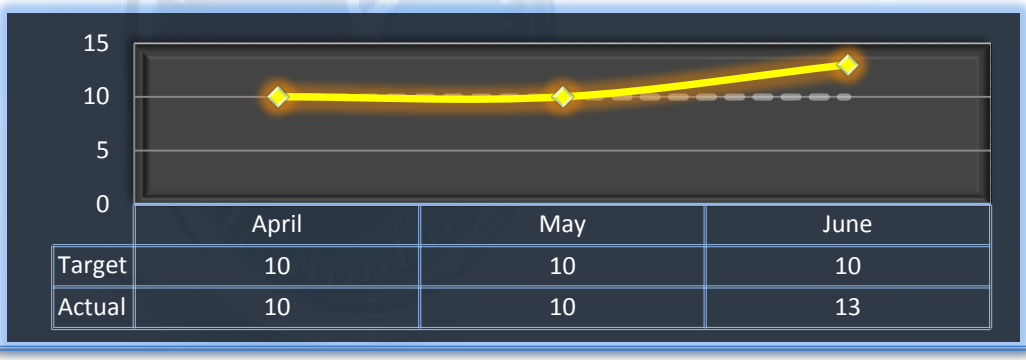
	April	May	June
Target	540	540	540
Actual	1249	1085	1075

Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Target: 10 Days

Q3 Average: 11 Days



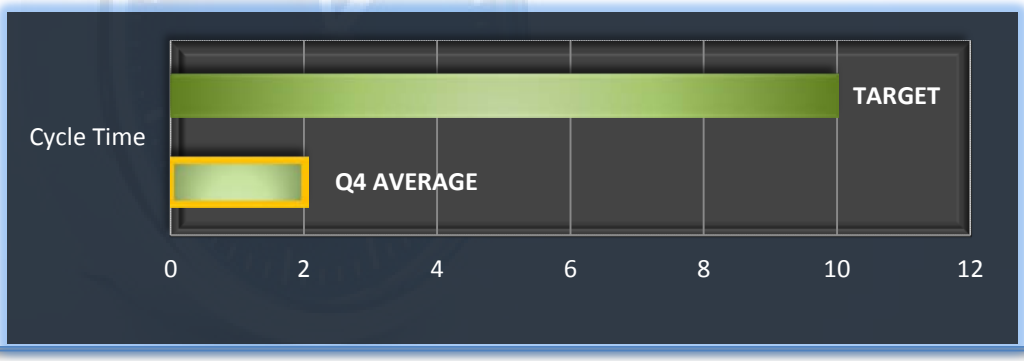
	April	May	June
Target	10	10	10
Actual	10	10	13

Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

Target: 10 Days

Q3 Average: 2 Days



Department of Consumer Affairs

California Acupuncture Board

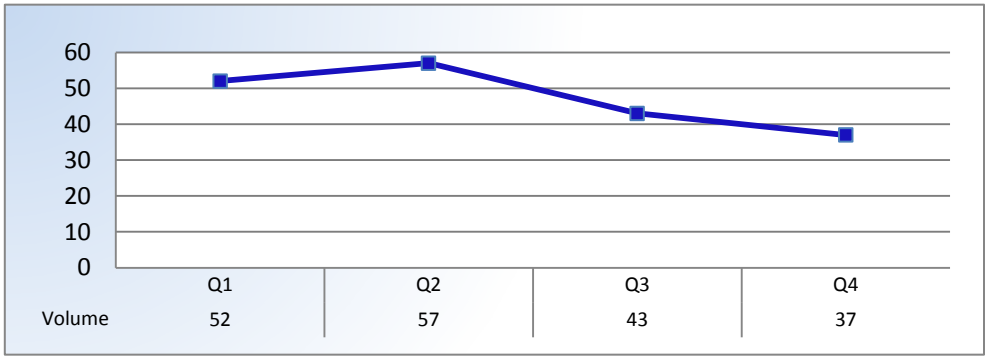
Performance Measures

Annual Report *(2013 – 2014 Fiscal Year)*

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly and annual basis.

PM1 | Volume

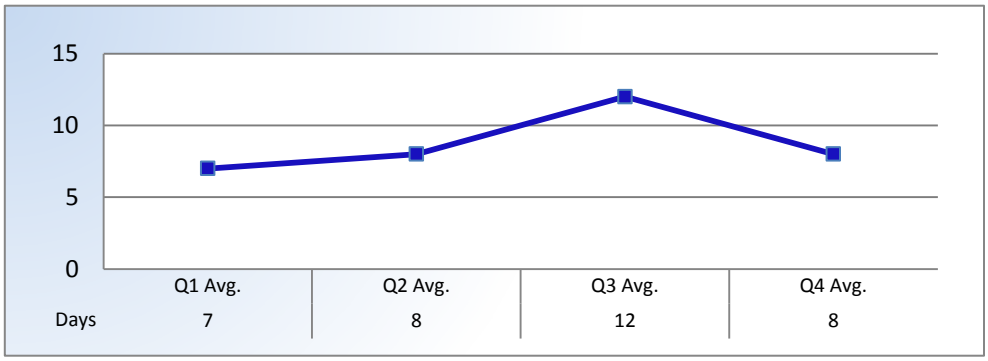
Number of complaints and convictions received.



Fiscal Year Total: 189

PM2 | Intake

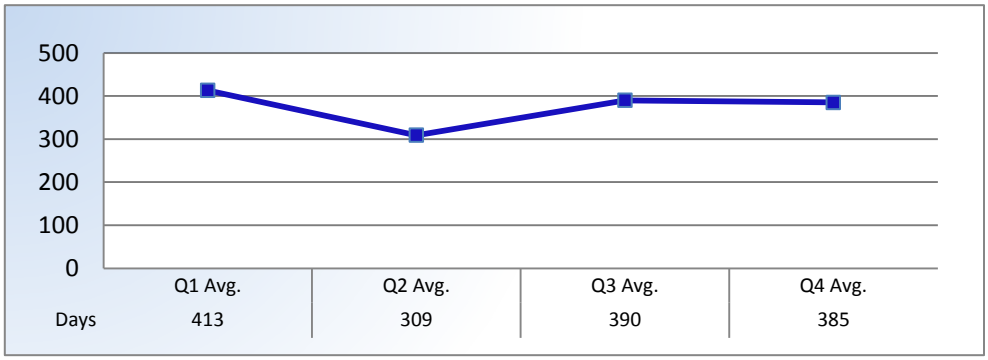
Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.



Target Average: 10 Days

PM3 | Intake & Investigation

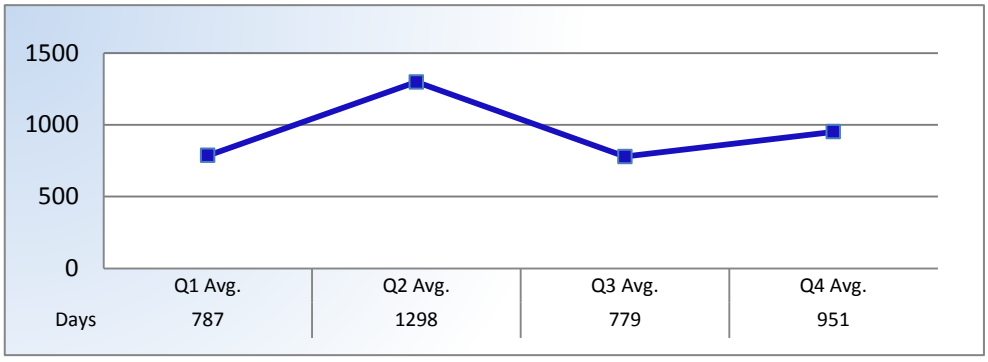
Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.



Target Average: 200 Days

PM4 | Formal Discipline

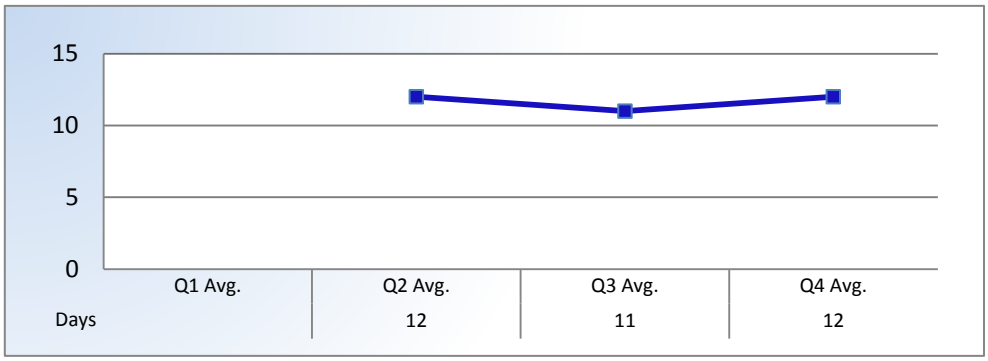
Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board and prosecution by the AG).



Target Average: 540 Days

PM7 |Probation Intake

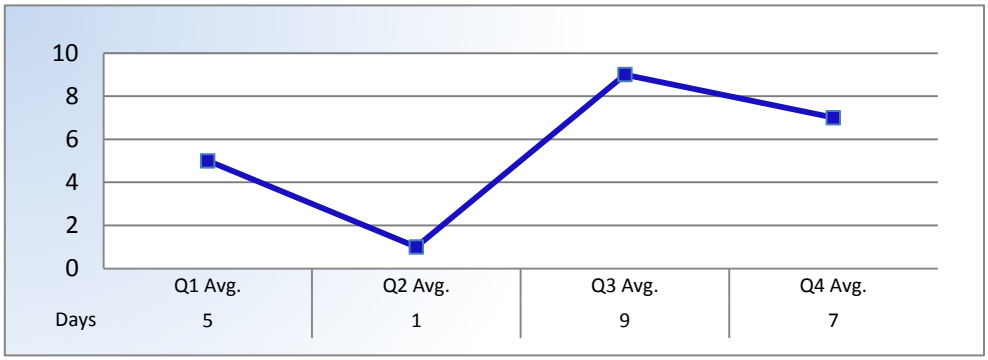
Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.



Target Average: 10 Days

PM8 |Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.



Target Average: 10 Days

Department of Consumer Affairs

California Acupuncture Board

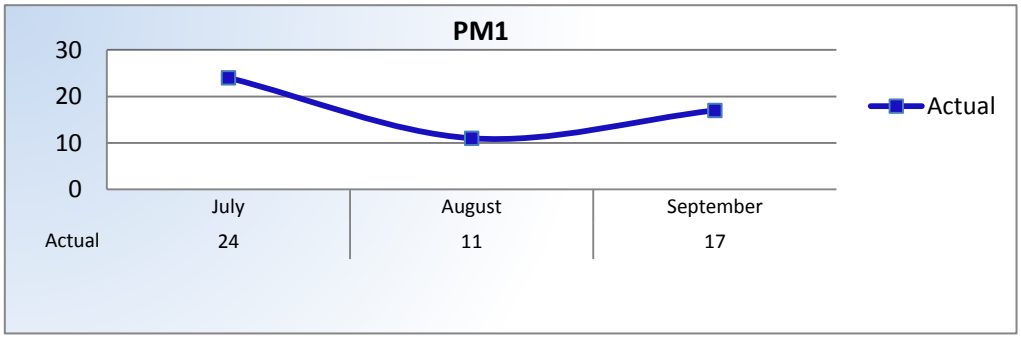
Performance Measures

Q1 Report *(July - September 2013)*

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

PM1 | Volume

Number of complaints and convictions received.

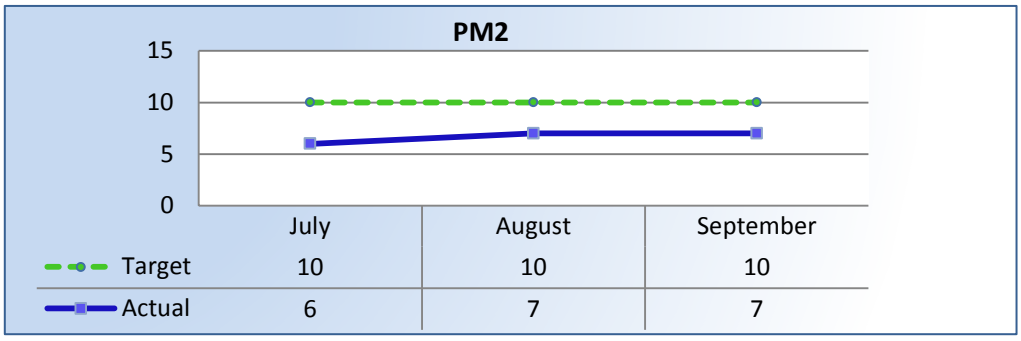


Total Received: 52 Monthly Average: 17

Complaints: 37 | **Convictions**: 15

PM2 | Intake

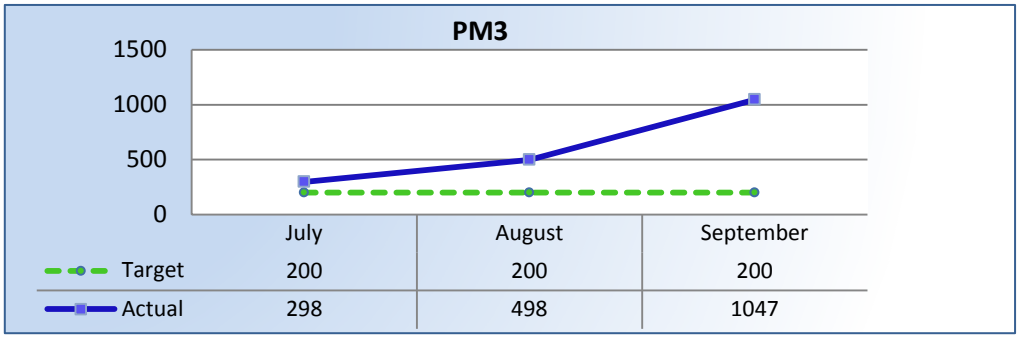
Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.



Target Average: 10 Days | **Actual Average:** 7 Days

PM3 | Intake & Investigation

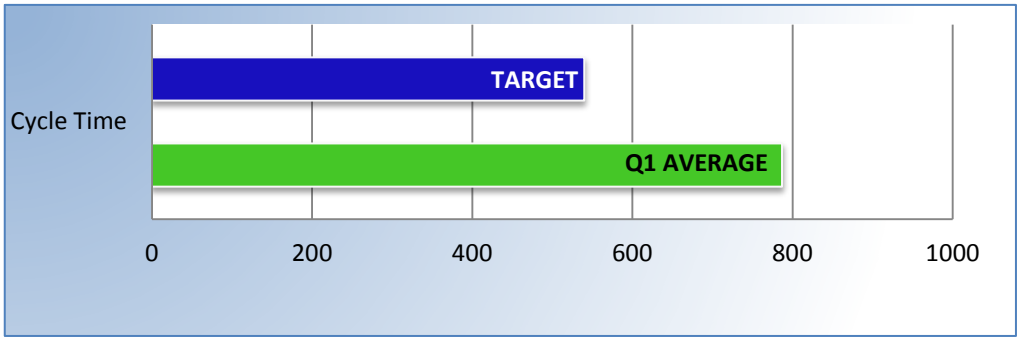
Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.



Target Average: 200 Days | **Actual Average:** 413 Days

PM4 | Formal Discipline

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board and prosecution by the AG).



Target Average: 540 Days | **Actual Average:** 787 Days

PM7 |Probation Intake

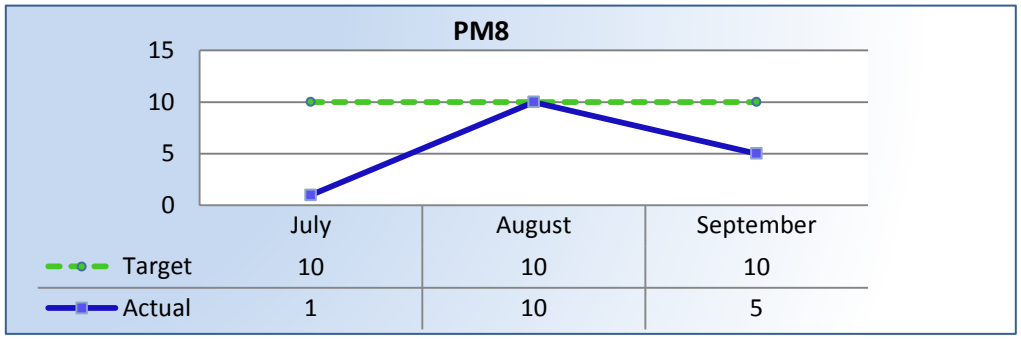
Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

The Board did not contact any new probationers this quarter.

Target Average: 10 Days | **Actual Average:** N/A

PM8 |Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.



Target Average: 10 Days | **Actual Average:** 5 Days

Department of Consumer Affairs

California Acupuncture Board

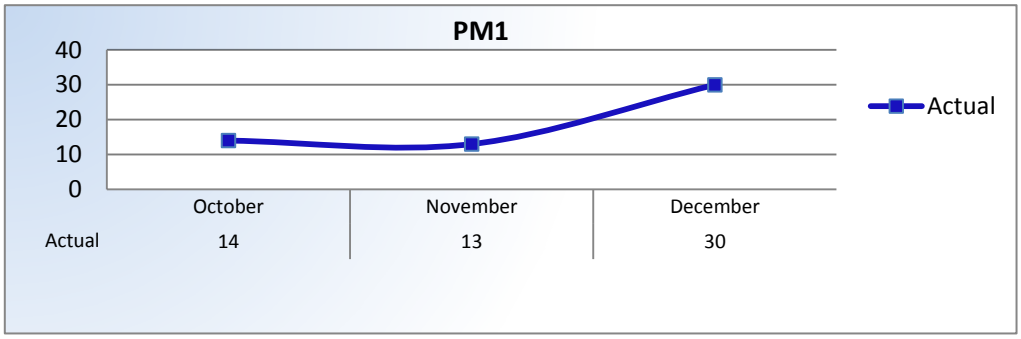
Performance Measures

Q2 Report *(October - December 2013)*

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

PM1 | Volume

Number of complaints and convictions received.

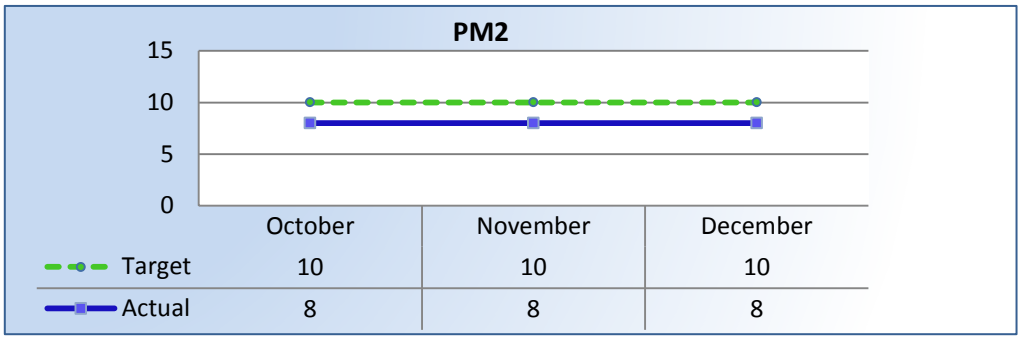


Total Received: 57 Monthly Average: 19

Complaints: 33 | **Convictions**: 24

PM2 | Intake

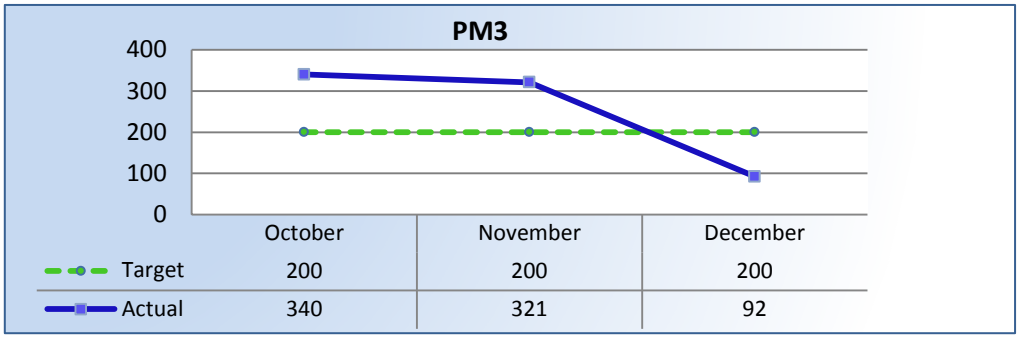
Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.



Target Average: 10 Days | **Actual Average:** 8 Days

PM3 | Intake & Investigation

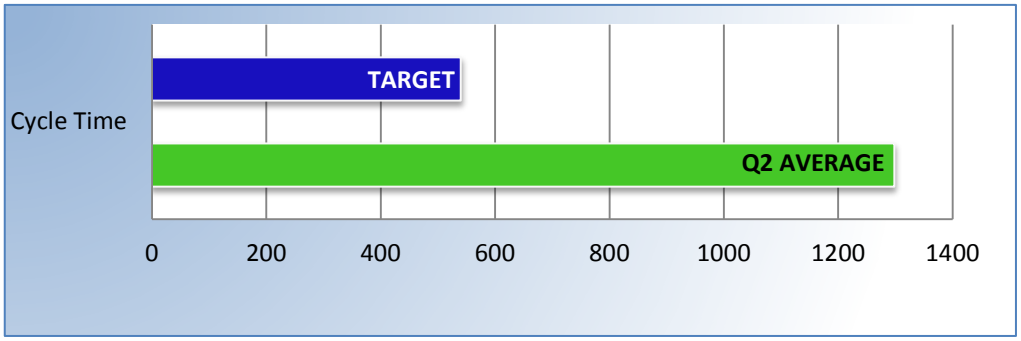
Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.



Target Average: 200 Days | **Actual Average:** 309 Days

PM4 | Formal Discipline

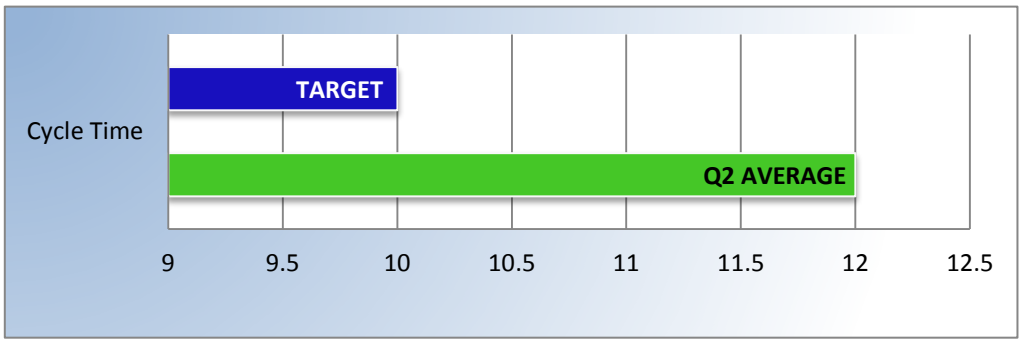
Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board and prosecution by the AG).



Target Average: 540 Days | **Actual Average:** 1298 Days

PM7 |Probation Intake

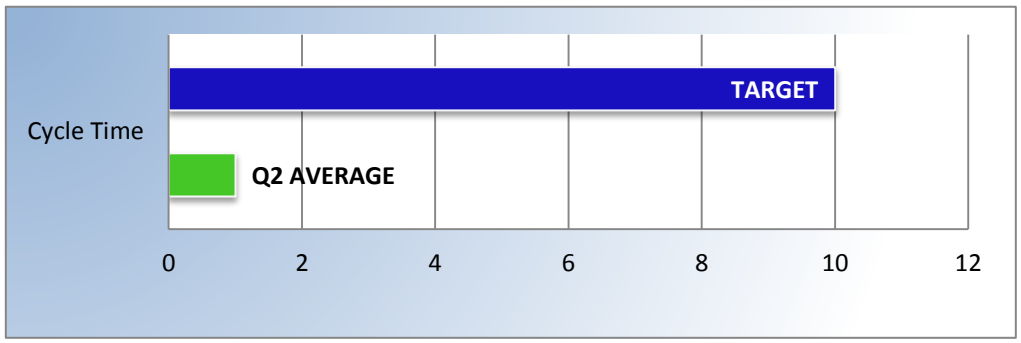
Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.



Target Average: 10 Days | **Actual Average:** 12 Days

PM8 |Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.



Target Average: 10 Days | **Actual Average:** 1 Day

Department of Consumer Affairs

California Acupuncture Board

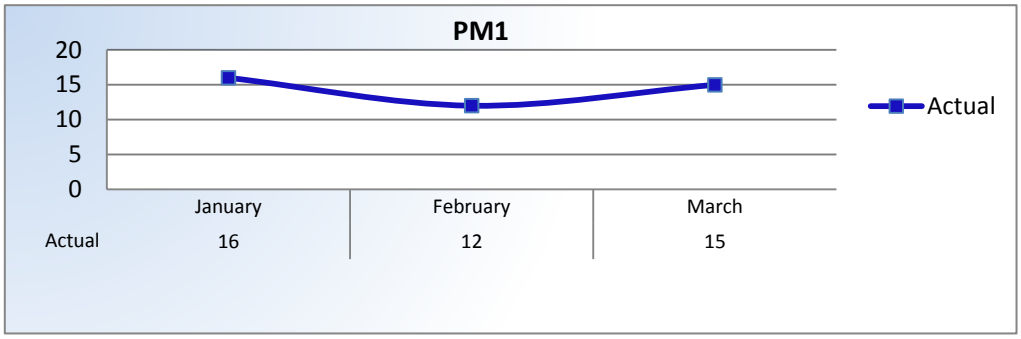
Performance Measures

Q3 Report *(January - March 2014)*

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

PM1 | Volume

Number of complaints and convictions received.

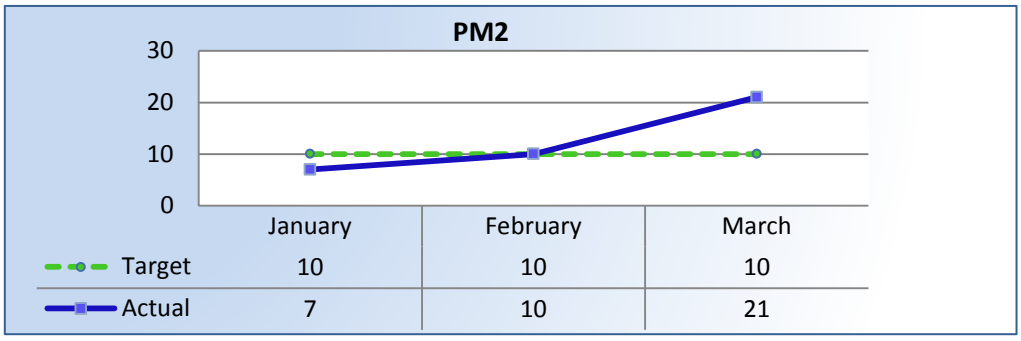


Total Received: 43 Monthly Average: 14

Complaints: 28 | **Convictions**: 15

PM2 | Intake

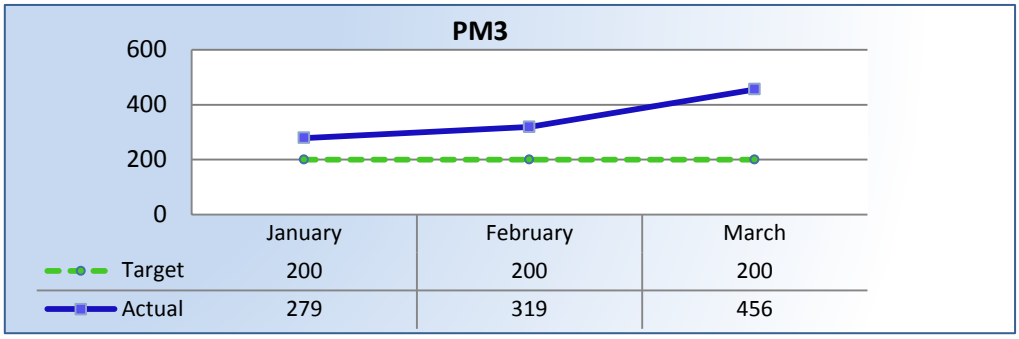
Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.



Target Average: 10 Days | **Actual Average:** 12 Days

PM3 | Intake & Investigation

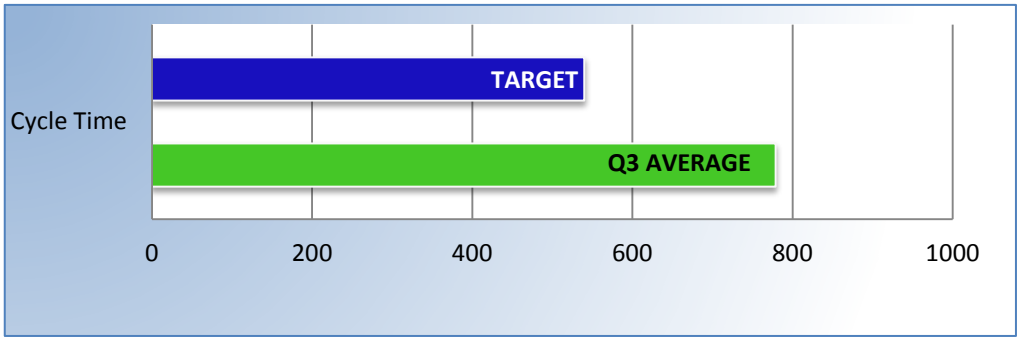
Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.



Target Average: 200 Days | **Actual Average:** 390 Days

PM4 | Formal Discipline

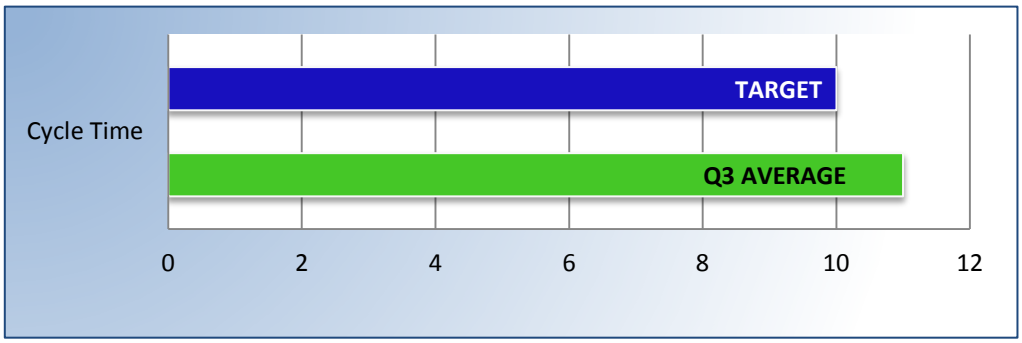
Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board and prosecution by the AG).



Target Average: 540 Days | **Actual Average:** 779 Days

PM7 |Probation Intake

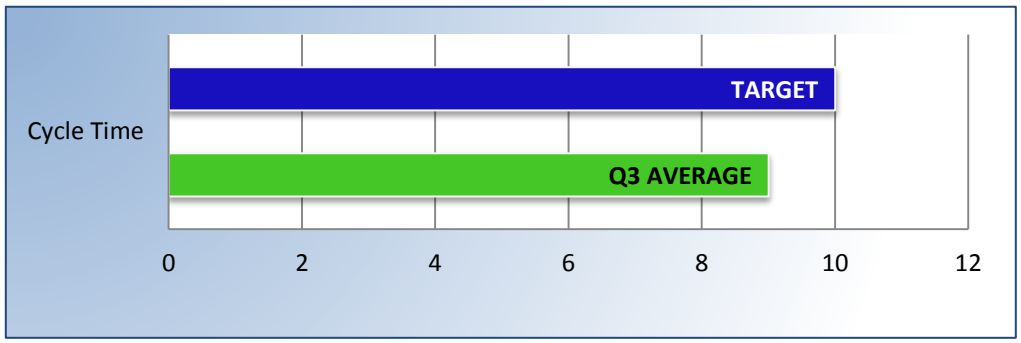
Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.



Target Average: 10 Days | **Actual Average:** 11 Days

PM8 |Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.



Target Average: 10 Days | **Actual Average:** 9 Days

Department of Consumer Affairs

California Acupuncture Board

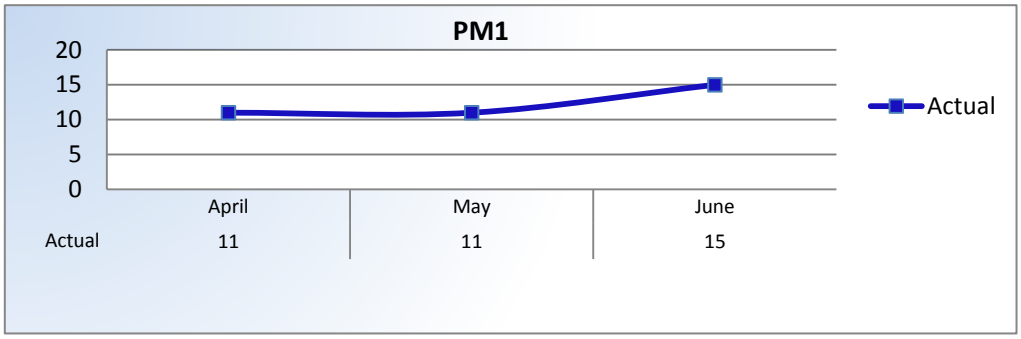
Performance Measures

Q4 Report *(April - June 2014)*

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

PM1 | Volume

Number of complaints and convictions received.

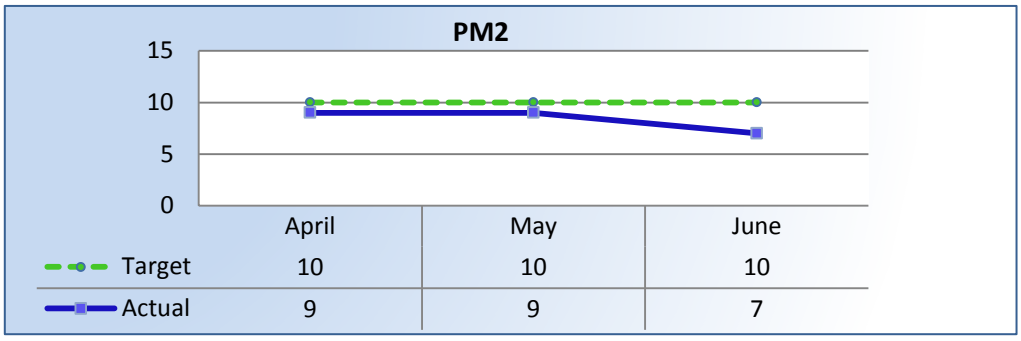


Total Received: 37 Monthly Average: 12

Complaints: 20 | **Convictions**: 17

PM2 | Intake

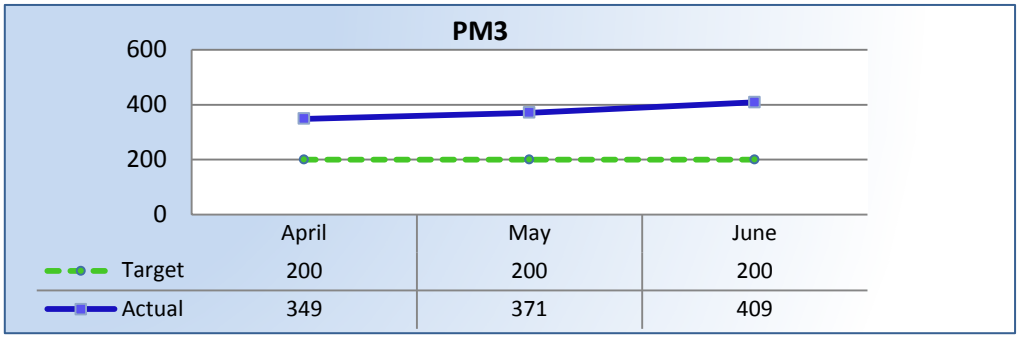
Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.



Target Average: 10 Days | **Actual Average:** 8 Days

PM3 | Intake & Investigation

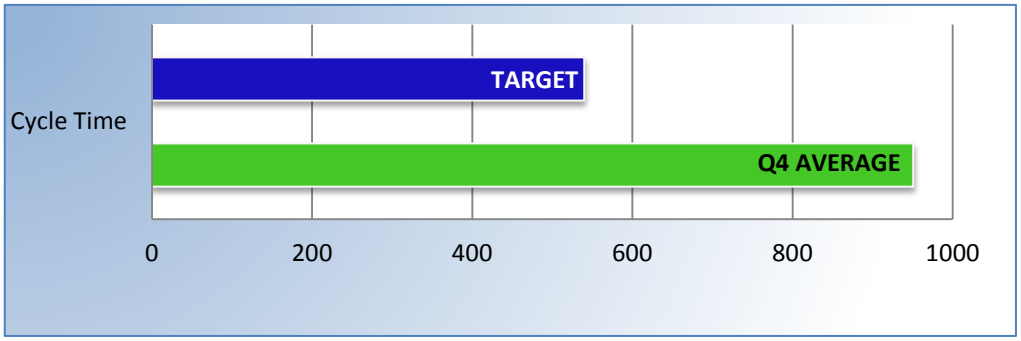
Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.



Target Average: 200 Days | **Actual Average:** 385 Days

PM4 | Formal Discipline

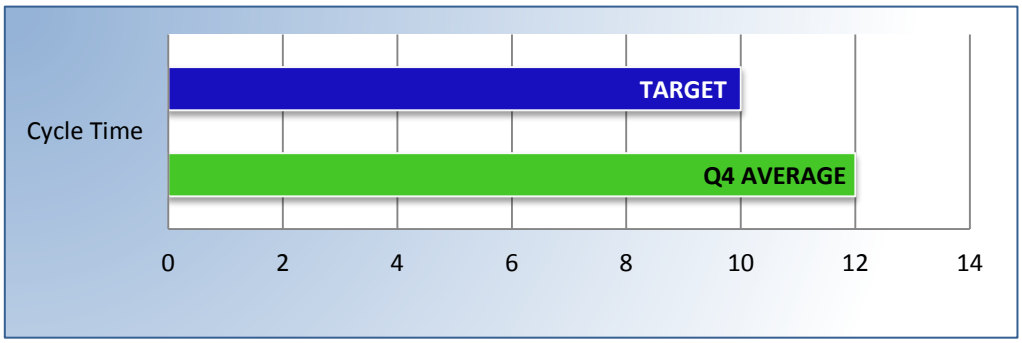
Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board and prosecution by the AG).



Target Average: 540 Days | **Actual Average:** 951 Days

PM7 |Probation Intake

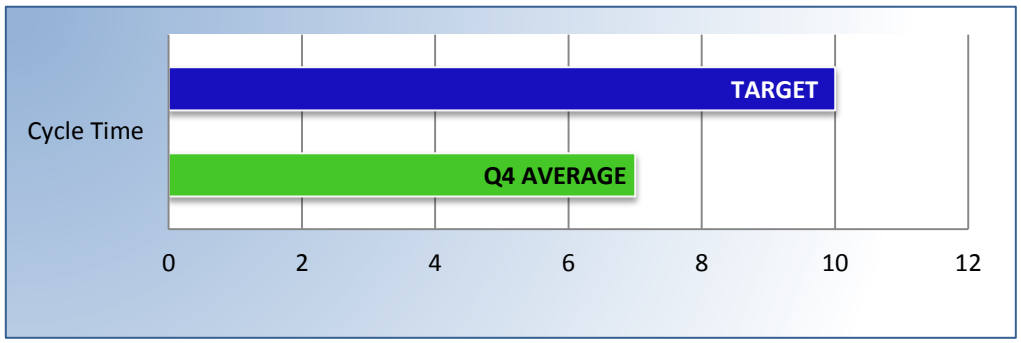
Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.



Target Average: 10 Days | **Actual Average:** 12 Days

PM8 |Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.



Target Average: 10 Days | **Actual Average:** 7 Days

Department of Consumer Affairs

California Acupuncture Board

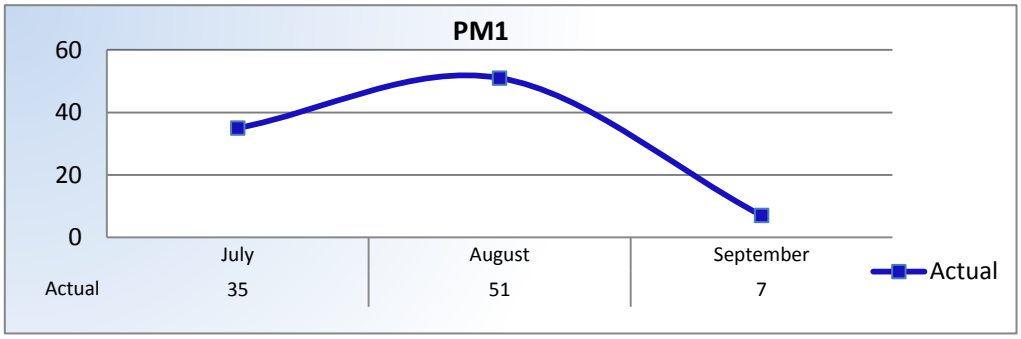
Performance Measures

Q1 Report *(July - September 2014)*

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

PM1 | Volume

Number of complaints and convictions received.

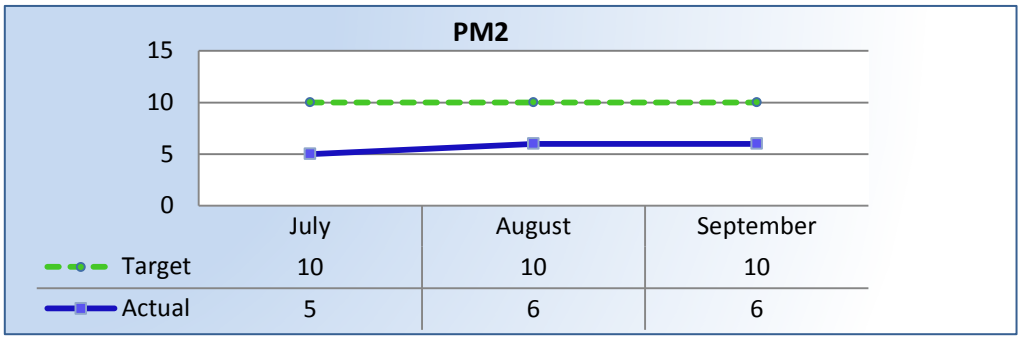


Total Received: 93 Monthly Average: 31

Complaints: 82 | **Convictions**: 11

PM2 | Intake

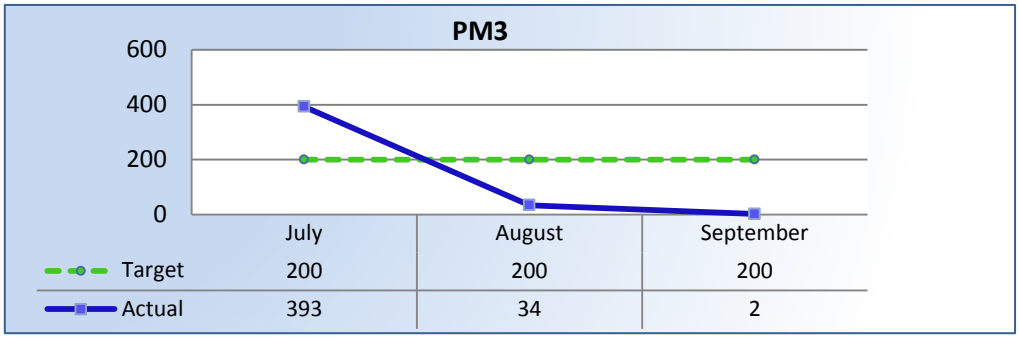
Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.



Target Average: 10 Days | **Actual Average:** 5 Days

PM3 | Intake & Investigation

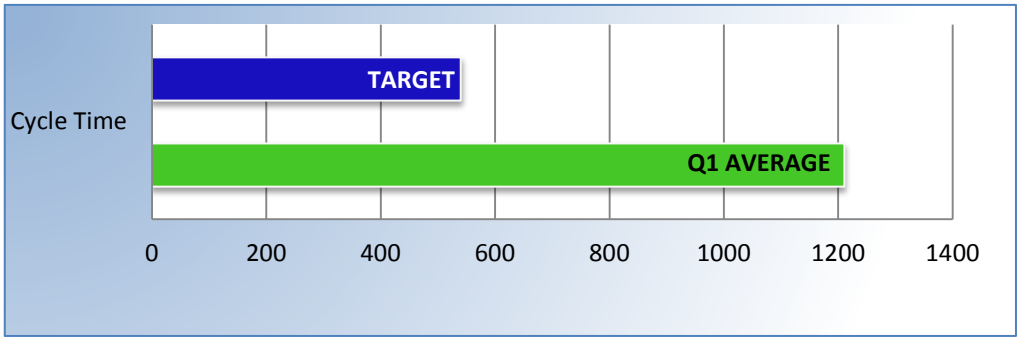
Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.



Target Average: 200 Days | **Actual Average:** 333 Days

PM4 | Formal Discipline

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board and prosecution by the AG).



Target Average: 540 Days | **Actual Average:** 1,211 Days

PM7 |Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

The Board did not contact any new probationers this quarter.

Target Average: 10 Days | **Actual Average:** N/A

PM8 |Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

The Board did not have any probation violations this quarter.

Target Average: 10 Days | **Actual Average:** N/A

Department of Consumer Affairs

California Acupuncture Board

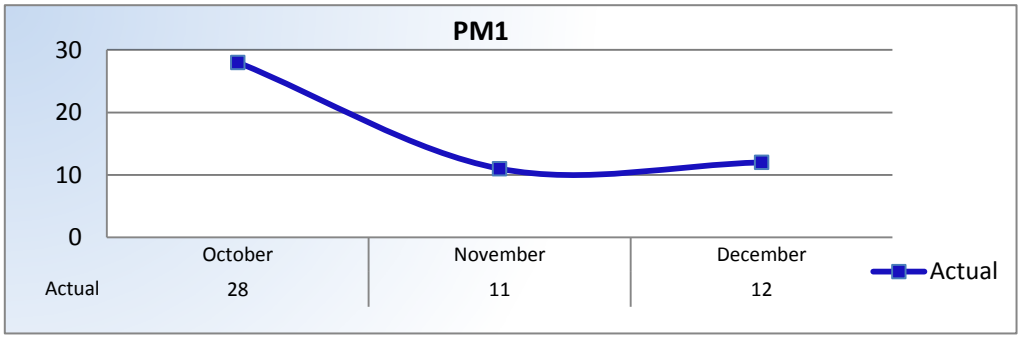
Performance Measures

Q2 Report *(October - December 2014)*

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

PM1 | Volume

Number of complaints and convictions received.

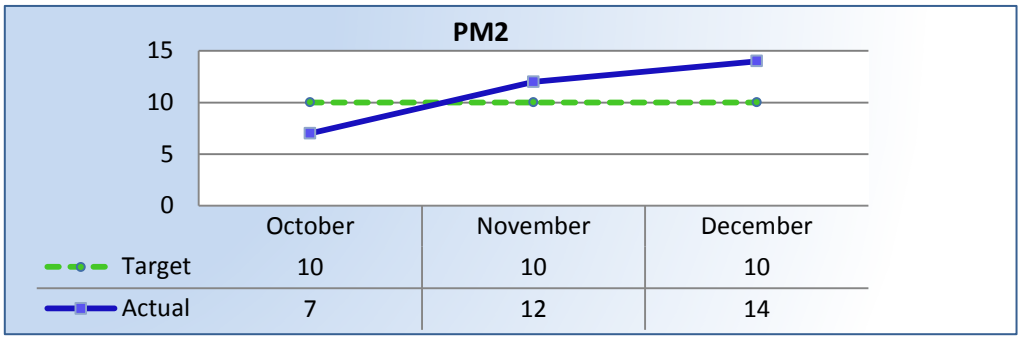


Total Received: 51 Monthly Average: 17

Complaints: 24 | **Convictions**: 27

PM2 | Intake

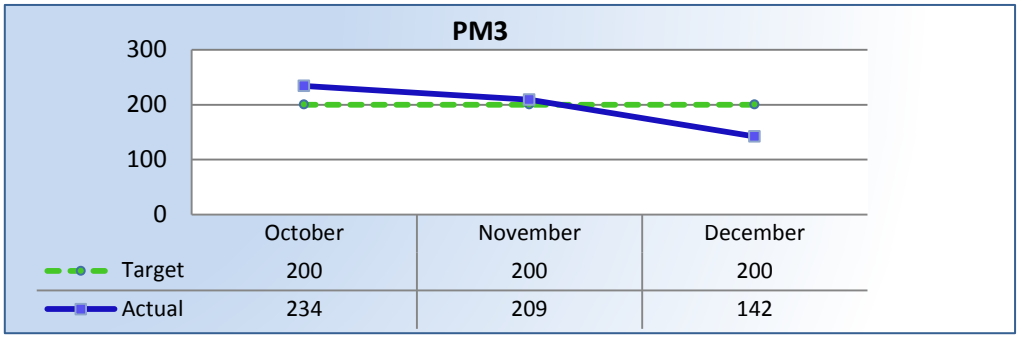
Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.



Target Average: 10 Days | **Actual Average:** 10 Days

PM3 | Intake & Investigation

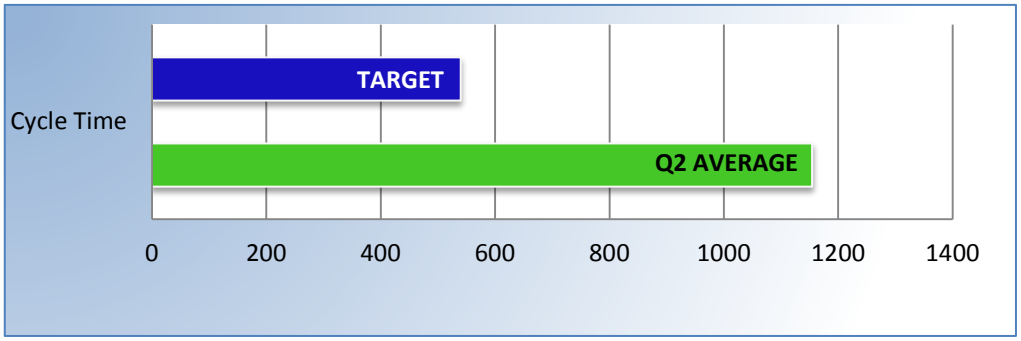
Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.



Target Average: 200 Days | **Actual Average:** 195 Days

PM4 | Formal Discipline

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board and prosecution by the AG).



Target Average: 540 Days | **Actual Average:** 1,154 Days

PM7 |Probation Intake

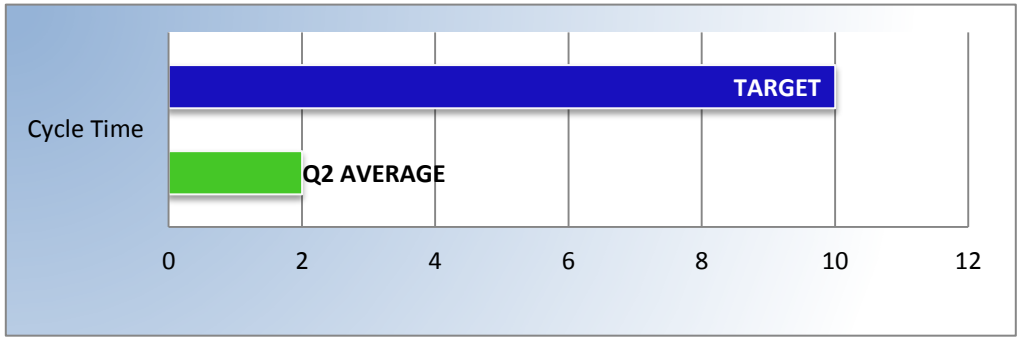
Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

The Board did not contact any new probationers this quarter.

Target Average: 10 Days | **Actual Average:** N/A

PM8 |Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.



Target Average: 10 Days | **Actual Average:** 2

Appendix D

Consumer Satisfaction Survey

Board/Bureau:

Complaint Number:

Rate the following, using the scale: Poor → Excellent

1. How well did we explain the complaint process to you?
2. How clearly was the outcome of your complaint explained to you?
3. How well did we meet the time frame provided to you?
4. How courteous and helpful was staff?
5. Overall, how well did we handle your complaint?
6. If we were unable to assist you, were alternatives provided to you? Y N N/A
7. Did you verify the provider's license prior to service? Y N N/A

Comments:

CUSTOMER SERVICE SATISFACTION RESULTS
2014-2015

TOTAL SURVEYS	RECEIVED					
Received	20					
CONTACT FREQUENCY	**< 6x/year**	**> 6x/year**				
Received	19	1				
REASONS OF CONTACTS	**RECEIVED**					
Complaint	2					
Examination Information	3					
License Information	1					
License Renewal	5					
Continuing Education	5					
Other	4					
	Excellent	**Good**	**Fair**	**Poor**	**Unacceptable**	**N/A**
CUSTOMER SATISFACTION						
CAB Staff Courteous/Helpful	5	4	4		4	3
CAB Staff Knowledge	4	3	5	2	2	4
CAB Staff Accessibility	3	2	6	3	3	3
Overall Satisfaction	3	5	4	3	3	2
	YES	**NO**				
SERVICE RESULT SATISFACTION	12	8				
	YES	**NO**				
CAB WEBSITE USEFULNESS	16	4				
	COMMENTS	**SUGGESTIONS**				
COMMENTS/SUGGESTIONS	2	7				

The above results were generated through an online survey posted by the Department of Consumer Affairs. Please see below for other concerns and suggestions.

CONCERNS/SUGGESTIONS/OTHERS

- The website is clear, and easy to navigate, please add more color
- It was an easy process to reschedule the California Acupuncture Exam
- Less rerouting of phone calls. Prefer talking to live staffers.
- Request for Exam Results disclosure via phone calls
- Less time to process License Re-issuance for lost pocket license
- Less processing time for Tutorial Provider Application

Attachments

Attachment A

State of California

California Acupuncture Board Board Member Administrative Manual

Adopted September 18, 2015

Edmund G. Brown Jr., Governor
State of California

Members of the Board

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

Executive Officer

Terri Thorfinnson, J.D.

This procedure manual is a general reference including a review of some important laws, regulations, and basic Board policies in order to guide the actions of the Board members and ensure Board effectiveness and efficiency.

This Administrative Procedure Manual, regarding Board Policy, can be amended by a majority of affirmative votes of any current or future Board.

TABLE OF CONTENTS

CHAPTER 5. Board Administration and Staff

CHAPTER 6. Other Policies & Procedures

CHAPTER 1. Introduction

Mission Statement

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.

Brief History

The Board of Medical Examiners (now called the Medical Board of California) began regulating acupuncture in 1972 under provisions that authorized the practice of acupuncture under the supervision of a licensed physician as part of acupuncture research in medical schools. Subsequently, the law was amended to allow acupuncture research to be conducted under the auspices of medical schools rather than just in medical schools.

In 1975, Senate Bill 86 (Chapter 267, Statutes of 1975) created the Acupuncture Advisory Committee (committee) under the Board of Medical Examiners and allowed the practice of acupuncture but only upon prior diagnosis or referral by a licensed physician, chiropractor or dentist. In 1976 California became the eighth state to license acupuncturists. Subsequent legislation in 1978 established acupuncture as a "primary health care profession" by eliminating the requirement for prior diagnosis or referral by a licensed physician, chiropractor or dentist; and Assembly Bill 2424 (Chapter 1398, Statutes of 1978) authorized MediCal payments for acupuncture treatment.

In 1980 the law was amended to: abolish the Acupuncture Advisory Committee and replace it with the Acupuncture Examining Committee within the Division of Allied Health Professions with limited autonomous authority; expanded the acupuncturists' scope of practice to include electroacupuncture, cupping, and moxibustion; clarified that Asian massage, exercise and herbs for nutrition were within the acupuncturist's authorized scope of practice; and provided that fees be deposited in the Acupuncture Examining Committee Fund instead of the Medical Board's fund. Most of these statutory changes became effective on January 1, 1982.

In 1982, the Legislature designated the Acupuncture Examining Committee as an autonomous body, and effective January 1, 1990, through AB 2367 (Chapter 1249, Statutes of 1989) the name was changed to the Acupuncture Committee to better identify it as a state licensing entity for acupuncturists. On January 1, 1999, the committee's name was changed to the Acupuncture Board (SB 1980, Chapter 991, Statutes of 1998) and removed the Committee from within the jurisdiction of the Medical Board of California (SB 1981, Chapter 736, Statutes of 1998).

Function of the Board

The Acupuncture Board's (Board) legal mandate is to regulate the practice of acupuncture and Asian medicine in the State of California. The Board established and maintains entry standards of qualification and conduct within the acupuncture profession, primarily through its authority to license. The Acupuncture Licensure Act commences with Business and Professions (B&P) Code, Section 4925 et seq. The Board's regulations appear in Title 16, Division 13.7, of the California Code of Regulations (CCR).

The primary responsibility of the Acupuncture Board is to protect California consumers from incompetent, and/or fraudulent practice through the enforcement of the Acupuncture Licensure Act and the Board's regulations. The Board promotes safe practice through the improvement of educational training standards, continuing education, enforcement of the B&P Code, and public outreach.

State of California Acronyms

ALJ	Administrative Law Judge
AG	Office of the Attorney General
APA	Administrative Procedure Act
B & P	Business and Professions Code
CCCP	California Code of Civil Procedure
CCR	California Code of Regulations
DAG	Deputy Attorney General
DOF	Department of Finance
DOI	Division of Investigation
DPA	Department of Personnel Administration
OAH	Office of Administrative Hearings
OAL	Office of Administrative Law
SAM	State Administrative Manual
SCIF	State Compensation Insurance Fund
SCO	State Controller's Office
SCSA	State and Consumer Services Agency
SPB	State Personnel Board

General Rules of Conduct

All Board Members shall act in accordance with their oath of office, and shall conduct themselves in a courteous, professional and ethical manner at all times. The Board serves at the pleasure of the Governor, and shall conduct their business in an open manner, so that the public that they serve shall be both informed and involved, consistent with the provisions of the Bagley-Keene Open Meeting Act and all other governmental and civil codes applicable to similar boards within the State of California.

- Board Members shall comply with all provisions of the Bagley-Keene Open Meeting Act.

- Board Members shall not speak or act for the Board without proper authorization.

- Board Members shall not privately or publicly lobby for or publicly endorse, or otherwise engage in any personal efforts that would tend to promote their own personal or political views or goals, when those are in direct opposition to an official position adopted by the Board.

- Board Members shall not discuss personnel or enforcement matters outside of their official capacity in properly noticed and agendized meetings or with members of the public or the profession.

- Board Members shall never accept gifts from applicants, licensees, or members of the profession while serving on the Board.

- Board Members shall maintain the confidentiality of confidential documents and information related to Board business.

- Board Members shall commit the time and prepare for Board responsibilities including the reviewing of board meeting notes, administrative cases to be reviewed and discussed, and the review of any other materials provided to the Board Members by staff, which is related to official Board business.

- Board Members shall recognize the equal role and responsibilities of all Board Members.

- Board Members shall act fairly, be nonpartisan, impartial, and unbiased in their roles of protecting the public and enforcing the Acupuncture Licensure Act.

- Board Members shall treat all consumers, applicants and licensees in a fair, professional, courteous and impartial manner.

- Board Members' actions shall serve to uphold the principle that the Board's primary mission is to protect the public.

- Board Members shall not use their positions on the Board for personal, familial, or financial gain. Any employment subsequent to employment as a board member shall be consistent with Executive Order 66-2.

CHAPTER 2. Board Members & Meeting Procedures

Membership

(B & P Code Section 4929)

The Board consists of seven members. Three members are licensed acupuncturists and four are public members. The Governor appoints the three licensed members and two public members. The Senate Rules Committee and the Speaker of the Assembly each appoint one public member. All members appointed by the Governor are subject to Senate confirmation. The members serve a four-year term for a maximum of two terms.

Board Meetings

(B & P Code Section 101.7)
(Government Code Section 11120 et seq. – Bagley-Keene Open Meeting Act)

The full Board shall meet at least three times each calendar year. The Board shall meet at least once each calendar year in northern California and at least once each calendar year in southern California in order to facilitate participation by the public and its licensees.

The Board, as a statement of policy, shall comply with the provisions of the Bagley-Keene Open Meeting Act, and conduct their business in accordance with Robert's Rules of Order, as long as that does not conflict with any superseding laws or regulations.

Due notice of each meeting and the time and place thereof must be given to each member in the manner provided by the Bagley-Keene Open Meeting Act.

The Board may call a special meeting at any time in the manner provided by the Bagley-Keene Open Meeting Act, Government Code Section 11125.4.

Quorum

(Business and Professions Code Section 4933)

Four members of the Board, including at least one acupuncturist, shall constitute a quorum to conduct business. An affirmative vote of a majority of those present at a meeting of the Board is required to carry any motion.

Board Member Attendance at Board Meetings

(Board Policy)

Being a member of the Board is a serious commitment to the governor and the people of the State of California. Board members shall attend a minimum of 75% of all scheduled board meetings. If a member is unable to attend, he or she must contact the Board President or the Executive Officer, and provide a written explanation of their absence.

Public Attendance at Board Meetings

(Government Code Section 11120 et seq.)

Meetings are subject to all provisions of the Bagley-Keene Open Meeting Act. This Act governs meetings of the state regulatory Boards and meetings of committees of those Boards where committee consists of more than two members. It specifies meeting notice, agenda requirements, and prohibits discussing or taking action on matters not included on the agenda. If the agenda contains matters which are appropriate for closed session, the agenda shall cite the particular statutory section and subdivision authorizing the closed session.

Agenda Items

(Board Policy)

Board Members may submit agenda items for a future Board meeting during the "Future Agenda Items" section of a Board meeting or directly to the Board President 15 days prior to a Board meeting. To the extent possible, the Board President will calendar each Board Member's request on a future Board meeting.

In the event of a conflict, the Board President shall make the final decision. The Board President will work with the Executive Officer to finalize the agenda.

If a Board Member requests an item be placed on the agenda, and that request cannot be complied with at the immediate upcoming meeting, then the requested agenda item shall be placed on the next regularly scheduled meeting and shall never be postponed more than two meetings.

Notice of Meetings

(Government Code Section 11120 et seq,)

Meeting notices, including agendas, for Board meetings will be sent to persons on the Board's mailing list at least 10 calendar days in advance, as specified in the Bagley-Keene Open Meeting Act. The notice shall include a staff person's name, work address, and work telephone number who can provide further information prior to the meeting.

Notice of Meetings Posted on the Internet

(Government Code Section 11125 et seq,)

Meeting notices shall be posted on the Board's web site at least 10 days in advance of the meeting, and include the name, address, and telephone number of staff who can provide further information prior to the meeting.

Mail Ballots

(Government Code Section 11500 et seq,)

The Board must approve any proposed decision or stipulation before the formal discipline becomes final and the penalty can take effect.

Proposed stipulations and decisions are mailed to each Board Member for his or her vote. For stipulations, a background memorandum from the assigned deputy attorney general accompanies the mail ballot. A five calendar day deadline generally is given for the mail ballots for stipulations and proposed decisions to be completed and returned to the Board's office.

Holding Disciplinary Cases for Board Meetings
(Board Policy)

When voting on mail ballots for proposed disciplinary decisions or stipulations, a Board Member may wish to discuss a particular aspect of the decision or stipulation before voting. If this is the case, the ballot must be marked "hold for discussion," and the reason for the hold must be provided on the mail ballot. This allows staff the opportunity to prepare information being requested.

If two votes are cast to hold a case for discussion, the case is set aside and not processed (even if four votes have been cast on a decision). Instead the case is scheduled for a discussion during a closed session at the next Board meeting.

If the matter is held for discussion, staff counsel will preside over the closed session to assure compliance with the Administrative Procedure Act and Open Meeting Act.

Record of Meetings
(Board Policy)

The minutes are a summary, not a transcript, of each Board meeting. They shall be prepared by Board staff and submitted for review by Board Members before the next Board meeting.

Board minutes must be approved or disapproved at the next scheduled meeting of the Board. When approved, the minutes shall serve as the official record of the meeting. The recordings of each Board meeting shall be maintained and not destroyed.

Tape Recording
(Government Code Section 11124.1(b))

The meeting may be audio and video tape recorded by the public or any other entity in accordance with the Bagley-Keene Open Meeting Act, the members of the public may tape record, videotape or otherwise record a meeting unless they are disruptive to the meeting and the President has specifically warned them of their being disruptive, then the President may order that their activities be ceased**.**

The Board may place the audio recorded public board meetings on its web site at www.acupuncture.ca.gov.

Meeting Rules
(Board Policy)

The Board will use Robert's Rules of Order, to the extent that it does not conflict with state law (e.g., Bagley-Keene Open Meeting Act or other state laws or regulations), as a guide when conducting the meetings. Questions of order are clarified by the Board's legal counsel.

Public Comment
(Board Policy)

Public comment is always encouraged and allowed, however, if time constraints mandate, the comments may be limited to five minutes per person. Due to the need for the Board to maintain fairness and neutrality when performing its adjudicative function, the Board shall not receive any information from a member of the public regarding matters that are currently under or subject to investigation, or involve a pending or criminal administrative action.

1. If, during a Board meeting, a person attempts to provide the Board with any information regarding matters that are currently under or subject to investigation or involve a pending administrative or criminal action, the person shall be advised that the Board cannot properly consider or hear such substantive information and the person must be instructed to refrain from making such comments.

2. If, during a Board meeting, a person wishes to address the Board concerning alleged errors of procedure or protocol or staff misconduct involving matters that are currently under or subject to investigation or involve a pending administrative or criminal action, the Board will address the matter as follows:

    a. Where the allegation involves errors of procedure or protocol, the Board may designate its Executive Officer to review whether the proper procedure or protocol was followed and to report back to the Board.

    b. Where the allegation involves significant staff misconduct, the Board may designate one of its members to review the allegation and to report back to the Board.

3. The Board may deny a person the right to address the Board and have the person removed if such person becomes disruptive at the Board meeting. The Board accepts the conditions established in the Bagley-Keene Open Meeting Act and appreciates that at times the public may disapprove, reprimand, or otherwise present an emotional presentation to the Board, and it is the Board's duty and obligation to allow that public comment, as provided by law.

CHAPTER 3. Travel & Salary Policies & Procedures

Travel Approval
(Board Policy)

Board members shall receive Executive Officer approval for all travel and salary or per diem reimbursement, except for regularly scheduled Board, committee, and conference meetings to which a Board member is assigned.

Travel Arrangements
(Board Policy)

Board members should attempt to make their own travel arrangements and are encouraged to coordinate with the Board Liaison on lodging accommodations.

Out-of-State Travel
(SAM Section 700 et seq.)

Out-of-state travel for all persons representing the state of California is controlled and must be approved by the Governor's Office.

Travel Claims
(SAM Section 700 et seq.)

Rules governing reimbursement of travel expenses for Board Members are the same as for management-level state staff. All expenses shall be claimed on the appropriate travel expense claim forms. The Board Liaison maintains these forms and completes them as needed.

The Executive Officer's travel and per diem reimbursement claims shall be submitted to the Board President for approval.

It is advisable for Board Members to submit their travel expense forms immediately after returning from a trip and not later than thirty days following the trip.

Salary Per Diem
(B & P Code Section 103 and 4931)

Each member of the Board shall receive a per diem in the amount provided in Section 103 of the Business and Professions (B&P) Code. Board Members fill non-salaried positions, but are paid $100 per day for each meeting day and are reimbursed travel expenses.

Compensation in the form of salary per diem and reimbursement of travel and other related expenses for Board Members is regulated by the B&P Code Section 103. In relevant part, B&P Code Section 103 provides for the payment of salary per diem for Board Members "for each day actually spent in the discharge of official duties," and provides that the Board Member "shall be reimbursed for traveling and other expenses necessarily incurred in the performance of official duties."

Salary Per Diem

(Board Policy)

Accordingly, the following general guidelines shall be adhered to in the payment of salary per diem or reimbursement for travel:

1. No salary per diem or reimbursement for travel-related expenses shall be paid to Board Members except for attendance at official Board or committee meetings, unless a substantial official service is performed by the Board Member.

   Attendance at gatherings, events, hearings, conferences or meetings other than official Board or committee meetings in which a substantial official service is performed the Executive Officer shall be notified and approval shall be obtained from the Board President prior to Board Member's attendance.

2. The term "day actually spent in the discharge of official duties" shall mean such time as is expended from the commencement of a Board or committee meeting until that meeting is adjourned.

   If a member is absent for a portion of a meeting, hours are then reimbursed for time actually spent. Travel time is not included in this component.

3. For Board-specified work, Board Members will be compensated for time actually spent in performing work authorized by the Board President. This may also include, but is not limited to, authorized attendance at other events, meetings, hearings, or conferences. Work also includes preparation time for Board or committee meetings and reading and deliberating mail ballots for disciplinary actions.

4. Reimbursable work does not include miscellaneous reading and information gathering unrelated to board business and not related to any meeting, preparation time for a presentation and participation at meetings not related to official participation of the members duties with the Board.

5. Board Members may participate on their own (i.e., as a citizen or professional) at an event or meeting but not as an official Board representative unless approved in writing by the President. Requests must be submitted in writing to the President for approval and a copy provided to the Executive Officer. However, Board Members should recognize that even when representing themselves as "individuals," their positions might be misconstrued as that of the Board.

CHAPTER 4. Selection of Officers & Committees

Officers of the Board

The Board shall elect at the first meeting of each year a President and Vice President.

Election of Officers

Elections of the officers shall occur annually at the first meeting of each year.

Officer Vacancies

If an office becomes vacant during the year, the President may appoint a member to fill the vacancy for the remainder of the term until the next annual election.

If the office of the President becomes vacant, the Vice President shall assume the office of the President. Elected officers shall then serve the remainder of the term.

Board Member Addresses

Board Member addresses and telephone numbers are confidential and shall not be released to the public without expressed authority of the individual Board Member. A roster of Board Members is maintained for public distribution on the Board's web site using the Board's address and telephone number.

Board Member Written Correspondence and Mailings

All correspondence, press releases, articles, memoranda or any other communication written by any Board Member in his or her official capacity must be provided to the Executive Officer. The Executive Officer will retain a copy in a chronological file.

Communications: Other Organizations/Individuals/Media

All communications relating to any Board action or policy to any individual or organization, or a representative of the media shall be made only by the Board President, his or her designee, or the Executive Officer. Any Board Member who is contacted by any of the above should inform the Board President or Executive Officer of the contact.

Committee Appointments

The President shall establish committees as he or she deems necessary.

The composition of the committees and the appointment of the members shall be determined by the Board President in consultation with the Vice President and the Executive Officer.

Committee Meetings

Each committee will be comprised of at least two Board Members. The committees are an important venue for ensuring that staff and Board Members share information and perspectives in crafting and implementing strategic objectives.

The Board's committees allow Board Members, stakeholders and staff to discuss and conduct problem solving on issues related to the Board's strategic goals. They also allow the Board to consider options for implementing components for the strategic plan.

The committees are charged with coordinating Board efforts to reach Board goals and achieving positive results on its performance measures.

The Board President designates one member of each committee as the committee's chairperson.

The chairperson coordinates the committee's work, ensures progress toward the Board's priorities, and presents reports as necessary at each meeting.

During any public committee meeting, comments from the public are encouraged, and the meetings themselves are frequently public forums on specific issues before a committee. These meetings shall also be run in accordance with the Bagley-Keene Open Meeting Act.

Attendance at Committee Meetings

If a Board Member wishes to attend a meeting of a committee of which he or she is not a member, the Board Member must obtain permission from the Board President to attend and must notify the committee chair and staff.

Board Members who are not members of the committee that is meeting cannot vote during the committee meeting.

If there is a quorum of the Board at a committee meeting, Board Members who are not members of the committee must sit in the audience and cannot participate in committee deliberations.

The Board's legal counsel works with the Executive Officer to assure any meeting that fits the requirements for a public meeting is appropriately noticed.

CHAPTER 5. Board Administration & Staff

Executive Officer

(B & P Code Section 4934)

The Board may appoint an Executive Officer. The Executive Officer is responsible for the financial operations and integrity of the Board, and is the official custodian of records. The Executive Officer is an at will employee, who serves at the pleasure of the Board, and may be terminated, with or without cause, in accordance with the provisions of the Bagley-Keene Open Meeting Act.

Board Administration

Strategies for the day-to-day management of programs and staff shall be the responsibility of the Executive Officer as an instrument of the Board.

Executive Officer Evaluation

On an annual basis, the Executive Officer is evaluated by the Board President during a closed session. Board members provide information to the President on the Executive Officer's performance in advance of this meeting.

Board Staff

(B & P Code Section 4934)

Employees of the Board, with the exception of the Executive Officer, are civil service employees. Their employment, pay, benefits, discipline, termination, and conditions of employment are governed by a myriad of civil service laws and regulations and often by collective bargaining labor agreements.

Because of this complexity, the Board delegates this authority and responsibility for management of the civil service staff to the Executive Officer as an instrument of the Board.

Board Members may express any staff concerns to the Executive Officer but shall refrain from involvement in any civil service matters. Board Members shall not become involved in the personnel issues of any state employee.

Board Budget

The Executive Officer or the Executive Officer's designee will attend and testify at the legislative budget hearings and shall communicate all budget issues to the Administration and Legislature.

Communications with Other Organizations & Individuals

All communications relating to any Board action or policy to any individual or organization shall be made only by the President of the Board, his or her designee, or the Executive Officer.

Any Board Member who is contacted by any of the above should inform the Board President or Executive Officer of the contact immediately.

All correspondence shall be issued on the Board's standard letterhead and will be disseminated by the Executive Officer's office.

Business Cards

Business cards will be provided to each Board Member with the Board's name, address, telephone and fax number, and website address.

CHAPTER 6. Other Policies & Procedures

Board Member Disciplinary Actions

If a Board Member violates any provision of the Administrative Procedure Manual, the President will provide in writing, notice to the member of the violation. If the member disagrees with the notice, the Board Member must provide a reply in writing. After giving the board member an opportunity to respond to the notice, the President, at his/her discretion may meet in person or discuss by telephone with the Board Member to discuss the violation. The President may ask a third person to be present during the meeting. If the matter is not resolved at the end of the meeting or it is resolved but the Board Member continues to violate the procedures in the manual, the President may agendize at the next board meeting an item asking for censure of the board member.

If the violation concerns the President's conduct, the Vice-President will handle the matter.

Terms and Removal of Board Members

(B & P Code Sections 4929 and 4930)

The Governor appoints three acupuncturist members and two public members of the Board. The Senate Rules Committee and the Speaker of the Assembly each appoint a public member. Each appointment shall be for the term of four years, except that an appointment to fill a vacancy shall be for the unexpired term only. No person shall serve more than two consecutive terms on the Board.

Each Governor appointee shall serve until his successor has been appointed and qualified or until 60 days has elapsed since the expiration of his term whichever first occurs. Each Senate Rules Committee and the Speaker of the Assembly appointee shall serve until his successor has been appointed and qualified or until one year has elapsed since the expiration of his term whichever first occurs.

The Governor has the power to remove any member from the Board appointed by him for continued neglect of duties required by law, or for incompetence, or unprofessional or dishonorable conduct.

Resignation of Board Members

(Government Code Section 1750(b))

In the event that it becomes necessary for a Board Member to resign, a letter shall be sent to the appropriate appointing authority (Governor's Office, Senate Rules Committee, or the Speaker of the Assembly) with the effective date of the resignation. Written notification is required by state law. A copy of this letter shall also be sent to the Board President and the Executive Officer.

Conflict of Interest

(Government Code Section 87100)

No Board Member may make, participate in making, or in any way attempt to use his or her official position to influence a governmental decision in which he or she knows or has reason to know he or she has a financial interest.

Any Board Member who has a financial interest shall disqualify him or herself from making or attempting to use his or her official position to influence the decision.

Any Board Member who feels he or she is entering into a situation where there is a potential for a conflict of interest should immediately consult the Executive Officer or the Board's legal counsel.

Contact with Licensees and Applicants

Board Members shall not intervene on behalf of a licensee or applicant for licensure for any reason. They should forward all contacts or inquiries to the Executive Officer.

Contact with Respondents

Board Members should not directly participate in complaint handling and resolution or investigations. To do so would subject the Board Member to disqualification in any future disciplinary action against the licensee. If a Board Member is contacted by a respondent or his/her attorney, the Board Member should refer the individual to the Executive Officer.

Service of Legal Documents

If a Board Member is personally served as a party in any legal proceeding related to his or her capacity as Board Member, he or she must contact the Executive Officer immediately.

Serving as an Expert Witness

(Executive Order 66.2)

Pursuant to Executive Order 66-2, no employment, activity, or enterprise shall be engaged in by any gubernatorial appointee which might result in, or create the appearance of resulting in any of the following:

1. Using the prestige or influence of a State office for the appointee's private gain or advantage.

2. Using state time, facilities, equipment, or supplies for the appointee's private gain or advantage, or the private gain or advantage of another.

3. Using confidential information acquired by virtue of State involvement for the appointees private gain or advantage, or the private gain or advantage of another.

4. Receiving or accepting money or any other consideration from anyone other than the State for the performance of an act which the appointee would be required or expected to render in the regular course of hours of his or her State employment or as a part of the appointee's duties as a State officer.

Gifts from Licensees and Applicants

A gift of any kind to Board Members from licensees, applicants for licensure, continuing education providers or approved schools is not permitted. Gifts must be returned immediately.

Ex Parte Communications

(Government Code Section 11430.10 et seq.)

The Government Code contains provisions prohibiting ex parte communications. An "ex parte" communication is a communication to the decision-maker made by one party to an enforcement action without participation by the other party. While there are specified exceptions to the general prohibition, the key provision is found in subdivision (a) of section 11430.10, which states:

> "While the proceeding is pending, there shall be no communication, direct or indirect, regarding any issue in the proceeding to the presiding officer from an employee or representative of an agency that is a party or from an interested person outside the agency, without notice and an opportunity for all parties to participate in the communication."

Board Members are prohibited from an ex parte communication with Board enforcement staff while a proceeding is pending.

Occasionally, an applicant who is being formally denied licensure, or a licensee against whom disciplinary action is being taken, will attempt to directly contact Board Members. If the communication is written, the person should read only far enough to determine the nature of the communication. Once he or she realizes it is from a person against whom an action is pending, they should reseal the documents and send them to the Executive Officer.

If a Board Member receives a telephone call from an applicant under any circumstances or licensee against whom an action is pending, he or she should immediately tell the person they cannot speak to them about the matter and inform the Executive Officer and the Board's legal counsel.

If the person insists on discussing the case, he or she should be told that the Board Member will be required to recuse him or herself from any participation in the matter. Therefore, continued discussion is of no benefit to the applicant or licensee.

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

Honoraria Prohibition
(Government Code Section 89503 and FPPC Regulations, Title 2, Division 6)

As a general rule, members of the Board should decline honoraria for speaking at, or otherwise participating in, professional association conferences and meetings. A member of a state Board is precluded from accepting an honorarium from any source, if the member would be required to report the receipt of income or gifts from that source on his or her statement of economic interest.

Board Members are required to report income from, among other entities, professional associations and continuing education providers. Therefore, a Board Member should decline all offers for honoraria for speaking or appearing before such entities.

There are limited exceptions to the honoraria prohibition. The acceptance of an honorarium is not prohibited under the following circumstances:

(1) when an honorarium is returned to the donor (unused) within 30 days;
(2) when an honorarium is delivered to the State Controller within thirty days for donation to the General Fund (for which a tax deduction is not claimed); and
(3) when an honorarium is not delivered to the Board Member, but is donated directly to a bona fide charitable, educational, civic, religious, or similar tax exempt, non-profit organization.

In light of this prohibition, members should report all offers of honoraria to the Board President so that he or she, in consultation with the Executive Officer and staff counsel, may determine whether the potential for conflict of interest exists.

Board Member Orientation

The Board Member orientation session shall be given to new Board Members within one year of assuming office.

Ethics Training

California law requires all appointees to take an ethics orientation within the first six months of their appointment and to repeat this ethics orientation every two years throughout their term.

Sexual Harassment Training
(Government Code Section 12950.1)

Board Members are required to undergo sexual harassment training and education once every two years.

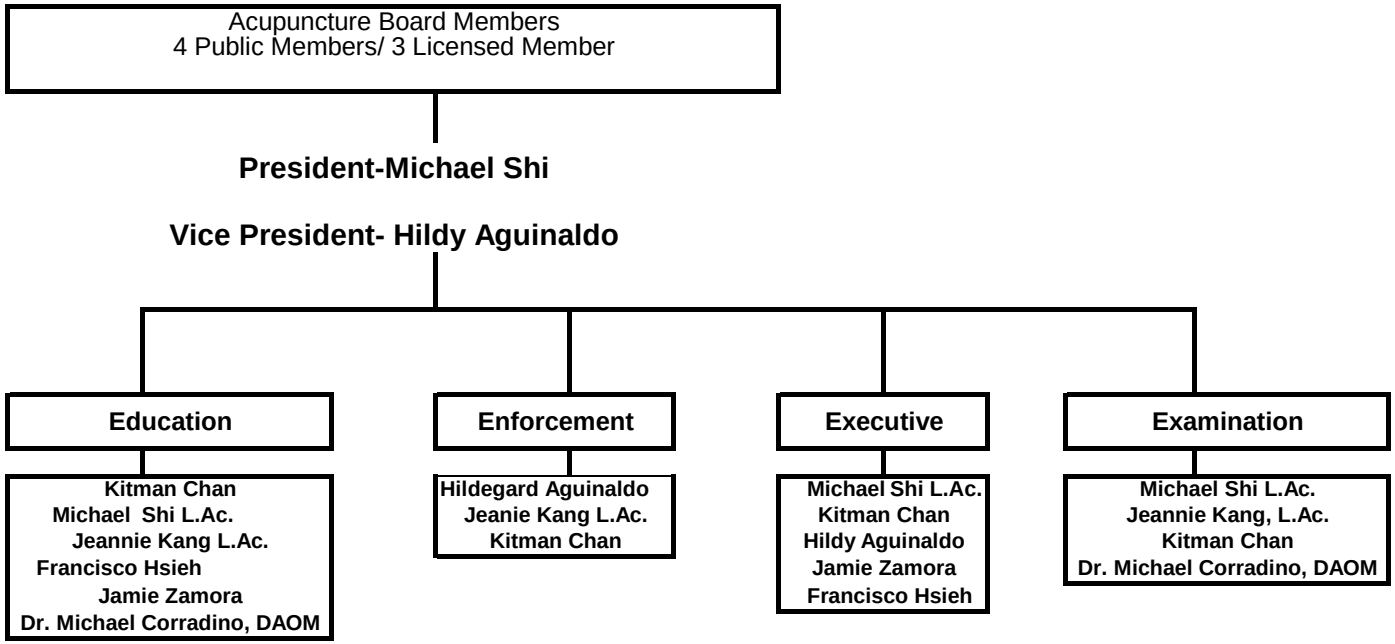
Attachment B

FY 2015-16

Department of Consumer Affairs

Acupuncture Board

Committees



Attachment C

CALIFORNIA ACUPUNCTURE BOARD

OCCUPATIONAL ANALYSIS OF THE

ACUPUNCTURIST PROFESSION

OFFICE OF PROFESSIONAL EXAMINATION SERVICES

STATE OF CALIFORNIA

DEPARTMENT OF CONSUMER AFFAIRS

CALIFORNIA ACUPUNCTURE BOARD

OCCUPATIONAL ANALYSIS OF THE ACUPUNCTURIST PROFESSION

This report was prepared and written by the
Office of Professional Examination Services
California Department of Consumer Affairs

January 2015

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Kamilah Holloway, M.A., Personnel Selection Consultant

EXECUTIVE SUMMARY

The California Acupuncture Board (Board) requested that the Department of Consumer Affairs' Office of Professional Examination Services (OPES) conduct an occupational analysis (OA) of Acupuncture practice in California. The purpose of the occupational analysis is to define practice for Acupuncturists in terms of actual job tasks that new licensees must be able to perform safely and competently at the time of licensure. The results of this occupational analysis serve as the basis for the California Acupuncture Licensing Examination (CALE).

An initial focus group of practitioners and educators was held in February 2014 to discuss the traditional content-based OA process for defining critical tasks performed in the practice and knowledge needed to perform those tasks. Additional discussions involved examining critical tasks and knowledge for the Acupuncture profession from a condition-centered perspective based on practitioners' primary focus of treatment.

After the initial focus group, OPES test specialists conducted a literature review for the profession (e.g., previous OA reports, articles, publications) and conducted telephone interviews with ten Acupuncturists throughout California. The purpose of these interviews was to identify the tasks performed in Acupuncture practice and the knowledge required to perform those tasks in a safe and competent manner. Using the information gathered from the interviews and literature review, OPES test specialists developed a preliminary list of tasks performed in Acupuncture practice along with statements representing the knowledge needed to perform those tasks.

Three workshops were subsequently convened to review and refine the preliminary task list and the preliminary knowledge list. The workshops were conducted in April, May, and June of 2014 and each workshop was comprised of a different grouping of 8-10 California-licensed Acupuncturist subject matter experts (SMEs) with diverse backgrounds in the acupuncture profession (e.g., location of practice, years licensed, specialty area). The goals of the first workshop were to 1) review the preliminary task and knowledge lists and 2) identify changes and trends in Acupuncture practice specific to California. The second workshop was conducted to review and refine the task and knowledge statements derived from the first workshop. The third workshop was held to finalize the task and knowledge lists and the demographic variables and rating scales that were to be used in the next phase of the OA. SMEs in these focus groups also performed a preliminary linkage of the task and knowledge statements to ensure that all tasks had a related knowledge and all knowledge statements had a related task. New task and knowledge statements were created as a result of this process, and some statements were eliminated from the final list due to overlap and reconciliation.

Upon completion of the three workshops, OPES developed a three-part questionnaire to be completed by Acupuncturists statewide. Development of the questionnaire included a pilot study using a group of 17 licensees who had participated in the task and knowledge statement development workshops. The participants' feedback was used to refine the questionnaire. The final questionnaire was prepared by OPES for administration in July 2014.

In the first part of the questionnaire, licensees were asked to provide demographic information related to their work settings and practice. Licensees were also asked to identify the primary focus of treatment for the majority of their patients (e.g., Women's Health, Pain Management) and the primary modality (e.g., Point Needling, Herbal Therapy, Cupping) and technique they most frequently utilized (e.g., Traditional Chinese Medicine, Five Element, Dr. Tan) to treat patients' conditions.

In the second part of the questionnaire, the licensees were asked to rate specific job tasks in terms of importance (i.e., how important the task was to performance of the licensee's current practice) and frequency (i.e., how often the licensee performed the task in the licensee's current practice). In the third part of the questionnaire, licensees were asked to rate specific knowledge statements in terms of how important that knowledge was to performance of their current practice.

The Board sent letters to the entire population of over 8,000 California-licensed Acupuncturists inviting them to complete the questionnaire online. Eleven percent of the Acupuncturists (957) responded by accessing the Web-based survey. The final sample size included in the data analysis was 485. This final response rate reflects two adjustments; 1) non California-licensed Acupuncturists who responded to the questionnaire were removed from the sample, 2) incomplete, erroneous, and partially completed questionnaires were removed from the sample. The demographic composition of the final respondent sample is representative of the California Acupuncturist population.

OPES test specialists then performed data analyses on the task and knowledge ratings. Task ratings were combined to derive an overall criticality index for each task statement. The mean importance rating was used as the criticality index for each knowledge statement. Once the data was analyzed, two additional workshops with a diverse sample of 10 California-licensed Acupuncturists serving as subject matter experts (SMEs) were conducted. The purpose of each workshop was to evaluate the criticality indices and determine whether any task or knowledge statements should be eliminated. The SMEs in these groups also established the linkage between job tasks and knowledge statements, organized the task and knowledge statements into content areas, and defined those areas. The SMEs then evaluated and confirmed the content area weights.

The resulting content outline for the Acupuncturist profession is structured into five content areas weighted by criticality relative to the other content areas. The outline specifies the job tasks and knowledge critical to safe and effective Acupuncture practice in California at the time of licensure. In addition, a supplemental tool was created using the questionnaire data gathered regarding practitioners' primary focus of treatment and correlated modality and techniques used during treatment.

The content outline developed as a result of this occupational analysis serves as a basis for developing a written examination for inclusion in the process of granting California Acupuncturist licensure. The supplemental tool developed in this occupational analysis serves as a guide for writing test item scenarios from a common treatment perspective. At this time, California licensure as an Acupuncturist is granted by meeting the requisite education and training requirements and passing the California Acupuncture Licensing Examination (CALE).

OVERVIEW OF ACUPUNCTURIST CONTENT OUTLINE

Content Area	Content Area Description	Percent Weight
I. Patient Assessment	The practitioner obtains patient's history and performs a physical examination to evaluate presenting complaint and interrelationship among symptoms. The practitioner assesses patient's use of herbs, supplements, and Western medications to determine impact on patient's condition. The practitioner uses patient's diagnostic test results to augment Oriental Medicine assessment methods.	31
II. Diagnostic Impression and Treatment Plan	The practitioner evaluates clinical manifestations to determine the relative strength and progression of disease. The practitioner demonstrates knowledge of how pathology in Western medicine relates to disease in traditional Oriental Medicine. The practitioner evaluates patterns of disharmony according to theories of Oriental Medicine to establish a diagnosis and treatment plan.	10.5
III. Providing Acupuncture Treatment	The practitioner implements knowledge of the actions, indications, and categories of points to create a point protocol which balances and treats disharmonies. The practitioner uses anatomical landmarks and proportional measurements to locate and needle points on the body. The practitioner identifies clinical indications and contraindications for the use of acupuncture microsystems and adjunct modalities. The practitioner evaluates patient response at follow-up visit and modifies treatment plan.	35
IV. Herbal Therapy	The practitioner selects herbal formulas based on diagnostic criteria, and then modifies herbs and dosages according to patient's condition. The practitioner identifies situations and conditions where herbs and herbal formulas would be contraindicated.	10.5
V. Regulations for Public Health and Safety	The practitioner adheres to professional, ethical, and legal requirements regarding business practices, informed consent, and collaboration with other health care providers. The practitioner understands and complies with laws and regulations governing infection control measures. The practitioner adheres to legal requirements for reporting known or suspected abuse.	13
Total		**100**

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CHAPTER 1. INTRODUCTION

PURPOSE OF THE OCCUPATIONAL ANALYSIS

The California Acupuncture Board (Board) requested that the Department of Consumer Affairs' Office of Professional Examination Services (OPES) conduct an occupational analysis (OA) to identify critical job activities performed by licensed Acupuncturists. This OA was part of the Board's comprehensive review of Acupuncture practice in California. The purpose of the OA is to define practice for Acupuncturists in terms of actual job tasks that new licensees must be able to perform safely and competently at the time of licensure. The results of this OA serve as the basis for determining the description of practice for the Acupuncture profession in California.

CONTENT VALIDATION STRATEGY

OPES used a content validation strategy to ensure that the OA reflected the actual tasks performed by Acupuncturists in independent practice. The technical expertise of California-licensed Acupuncturists was used throughout the OA process to ensure the identified task and knowledge statements directly reflect requirements for performance in current practice.

UTILIZATION OF SUBJECT MATTER EXPERTS

The Board selected Acupuncturists to participate as subject matter experts (SMEs) during various phases of the occupational analysis. These SMEs were selected from a broad range of practice settings, geographic locations, and experience backgrounds. The SMEs provided information regarding the different aspects of current Acupuncture practice during the development phase of the occupational analysis, and participated in focus groups to review the content of task and knowledge statements for technical accuracy prior to administration of the OA questionnaire. Following administration of the OA questionnaire, groups of SMEs were convened at OPES to review the results and finalize the description of practice.

ADHERENCE TO LEGAL STANDARDS AND GUIDELINES

Licensing, certification, and registration programs in the State of California adhere strictly to federal and State laws and regulations and professional guidelines and technical standards. For the purpose of occupational analysis, the following laws and guidelines are authoritative:

- California Business and Professions Code, Section 139.
- Uniform Guidelines on Employee Selection Procedures (1978), Code of Federal Regulations, Title 29, Section 1607.
- California Fair Employment and Housing Act, Government Code, Section 12944.
- *Principles for the Validation and Use of Personnel Selection Procedures* (2003), Society for Industrial and Organizational Psychology (SIOP).
- *Standards for Educational and Psychological Testing* (1999), American Educational Research Association, American Psychological Association, and National Council on Measurement in Education.

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

DESCRIPTION OF OCCUPATION

The Acupuncturist occupation is described as follows in the California Business and Professions Code, Sections 4925-4934.2:

(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.

CHAPTER 2. OCCUPATIONAL ANALYSIS QUESTIONNAIRE

SUBJECT MATTER EXPERT INTERVIEWS

The Board provided OPES with a list of ten California-licensed Acupuncturists to contact for telephone interviews. During the semi-structured interviews, licensed Acupuncturists were asked to identify all of the activities performed that are specific to the Acupuncture profession. The interviews confirmed major content areas of their practice and the job tasks performed in each content area. The licensees were also asked to identify the knowledge necessary to perform each job task safely and competently.

TASK AND KNOWLEDGE STATEMENTS

OPES staff conducted a literature review of the Acupuncture profession (e.g, previous OA reports, articles, publications) and integrated the information gathered during the interviews to develop task and knowledge statements. The statements were then organized into the major content areas of practice.

In April, May, and June 2014, OPES facilitated three workshops with 8-10 Acupuncturists serving as subject matter experts (SMEs) from diverse backgrounds (e.g., years licensed, specialty, location of practice) to evaluate the task and knowledge statements for technical accuracy and comprehensiveness, and to assign each statement to the appropriate content area. The SME groups verified that the content areas were independent and non-overlapping. The SMEs also performed a preliminary linkage of the task and knowledge statements to ensure that every task had a related knowledge and every knowledge statement had a related task. Additional task and knowledge statements were created as needed to complete the scope of the content areas. The SMEs in the May and June workshops were asked to verify proposed demographic variables for the OA questionnaire which would be used to ascertain the diversity (e.g., location, years licensed, work setting) of the sample, the types of common treatment focus categories (e.g., Pain Management, Addiction, Mental Health), and the treatment modalities (e.g., Point Needling, Herbal Therapy, Cupping) and techniques (e.g., Traditional Chinese Medicine, Five Element) used to address patient conditions.

Once the demographic-based variables were verified, and the lists of task and knowledge statements were finalized, the information was used to develop an online questionnaire that was sent to all California-Licensed Acupuncturists for completion.

QUESTIONNAIRE DEVELOPMENT

OPES developed the online occupational analysis survey, a questionnaire soliciting the licensees' ratings of the job task and knowledge statements for analysis. The surveyed Acupuncturists were instructed to rate each job task in terms of how important the task was to the performance of their current practice (IMPORTANCE) and how often they

performed the task (FREQUENCY). In addition, they were instructed to rate each knowledge statement in terms of how important the specific knowledge was to the performance of their current practice (IMPORTANCE). The questionnaire also included a demographic section for purposes of developing an accurate profile of the respondents and to allow for the further analyses of the ratings from the perspective of practitioners' primary focus of treatment. The questionnaire can be found in Appendix F**.**

PILOT STUDY

Prior to developing the final questionnaire, OPES prepared an online pilot survey. The pilot survey was reviewed by a group of 17 SMEs who had participated in the task and knowledge statement development workshops. Feedback from the pilot study was provided regarding the technical accuracy of the task and knowledge statements, estimated time for completion, online navigation, and ease of use. OPES used this feedback to develop the final questionnaire.

CHAPTER 3. RESPONSE RATE AND DEMOGRAPHICS

SAMPLING STRATEGY AND RESPONSE RATE

OPES staff developed a letter for dissemination by the Board to all California-licensed Acupuncturists. The letter invited the Acupuncturists to contribute to the development of a current description of Acupuncture practice by participating in an online questionnaire. The questionnaire invitation letter can be found in Appendix E. The online format allowed for several enhancements to the survey and data collection process. As part of the survey development, configuration, and analysis process, various criteria were established to ensure the integrity of the data.

Eleven percent of the Acupuncturists (N = 957) responded by accessing the Web-based survey. The final sample size included in the data analysis was 485, or 5 percent of the California-licensed Acupuncturist population. This response rate reflects two adjustments. First, data from respondents who indicated they were not currently licensed and practicing as Acupuncturists in California were excluded from analysis. And second, the reconciliation process removed surveys containing incomplete and unresponsive data. Based on a review of the demographic composition, the respondent sample was representative of the population of California Acupuncturists.

DEMOGRAPHIC SUMMARY

Of the respondents included in the analysis, 29.5 percent had been practicing as Acupuncturists for 5 years or less, 55.9 percent had been practicing between 6 and 20 years, and 14 percent had been practicing for more than 20 years.

The respondents were asked to indicate the types of settings where they provide services as an Acupuncturist. Sole ownership or working as a Practitioner in an independent setting was reported by 59.8 percent of the sample. Working as an Independent Practitioner in a group setting was reported by 19.2 percent of the sample. The remaining respondents reported their work setting as Acupuncture Medical Group (9.1 percent), Interdisciplinary Medical Group (4.5 percent), House Calls/Home Visits (4.3 percent), Multiple Settings (2 percent), and Hospital (1 percent). The majority of respondents worked 21 hours or more a week (65.8 percent). In addition, 63.5 percent of respondents reported working in an Urban setting.

Respondents were asked to report any languages in which they had verbal and/or written proficiency. English-speaking fluency was reported by 90.5 percent of the respondents with 90.1 percent of respondents reporting written English proficiency. Respondents also reported that 73.4 percent of their patients spoke English fluently. Additionally, 51.8 percent of respondents indicated that they took the English version of the California Acupuncture Licensing Examination.

In order to facilitate a condition-centered approach to the description of Acupuncture based on primary focus of treatment, respondents were asked to indicate (from a list of available treatment focus categories established in the May and June workshops) the primary treatment focus categories for which their patients received services. Pain Management (53.6 percent), General Health (25.4 percent), and Women's Health (6 percent) were the primary treatment focus categories selected most frequently by respondents. Point Needling (81.9 percent), Electroacupuncture (19.6 percent), and Herbal Therapy (17.3 percent) were the most frequently reported treatment modalities utilized by respondents. Additionally, the technique reported as most frequently incorporated into treatment by practitioners was Traditional Chinese Medicine (58.74 percent).

When asked to report the approximate gross income generated from their Acupuncture practice, 42.7 percent of respondents specified an income below $40,000 a year, 16.3 percent specified an income between $40,000 and $59,999, 14.8 percent specified an income between $60,000 and $79,999, 9.9 percent specified an income between $80,000 and $99,999, and 11.1 percent specified an income of above $100,000. Respondents were asked to report the primary source of income with the most frequent responses being Health Insurance (47.2 percent), Private Insurance (42.9 percent), and Cash out of Pocket (33.8 percent).

More detailed demographic information from the respondents can be found in Tables 1 through 19.

TABLE 1 – NUMBER OF YEARS PRACTICING AS A CALIFORNIA-LICENSED ACUPUNCTURIST:

YEARS	N	PERCENT
0 to 5	143	29.5
6 to 10	127	26.2
11 to 20	144	29.7
More than 20 years	68	14.0
Missing	3	00.6
Total	485	100%

NOTE: Total may not add to 100% due to rounding.

FIGURE 1 – NUMBER OF YEARS PRACTICING AS A CALIFORNIA-LICENSED ACUPUNCTURIST

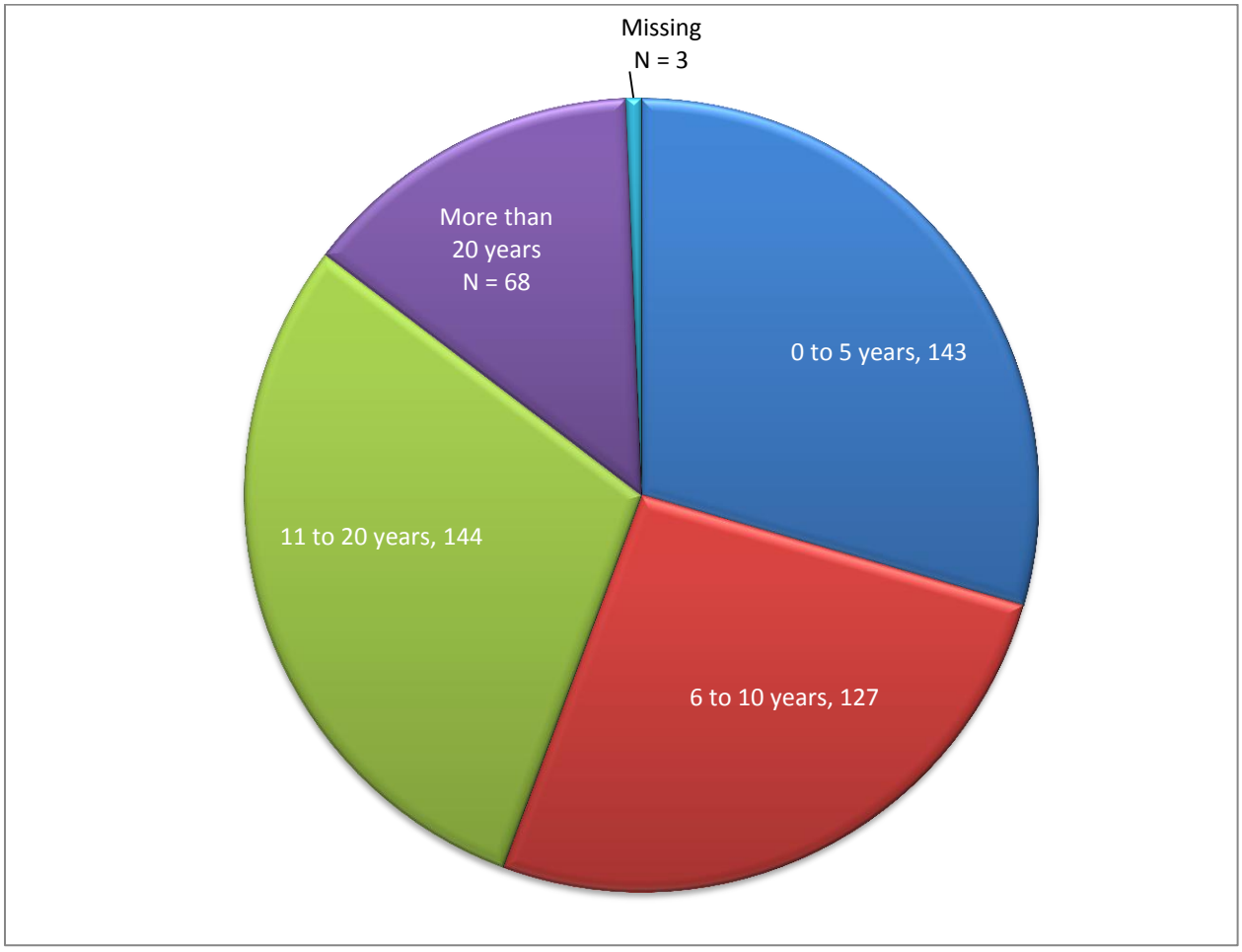

TABLE 2 – NUMBER OF PRACTICE SETTINGS/CLINIC LOCATIONS UTILIZED AS A CALIFORNIA-LICENSED ACUPUNCTURIST:

SETTINGS/CLINIC LOCATIONS	N	PERCENT
1	343	70.7
2 - 4	128	26.4
5 or more	9	1.9
Missing	5	1.0
Total	485	100%

NOTE: Total may not add to 100% due to rounding.

FIGURE 2 – NUMBER OF PRACTICE SETTINGS/CLINIC LOCATIONS UTILIZED AS A CALIFORNIA-LICENSED ACUPUNCTURIST

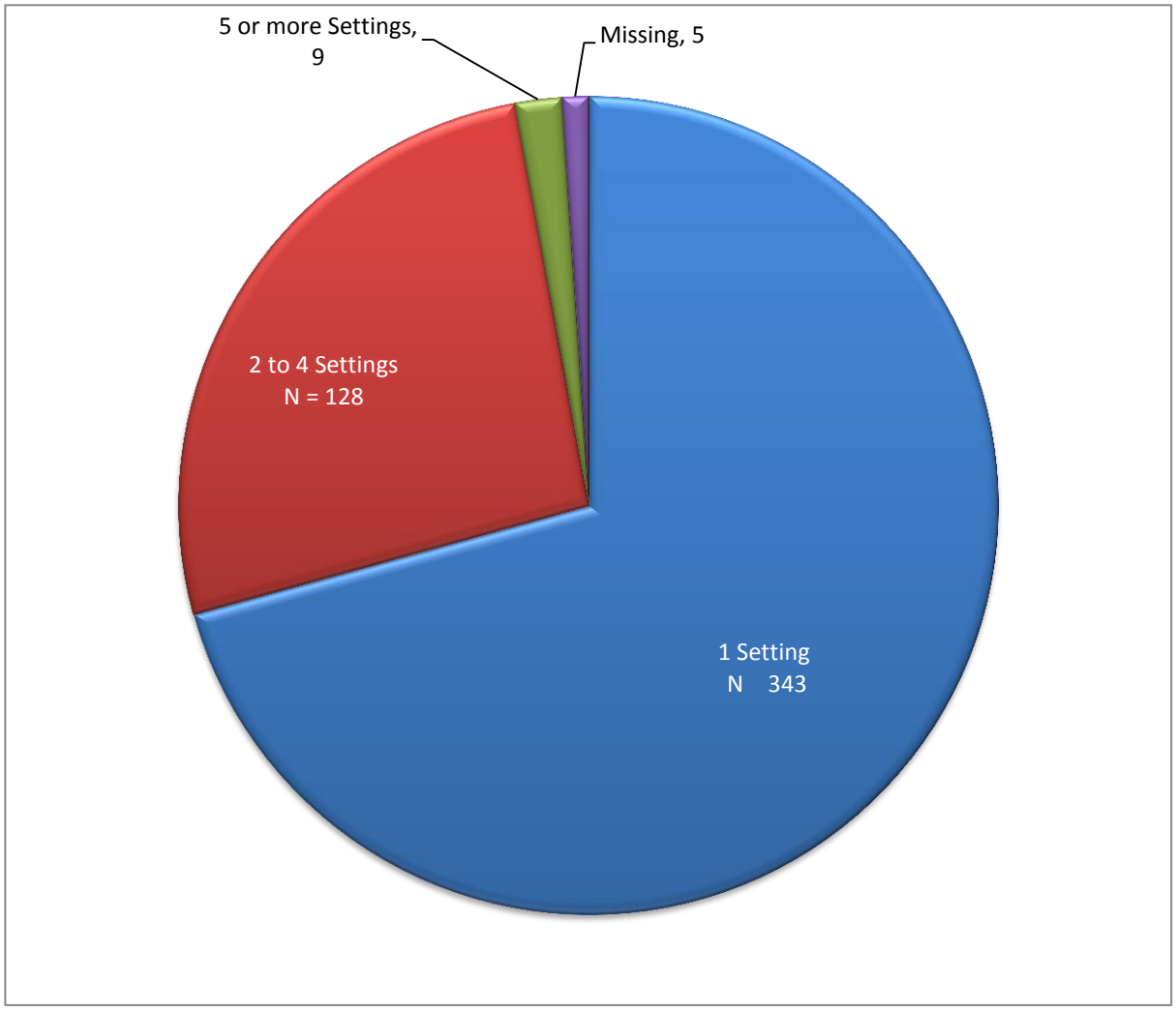

TABLE 3 – PRIMARY PRACTICE SETTING

PRACTICE SETTING	N	PERCENT
Sole Owner/Practitioner Independent Setting	290	59.80
Independent Practitioner in Group Setting	93	19.20
Acupuncture Medical Group (Inc. or LLC)	44	9.10
Interdisciplinary Medical Group	22	4.5
House Calls/Home Visits	21	4.3
Multiple Settings	9	2.0
Hospital	6	1.0
Total	485	100%

NOTE: Total may not add to 100% due to rounding.

FIGURE 3 – PRIMARY PRACTICE SETTING

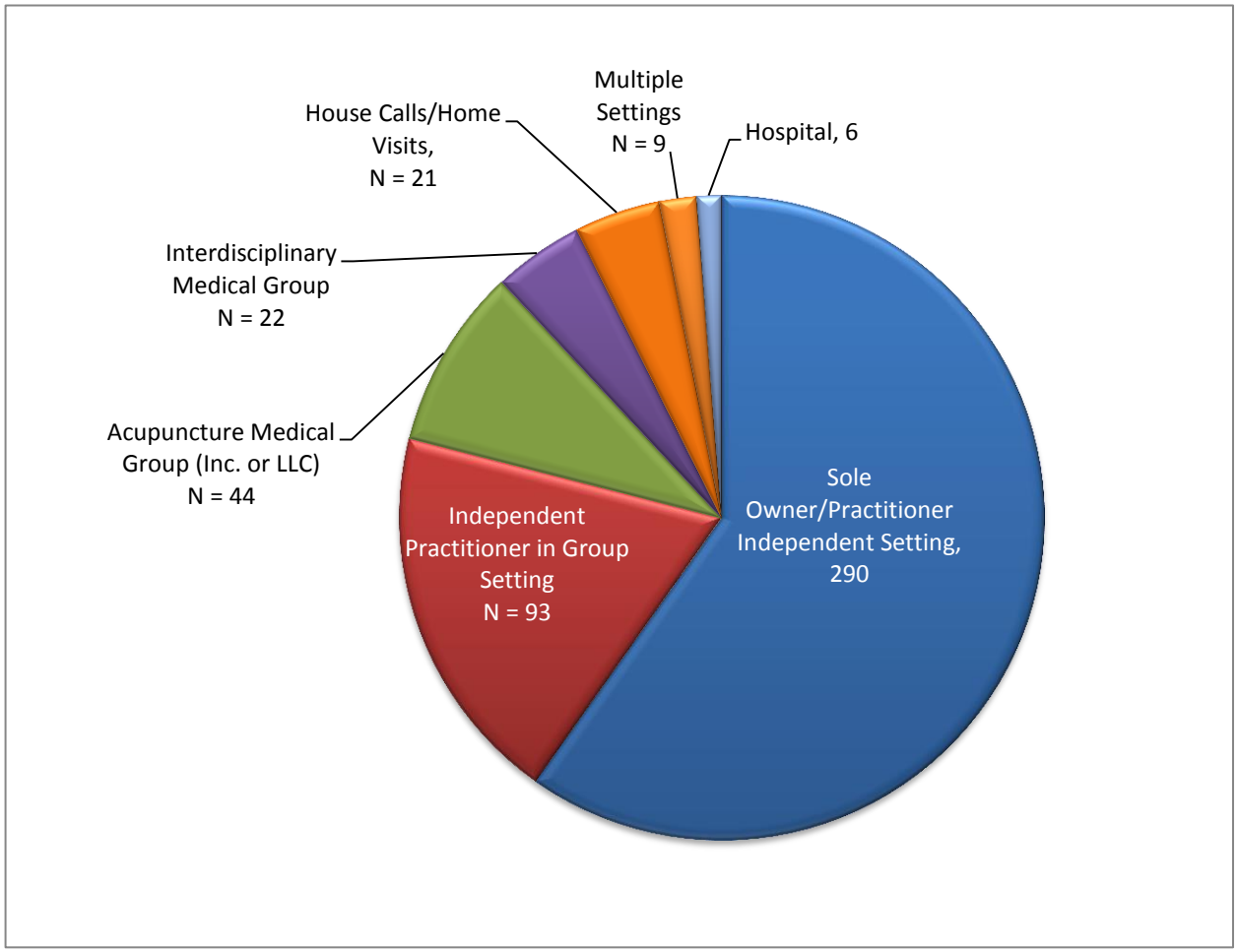

TABLE 4 – NUMBER OF HOURS WORKED PER WEEK

HOURS WORKED	N	PERCENT
0 - 10 hours	63	13.0
11 to 20 hours	100	20.6
21 to 39 hours	188	38.8
40 or more hours	131	27.0
Missing	3	.6
Total	485	100%

NOTE: Total may not add to 100% due to rounding.

FIGURE 4 – NUMBER OF HOURS WORKED PER WEEK

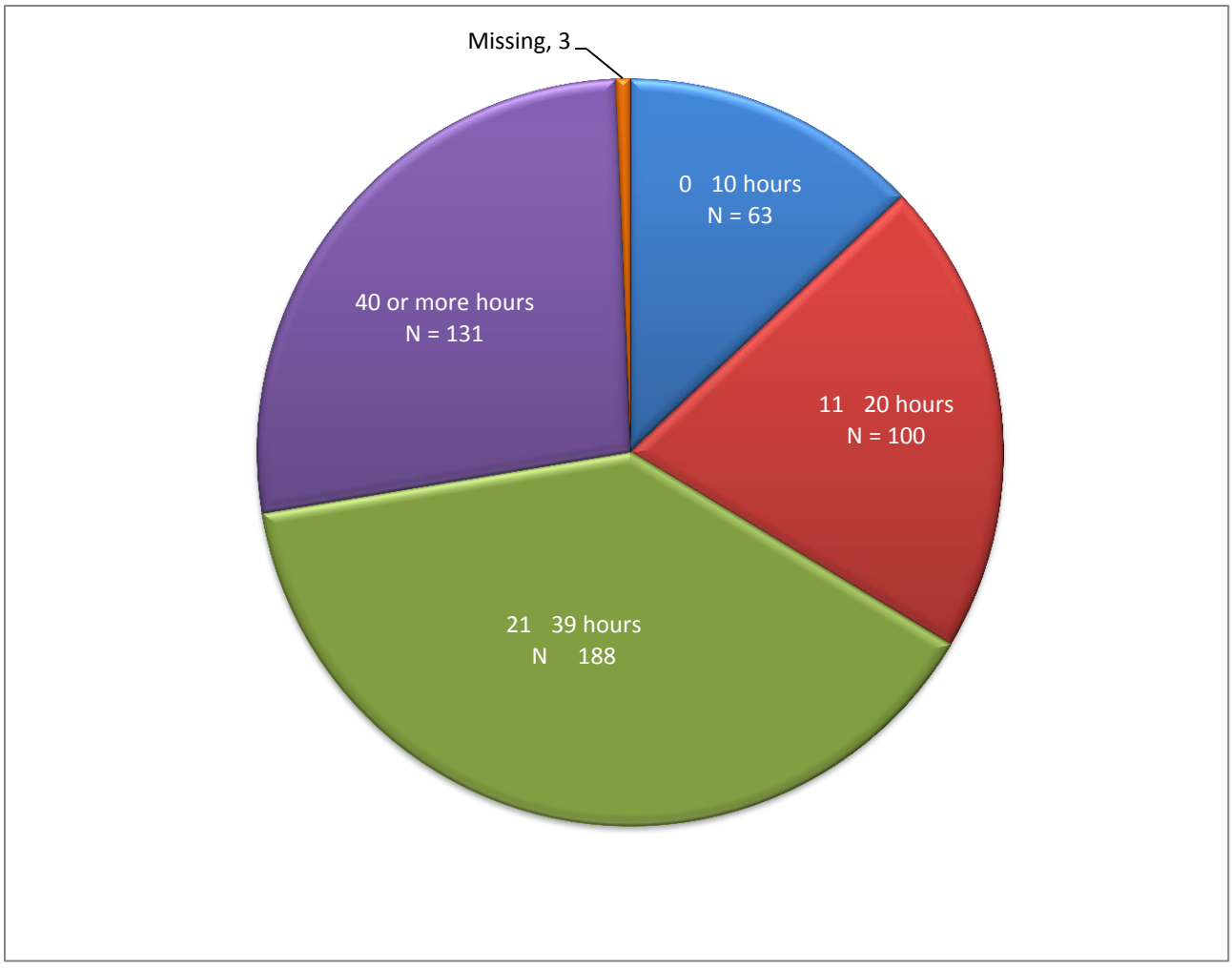

TABLE 5 – TYPE OF LOCATION

LOCATION	N	PERCENT
Urban	308	63.5
Suburban	143	29.5
Rural	25	5.2
Missing	9	1.9
Total	485	100%

NOTE: Total may not add to 100% due to rounding.

FIGURE 5 – TYPE OF LOCATION

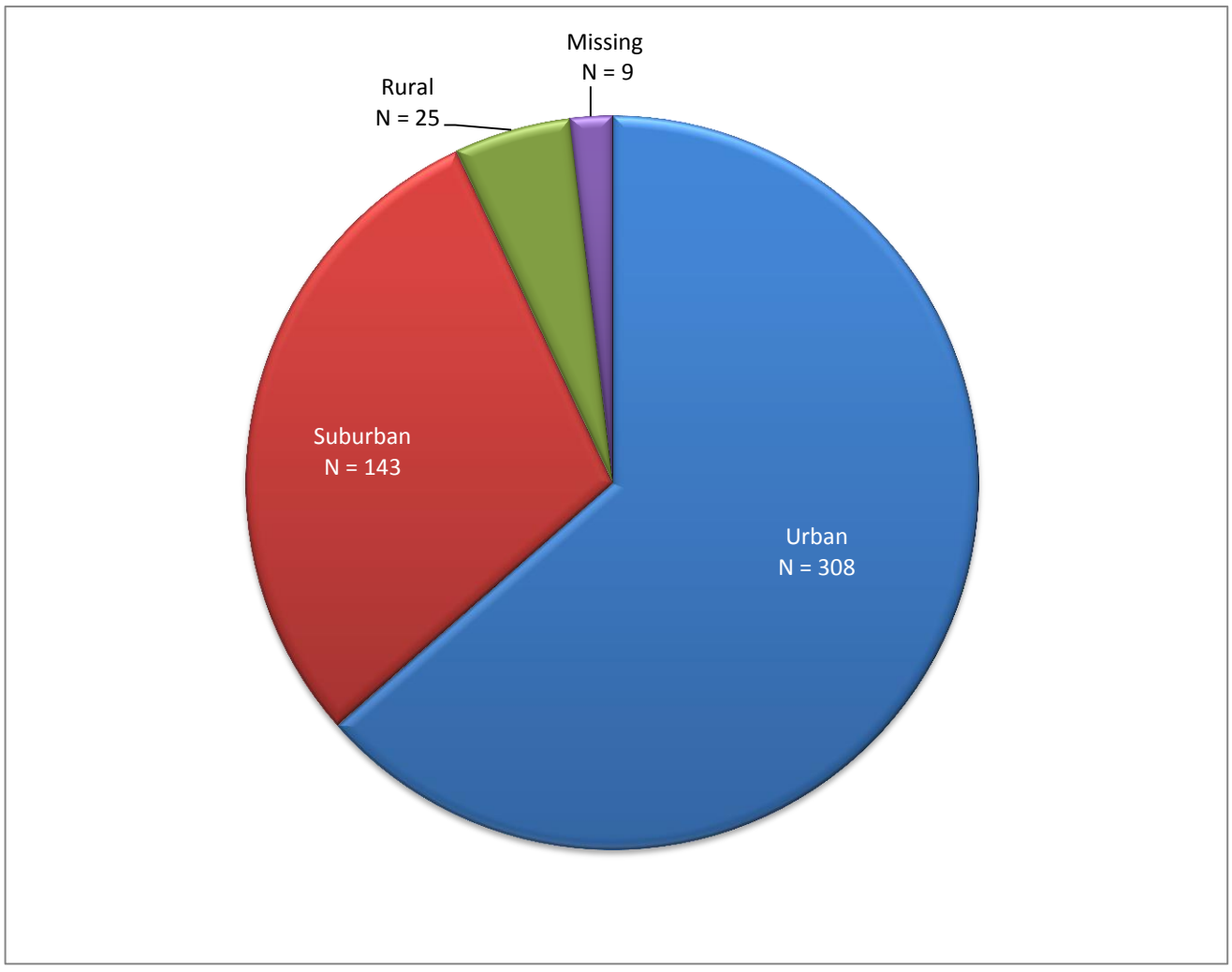

TABLE 6 – LANGUAGES SPOKEN*

LANGUAGE	N	PERCENT
English	439	90.5
Chinese	179	36.9
Korean	104	21.4
Spanish	41	8.5

*Respondents were permitted to select multiple languages

TABLE 7 – ABILITY TO READ ENGLISH PROFICIENTLY

PROFICIENCY	N	PERCENT
Yes	437	90.1
No	43	8.9
Missing	5	1.0
Total	485	100%

NOTE: Total may not add to 100% due to rounding.

TABLE 8 – LANGUAGE IN WHICH THE CALIFORNIA ACUPUNCTURE LICENSING EXAMINATION (CALE) WAS TAKEN

CALE LANGUAGE	N	PERCENT
English	251	51.8
Chinese	147	30.3
Korean	82	16.9
Missing	5	1.0
Total	485	100%

NOTE: Total may not add to 100% due to rounding.

TABLE 9 – PATIENTS' PRIMARY LANGUAGE

PATIENT LANGUAGE	N	PERCENT
English	356	73.4
Chinese	69	14.2
Korean	40	8.2
Spanish	3	.6
Missing	17	3.5
Total	485	100%

NOTE: Total may not add to 100% due to rounding.

TABLE 10 – HIGHEST LEVEL OF EDUCATION

EDUCATION	N	PERCENT
Certificate	9	1.9
Associate's Degree	3	.6
Bachelor's Degree	24	4.9
Master's Degree in Traditional Chinese Medicine	264	54.4
Master's Degree in another field	22	4.5
Doctorate Degree in Asian Medicine	113	23.3
Doctorate Degree in another field	33	6.8
Other formal education	8	1.6
Missing	9	1.9
Total	485	100%

NOTE: Total may not add to 100% due to rounding.

FIGURE 6 – HIGHEST LEVEL OF EDUCATION

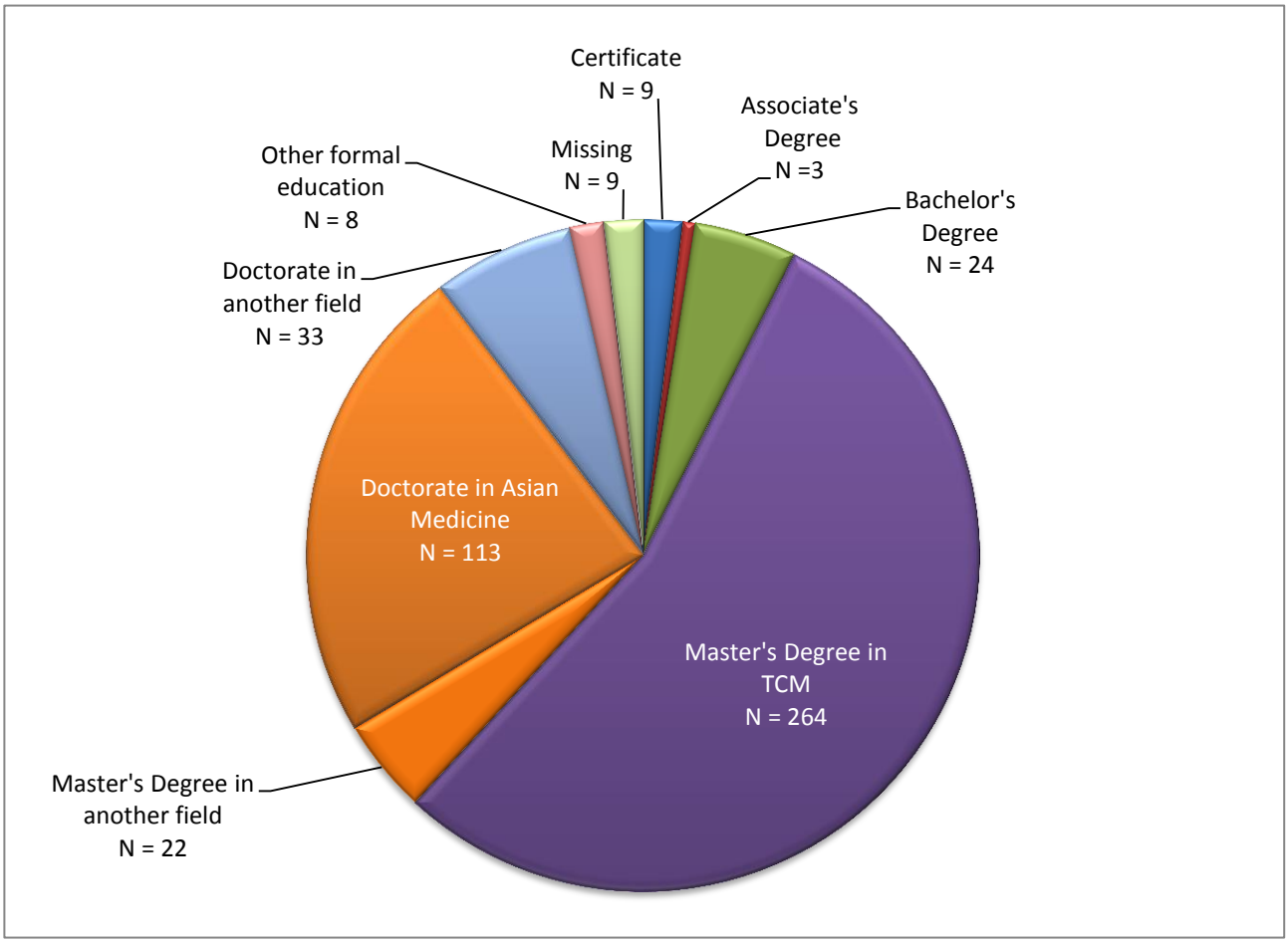

TABLE 11 – ADDITIONAL CALIFORNIA LICENSES HELD (related to Acupuncture practice)*

OTHER LICENSES	N	PERCENT*
Chiropractic	3	.6
Clinical Laboratory Scientist	3	.6
Certified Massage Therapist	11	2.2
Licensed Vocational Nurse	2	.4
Naturopathic Doctor	3	.6
Physical Therapist	2	.4
Registered Nurse	10	2.1
Teaching	3	.6

* Out of 485 total respondents

TABLE 12 – PRIMARY TREATMENT FOCUS CATEGORY

CATEGORY	N	PERCENT
Immune Disorder	11	2.3
Men's Health	1	.2
Women's Health	29	6.0
Gastrointestinal	7	1.4
Pain Management	260	53.6
Neurological	5	1.0
Dermatology/Cosmetic	3	.6
Addiction	3	.6
Mental Health	8	1.6
Endocrine Health	5	1.0
Cardiovascular	6	1.2
Oncology Support	8	1.6
General	123	25.4
Pediatrics	14	2.9
Missing	2	.4
Total	485	100%

NOTE: Total may not add to 100% due to rounding.

FIGURE 7 – PRIMARY TREATMENT FOCUS CATEGORY

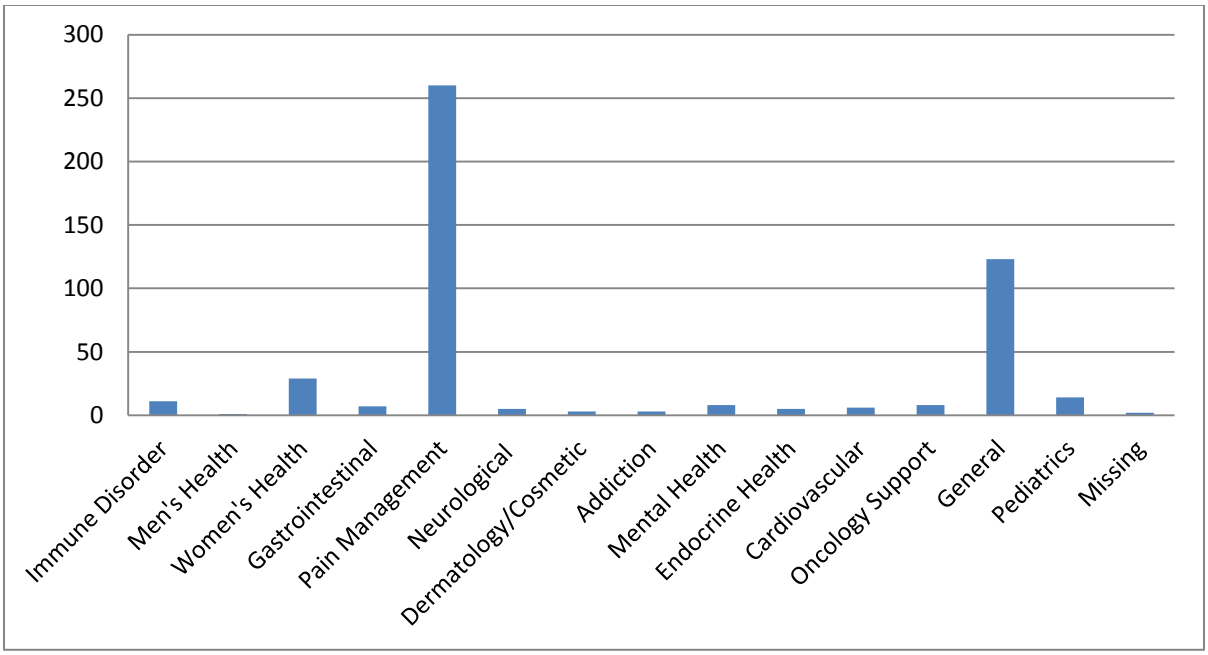

TABLE 13 – PERCENTAGE TIME SPENT (MINIMUM-MAXIMUM PERCENT SELECTED, MEAN, & STANDARD DEVIATION) ON PRIMARY TREATMENT FOCUS CATEGORY

CATEGORY	MIN-MAX	MEAN	SD
Immune Disorder	6% – 61%	26.50%	18.78%
Women's Health	1% – 68%	31.24%	18.49%
Gastrointestinal	1% – 71%	34.86%	22.08%
Pain Management	1% – 85%	25.74%	15.66%
Neurological	11% – 51%	26.40%	15.52%
Dermatology/Cosmetic	11% – 41%	24.33%	15.28%
Addiction	1% – 35%	22.33%	18.58%
Mental Health	6% – 71%	33.86%	25.30%
Endocrine Health	16% – 71%	42.00%	20.74%
Cardiovascular	2% – 41%	20.00%	17.15%
Oncology Support	1% – 56%	28.50%	16.26%
General	1% – 91%	12.79%	18.57%
Pediatrics	8% – 76%	31.54%	18.99%

TABLE 14 – TREATMENT MODALITIES UTILIZED (HIGHEST RANK)*

TREATMENT MODALITIES	N	PERCENT
Point Needling	397	81.9
Electroacupuncture	95	19.6
Herbal Therapy	84	17.3
Moxa	31	6.4
Cupping	48	9.9
Gua Sha	13	2.7
Tui Na	45	9.3
Massage Therapy	37	7.6

*Respondents were permitted to select multiple treatment modalities

FIGURE 8 –TREATMENT MODALITIES UTILIZED (HIGHEST RANK)

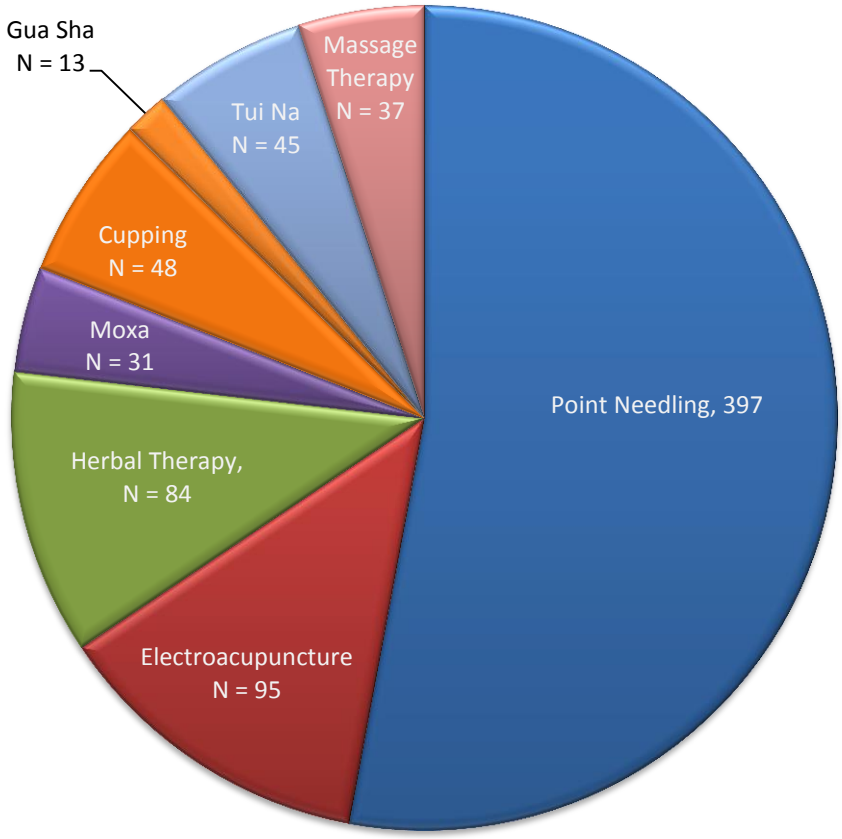

TABLE 15 –PERCENTAGE TIME SPENT (MINIMUM-MAXIMUM PERCENT SELECTED, MEAN, & STANDARD DEVIATION) INCORPORATING SPECIFIC TECHNIQUE

TECHNIQUE	MIN-MAX	MEAN	SD
Traditional Chinese Medicine	0% – 100%	58.74%	28.30%
Neurophysiological	0 %– 100%	17.77%	19.31%
Five Elements	0% – 100%	19.91%	21.37%
Auricular	0% – 99%	11.49%	11.64%
Scalp	0% – 50%	7.48%	6.34%
Master Tung	0% – 100%	18.42%	18.80%
Korean Hand	0% – 100%	11.24%	18.25%
Japanese	0% – 100%	22.00%	31.79%
Doctor Tan	0% – 90%	16.49%	20.91%

FIGURE 9 – PERCENTAGE OF TIME SPENT INCORPORATING SPECIFIC TECHNIQUE

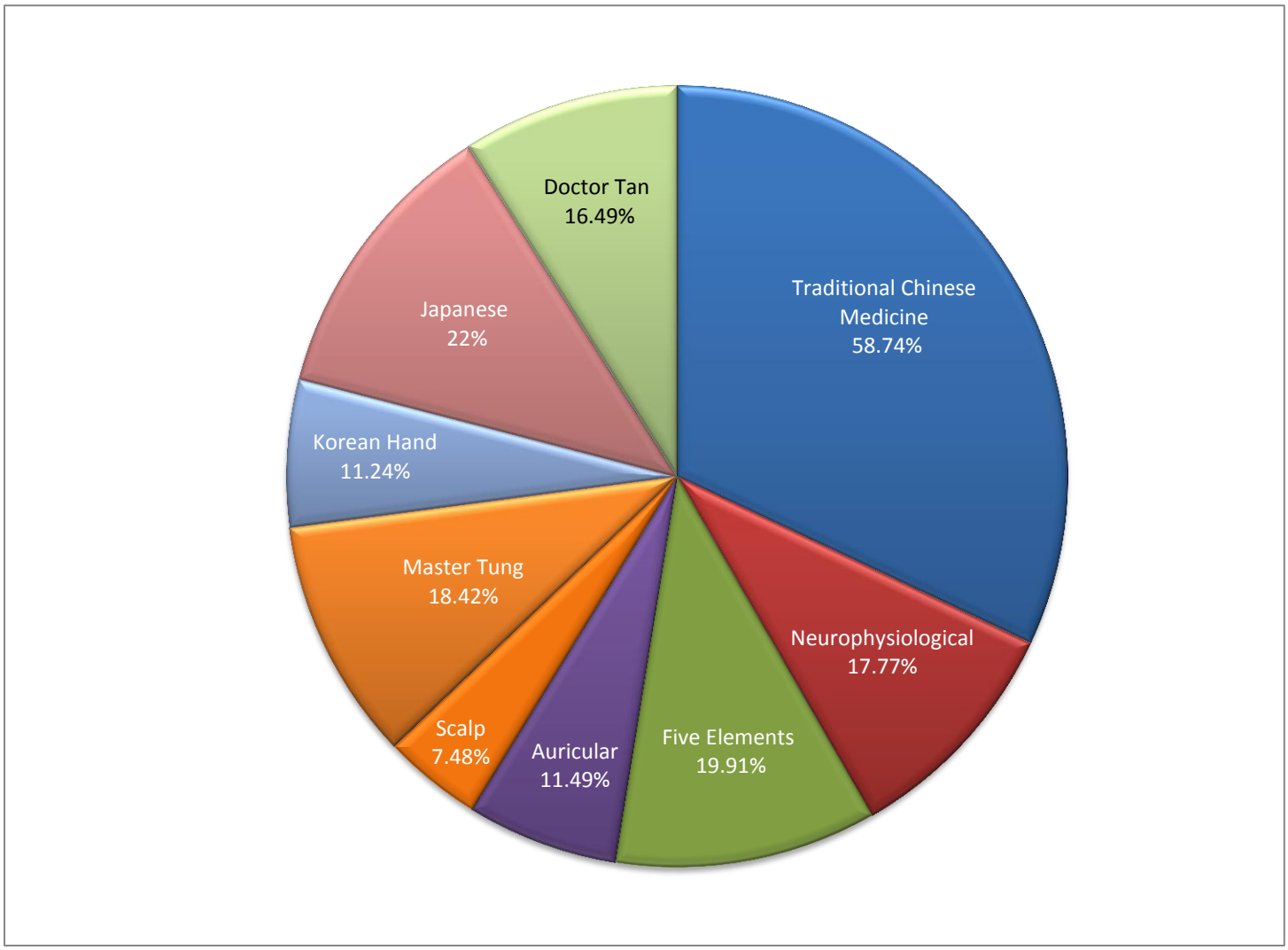

TABLE 16 – APPROXIMATE GROSS ANNUAL INCOME

INCOME	N	PERCENT
Up to $20,999	113	23.3
$21,000 – $39,999	94	19.4
$40,000 – $59,999	79	16.3
$60,000 – $79,999	72	14.8
$80,000 - $99,999	48	9.9
More than $100,000	54	11.1
Missing	25	5.2
Total	485	100%

NOTE: Total may not add to 100% due to rounding.

FIGURE 10 – APPROXIMATE GROSS ANNUAL INCOME

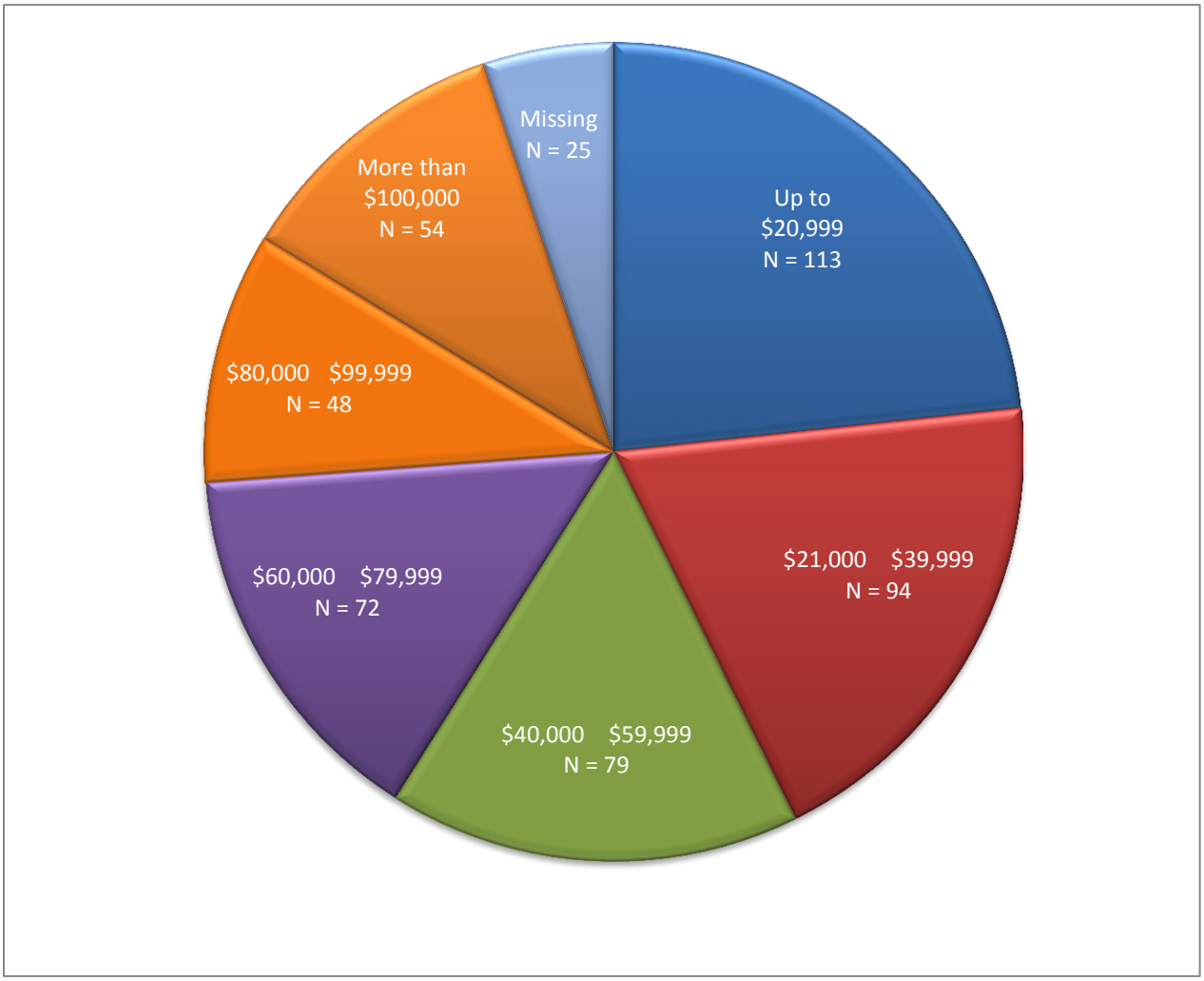

TABLE 17 – PRIMARY SOURCES OF INCOME*

INCOME SOURCES	N	PERCENT
Health Insurance	229	47.2
Workers' Compensation	85	17.5
Medicaid/Medicare	14	2.9
Private Insurance (e.g., HMO, PPO)	208	42.9
Personal Injury	97	20.0
Veteran Affairs	10	2.1
Cash/Out of Pocket	164	33.8

*Respondents were permitted to select multiple sources of income

FIGURE 11 – PRIMARY SOURCES OF INCOME

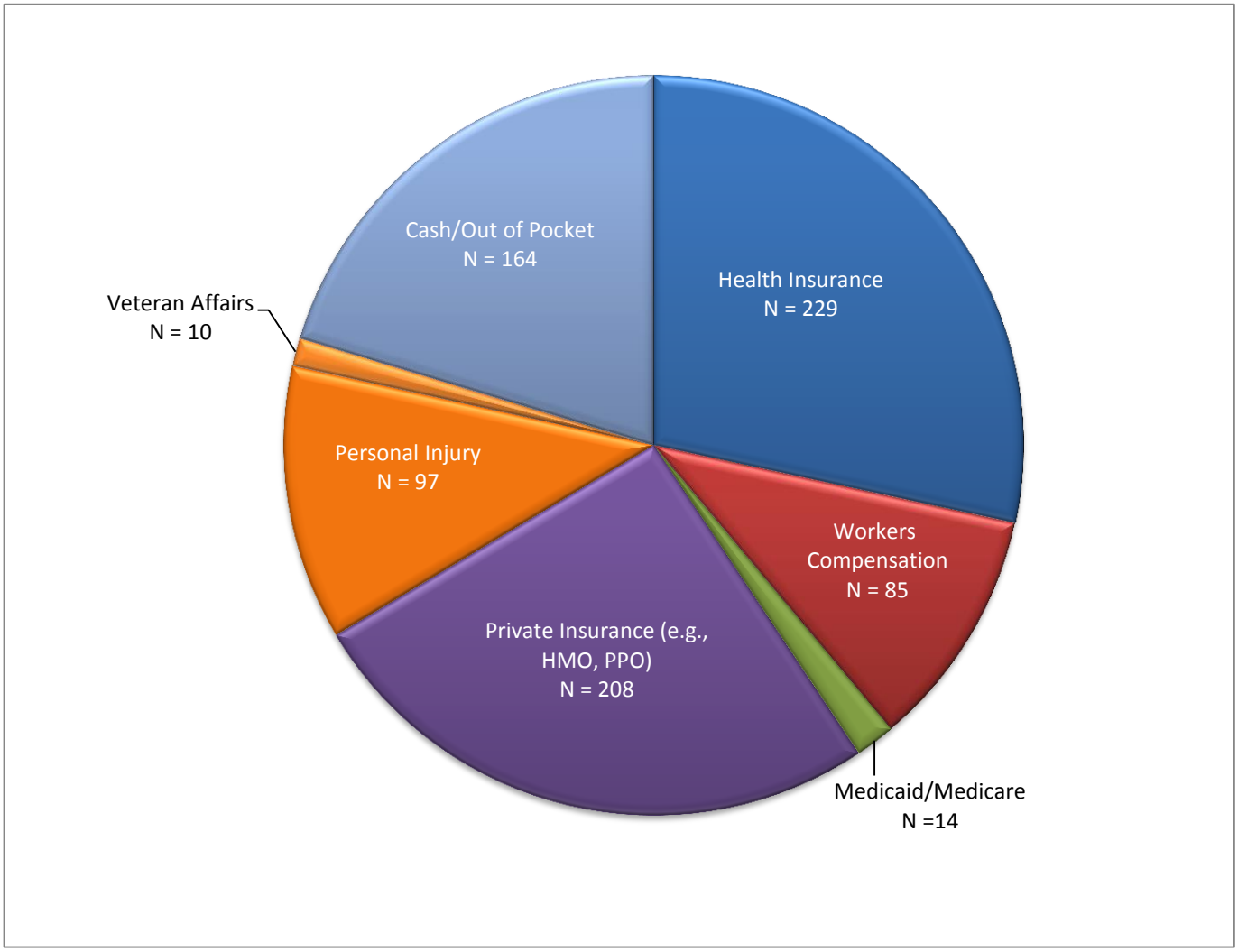

TABLE 18 – TRAINING PROGRAM PREPARED RESPONDENTS FOR FIRST YEAR IN PRACTICE

PREPAREDNESS	N	PERCENT
Yes	351	72.4
No	127	26.2
Missing	7	1.4
Total	485	100%

NOTE: Total may not add to 100% due to rounding.

TABLE 19 – RESPONDENTS BY REGION

SOUTHERN CALIFORNIA

County of Practice	Frequency
Imperial	1
Inyo	1
San Bernardino	3
San Diego	37
Los Angeles	162
Orange	66
Riverside	16
TOTAL	286

SAN FRANCISCO AREA

County of Practice	Frequency
Alameda	29
Amador	2
Contra Costa	6
Marin	10
San Francisco	20
San Mateo	10
Santa Clara	46
Santa Cruz	6
TOTAL	129

SAN JOAQUIN VALLEY

County of Practice	Frequency
Fresno	4
Kern	1
Kings	1
Merced	2
San Joaquin	3
Stanislaus	2
TOTAL	13

SACRAMENTO VALLEY

County of Practice	Frequency
Sacramento	10
Yolo	1
TOTAL	11

SIERRA MOUNTAIN

County of Practice	Frequency
El Dorado	2
Nevada	3
Placer	3
Plumas	1
Tuolumne	1
TOTAL	10

NORTH COAST

County of Practice	Frequency
Humboldt	2
Mendocino	2
Sonoma	13
TOTAL	17

SOUTH/CENTRAL COAST

County of Practice	Frequency
Monterey	2
San Luis Obispo	1
Santa Barbara	4
Ventura	6
TOTAL	13

DECLINED TO ANSWER

	Frequency
TOTAL	6

CHAPTER 4. DATA ANALYSIS AND RESULTS

RELIABILITY OF RATINGS

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

Table 20 displays the reliability coefficients for the task rating scales in each content area. The overall ratings of task frequency (α = .99) and task importance (α = .99) across content areas were highly reliable. Table 21 displays the reliability coefficients for the knowledge statements rating scale in each content area. The overall ratings of knowledge importance (α = .99) across content areas were highly reliable. These results indicate that the responding Acupuncturists rated the task and knowledge statements consistently throughout the questionnaire.

TABLE 20 – TASK SCALE RELIABILITY

CONTENT AREA	Number of Tasks	α Frequency	α Importance
I. Patient Assessment	41	.98	.98
II. Diagnostic Impression and Treatment Plan	16	.96	.97
III. Providing Acupuncture Treatment	56	.98	.98
IV. Herbal Therapy	14	.97	.97
V. Regulations for Public Health and Safety	14	.93	.93
Total	141	.99	.99

TABLE 21 – KNOWLEDGE SCALE RELIABILITY

I. Patient Assessment	73	.99
II. Diagnostic Impression and Treatment Plan	40	.98
III. Providing Acupuncture Treatment	62	.98
IV. Herbal Therapy	20	.98
V. Regulations for Public Health and Safety	24	.97
Total	219	.99

TASK CRITICAL VALUES

Two workshops, each comprised of 10 California-licensed Acupuncturists acting as subject matter experts (SMEs), were convened at OPES in October and November 2014. The goals of the two workshops were to review the average importance and frequency ratings for tasks as well as the criticality indices of all task and knowledge statements. The desired outcome of these workshops was to identify the essential tasks and knowledge required for safe and effective Acupuncture practice at the time of licensure.

In order to determine the critical values (criticality) of the task statements, the importance rating (Ii) and the frequency rating (Fi) for each task were multiplied for each respondent, and the products averaged across respondents.

Critical task index = mean [(Fi) X (Ii)]

The task statements were then ranked according to the tasks' critical values. The task statements and their mean ratings and associated critical values are presented in Appendix A.

The SMEs who participated in the October 2014 workshop evaluated the tasks' critical values based on the questionnaire results. OPES staff instructed the SMEs to identify a cutoff value of criticality in order to determine if any tasks did not have a high enough critical value to be retained. The SMEs determined that a cutoff value of 10.00 should be set, based on their view of the relative importance of all tasks to Acupuncture practice. Eight task statements did not meet the cut-off value and were thus excluded from the content outline. Exclusion of a task statement from the content outline does not mean that the task is not performed in the Acupuncture practice, however, it was considered not critical for testing relative to other tasks. The SMEs in the November 2014 Workshop performed an independent review of the same data and arrived at the same conclusion of the SMEs from the October workshop.

KNOWLEDGE IMPORTANCE RATINGS

In order to determine the importance of each body of knowledge, the mean importance (KImp) rating for each knowledge statement was calculated. The knowledge statements were then ranked according to mean importance. The knowledge statements and their importance ratings are presented in Appendix B.

The SMES who participated in the October 2014 workshop, evaluating critical task indices, also reviewed the knowledge statement importance values. After reviewing the average importance ratings and considering their relative importance to Acupuncture practice, the SMEs determined that a cutoff value of 3.00 should be established. Five knowledge statements did not meet the cut-off value and were thus excluded from the content outline. Exclusion of a knowledge statement from the content outline does not mean that the body of knowledge is not used in the Acupuncture practice, however, it was considered not critical for testing relative to other knowledge concepts. The SMEs in the November 2014 workshop independently reviewed the same data and arrived at the same conclusion of the SMEs from the October workshop.

CHAPTER 5. EXAMINATION PLAN

TASK – KNOWLEDGE LINKAGE

The SMEs who participated in the October 2014 workshop reviewed the preliminary assignments of the task and knowledge statements to content areas and determined the appropriate linkage of specific knowledge statements to task statements. The content areas were developed so that they were non-overlapping and described major areas of practice. The SMEs who participated in the November 2014 workshop reviewed the October workshop results, including the task and knowledge linkage, and agreed with the outcome.

CONTENT AREAS AND WEIGHTS

In order for the November 2014 group of SMEs to determine the relative weights of the content areas, initial calculations were performed by dividing the sum of the task critical values for a content area by the overall sum of the task critical values for all tasks, as shown below.

$$\frac{\textit{Sum of Critical Values for Tasks in Content Area}}{\textit{Sum of Critical Values for All Tasks}} = \textit{Percent Weight of Content Area}$$

In reviewing the preliminary weights based solely on the task critical values (TCV Prelim. Wts.), the SMEs determined these weights were reflective of the relative importance of the content areas to Acupuncture practice in California. In determining the final weighting of the content areas, the November 2014 group of SMEs, looked at the group of tasks and knowledge, the linkage between the tasks and knowledge, and the relative importance of the tasks and knowledge in each content area to Acupuncture practice in California. A summary of final content area weights based on the task critical values are presented in Table 22. A more detailed breakdown of the final content area weights is presented in Table 23. The content outline for the Acupuncture profession is presented in Table 24.

CRITICAL INDICES BY PRIMARY FOCUS OF TREATMENT

Additional calculations were performed from a condition-centered approach, based on the practitioners' primary focus of treatment, by parsing the critical values data by primary treatment focus. The three primary focuses of treatment, Pain Management, Women's Health, and General Health, were examined to determine differences in the critical values of each task statement. The calculation of the critical indices by primary treatment focus can be found in Appendix C.

PRIMARY FOCUS OF TREATMENT - TREATMENT MODALITY AND TECHNIQUE CORRELATIONS

Using the data parsed by primary focus of treatment (e.g., Pain Management, Women's Health, General Health), correlations between treatment modalities (e.g., Point Needling, Electroacupuncture, Herbal Therapy) and techniques utilized (e.g., Traditional Chinese Medicine, Five Element) were examined. Correlations were evaluated using Pearson's r which determines the significance of the relationship between the primary treatment focus selected and each treatment modality and technique employed by respondents. The Pearson's r-value indicates the strength and direction (+ or -) of the correlation ranging from 0 to 1. The higher the number, the stronger the relationship whether negative or positive. A positive correlation between a treatment modality and technique indicates that when that modality is utilized by the respondents, they are more likely to use the particular technique. A negative correlation between a treatment modality and technique indicates that when that modality is utilized by the respondents, they are less likely to use the particular technique. The correlations can be found in Table 25.

The results of these additional analyses were used to develop a supplemental tool, within which tasks identified in the content outline are linked with the primary focus of treatment and the treatment modality and technique most strongly correlated within that focus area. Thus, the supplemental tool is intended to be used as an accompaniment to the Content Outline. The supplemental tool can enable a more focused situational approach to examination item development (i.e., item scenarios written from a common treatment perspective). The supplemental tool was verified to be thorough and accurate by the Acupuncturists who participated in the final November 2014 workshop and can be found in Appendix D.

TABLE 22 – CONTENT AREA WEIGHTS

Content Area		TCV Prelim. Wts.	Final Weights
I.	Patient Assessment	31	31
II.	Diagnostic Impression	10.5	10.5
III.	Acupuncture Treatment	35	35
IV.	Herbal Therapy	10.5	10.5
V.	Regulations for Public Health and Safety	13	13
Total		100	100

TABLE 23 – DETAILED BREAKDOWN CONTENT AREA WEIGHTS

Content area	Number of Tasks in Content Subarea	Number of Tasks in Content Area	Task Indices in Content Subarea	Task Indices in Content Area	Content Subarea Weight (%)	Area Weight (%)
I. Patient Assessment		41		637.09		31%
A. Obtain Patient's History	22		349.11		16.5%	
B. Perform Physical Examination	16		240.68		12%	
C. Evaluate for Herbs, Supplements, and Western Pharmacology	1		17.28		1%	
D. Implement Diagnostic Testing	2		30.01		1.5%	
II. Developing a Diagnostic Impression		14		217.99		10.5%
III. Providing Acupuncture Treatment		50		725.99		35%
A. Point Selection Principles and Categories	25		345.76		17.5%	
B. Point Location and Needling Techniques	8		138.78		5.5%	
C. Implement Adjunct Modalities	10		132.22		7%	
D. Patient Education	7		109.26		5%	
IV. Herbal Therapy		14		217.44		10.5%
V. Regulations for Public Health and Safety		14		269.42		13%
Total		133*		2067.63		100%

*NOTE: *Total (N=133) reflects the deduction of the 8 tasks that did not meet the Task Importance cut off explained in Chapter 4.*

TABLE 24 – CONTENT OUTLINE: ACUPUNCTURIST

I. Patient Assessment (31%) – The practitioner obtains patient's history and performs a physical examination to evaluate presenting complaint and interrelationship among symptoms. The practitioner assesses patient's use of herbs, supplements, and Western medications to determine impact on patient's condition. The practitioner uses patient's diagnostic test results to augment Oriental Medicine assessment methods.

Subarea	***Job Task***	***Associated Knowledge***
A. Obtain Patient's History (16.5%) – Assess patient's presenting complaints by gathering patient health and treatment history.	**T1.** Assess chief complaint of patient by obtaining information regarding symptoms (e.g., onset, duration, location, severity, cause) to determine focus of examination.	**K1.** Knowledge of physical examination techniques and evaluation of findings. **K2.** Knowledge of techniques for obtaining vital signs. **K3.** Knowledge of interview techniques for obtaining health history. **K4.** Knowledge of patient history (e.g., health, trauma, emotional, family) that impact current health status. **K5.** Knowledge of the impact of patient genetics and heredity on symptom development. **K6.** Knowledge of the roles of other health care providers and commonly used treatment methods. **K7.** Knowledge of the impact of emotions on pathology. **K8.** Knowledge of the patterns of sleep associated with pathology. **K9.** Knowledge of external and internal influences that impact current health status. **K10.** Knowledge of the impact of dietary habits on pathology or imbalance. **K11.** Knowledge of the effects of environmental factors (e.g., work stress, pollutants, noise, climate) on pathology or imbalance. **K14.** Knowledge of the relationship between appetite and dietary habits and resulting digestive disharmony or pathology.

I. Patient Assessment (31%) – The practitioner obtains patient's history and performs a physical examination to evaluate presenting complaint and interrelationship among symptoms. The practitioner assesses patient's use of herbs, supplements, and Western medications to determine impact on patient's condition. The practitioner uses patient's diagnostic test results to augment Oriental Medicine assessment methods.

Subarea	*Job Task*	*Associated Knowledge*
A. Obtain Patient's History (16.5%) (cont.)	**T2.** Interview patient regarding general health history (e.g., substance abuse, family health, traumatic events, surgery) to determine effect on chief complaint.	**K3.** Knowledge of interview techniques for obtaining health history. **K4.** Knowledge of patient history (e.g., health, trauma, emotional, family) that impact current health status. **K5.** Knowledge of the impact of patient genetics and heredity on symptom development. **K6.** Knowledge of the roles of other health care providers and commonly used treatment methods. **K7.** Knowledge of the impact of emotions on pathology. **K8.** Knowledge of the patterns of sleep associated with pathology. **K9.** Knowledge of external and internal influences that impact current health status. **K10.** Knowledge of the impact of dietary habits on pathology or imbalance. **K11.** Knowledge of the effects of environmental factors (e.g., work stress, pollutants, noise, climate) on pathology or imbalance. **K14.** Knowledge of the relationship between appetite and dietary habits and resulting digestive disharmony or pathology.
	T3. Gather information regarding the history of present illness as it relates to chief complaint of patient.	**K3.** Knowledge of interview techniques for obtaining health history. **K4.** Knowledge of patient history (e.g., health, trauma, emotional, family) that impact current health status.

I. Patient Assessment (31%) – The practitioner obtains patient's history and performs a physical examination to evaluate presenting complaint and interrelationship among symptoms. The practitioner assesses patient's use of herbs, supplements, and Western medications to determine impact on patient's condition. The practitioner uses patient's diagnostic test results to augment Oriental Medicine assessment methods.

Subarea	*Job Task*	*Associated Knowledge*
A. Obtain Patient's History (16.5%) (cont.)	**T4.** Interview patient regarding prior treatments provided for chief complaint.	**K3.** Knowledge of interview techniques for obtaining health history. **K4.** Knowledge of patient history (e.g., health, trauma, emotional, family) that impact current health status. **K6.** Knowledge of the roles of other health care providers and commonly used treatment methods.
	T5. Interview patient regarding emotional state and life events that contribute to present complaint.	**K7.** Knowledge of the impact of emotions on pathology. **K9.** Knowledge of external and internal influences that impact current health status. **K11.** Knowledge of the effects of environmental factors (e.g., work stress, pollutants, noise, climate) on pathology or imbalance.
	T6. Interview patient regarding sleep patterns that contribute to present complaint.	**K8.** Knowledge of the patterns of sleep associated with pathology.
	T7. Interview patient regarding environmental factors (e.g., work stress, pollutants, noise, climate) that contribute to present complaint.	**K9.** Knowledge of external and internal influences that impact current health status. **K11.** Knowledge of the effects of environmental factors (e.g., work stress, pollutants, noise, climate) on pathology or imbalance.

I. Patient Assessment (31%) – The practitioner obtains patient's history and performs a physical examination to evaluate presenting complaint and interrelationship among symptoms. The practitioner assesses patient's use of herbs, supplements, and Western medications to determine impact on patient's condition. The practitioner uses patient's diagnostic test results to augment Oriental Medicine assessment methods.

Subarea	*Job Task*	*Associated Knowledge*
A. Obtain Patient's History (16.5%) (cont.)	**T8.** Interview patient regarding lifestyle (e.g., exercise, recreation, social activities, work schedule) to determine effect on symptom severity and development.	**K7.** Knowledge of the impact of emotions on pathology. **K8.** Knowledge of the patterns of sleep associated with pathology. **K9.** Knowledge of external and internal influences that impact current health status. **K10.** Knowledge of the impact of dietary habits on pathology or imbalance. **K11.** Knowledge of the effects of environmental factors (e.g., work stress, pollutants, noise, climate) on pathology or imbalance.
	T9. Interview patient to determine dietary habits (e.g., type, quantity, frequency, time of day) that contribute to symptom severity and development.	**K10.** Knowledge of the impact of dietary habits on pathology or imbalance. **K14.** Knowledge of the relationship between appetite and dietary habits and resulting digestive disharmony or pathology. **K16.** Knowledge of the effect of herbal and food flavors and temperatures on pathology. **K17.** Knowledge of the association between food and fluid flavor preferences and pathology. **K18.** Knowledge of the relationship between food and fluid temperature preferences and pathology. **K19.** Knowledge of the association between characteristics of thirst and patterns of disharmony.

I. Patient Assessment (31%) – The practitioner obtains patient's history and performs a physical examination to evaluate presenting complaint and interrelationship among symptoms. The practitioner assesses patient's use of herbs, supplements, and Western medications to determine impact on patient's condition. The practitioner uses patient's diagnostic test results to augment Oriental Medicine assessment methods.

Subarea	*Job Task*	*Associated Knowledge*
A. Obtain Patient's History (16.5%) (cont.)	**T10.** Interview patient regarding preferences or aversions to food and fluid flavors and temperatures to determine nature of imbalance.	**K14.** Knowledge of the relationship between appetite and dietary habits and resulting digestive disharmony or pathology. **K16.** Knowledge of the effect of herbal and food flavors and temperatures on pathology. **K17.** Knowledge of the association between food and fluid flavor preferences and pathology. **K18.** Knowledge of the relationship between food and fluid temperature preferences and pathology.
	T11. Interview patient regarding fluid intake (e.g., thirst, type, quantity, frequency, time of day) to determine contribution to condition.	**K17.** Knowledge of the association between food and fluid flavor preferences and pathology. **K18.** Knowledge of the relationship between food and fluid temperature preferences and pathology. **K19.** Knowledge of the association between characteristics of thirst and patterns of disharmony.
	T12. Interview patient regarding gastrointestinal symptoms (e.g., bloating, pain, appetite) to determine nature of imbalance.	**K12.** Knowledge of the gastrointestinal system. **K14.** Knowledge of the relationship between appetite and dietary habits and resulting digestive disharmony or pathology. **K17.** Knowledge of the association between food and fluid flavor preferences and pathology. **K18.** Knowledge of the relationship between food and fluid temperature preferences and pathology.

I. Patient Assessment (31%) – The practitioner obtains patient's history and performs a physical examination to evaluate presenting complaint and interrelationship among symptoms. The practitioner assesses patient's use of herbs, supplements, and Western medications to determine impact on patient's condition. The practitioner uses patient's diagnostic test results to augment Oriental Medicine assessment methods.

Subarea	*Job Task*	*Associated Knowledge*
A. Obtain Patient's History (16.5%) (cont.)	**T13.** Interview patient regarding gynecological symptoms to determine nature of imbalance.	**K20.** Knowledge of the anatomy and physiology of human body systems. **K21.** Knowledge of patterns of disharmony associated with menstruation. **K22.** Knowledge of the female reproductive system. **K23.** Knowledge of patterns of disharmony associated with pregnancy and childbirth. **K24.** Knowledge of patterns of disharmony associated with menopause.
	T14. Interview patient regarding urogenital symptoms to determine nature of imbalance.	**K25.** Knowledge of patterns of disharmony associated with the male reproductive system. **K26.** Knowledge of pathologies associated with patterns of urine elimination and urine characteristics.
	T15. Interview patient regarding urinary characteristics (e.g., color, clarity, odor) to determine nature of imbalance.	**K26.** Knowledge of pathologies associated with patterns of urine elimination and urine characteristics.
	T16. Interview patient regarding bowel characteristics (e.g., frequency, consistency, color, odor) to determine nature of imbalance.	**K12.** Knowledge of the gastrointestinal system. **K14.** Knowledge of the relationship between appetite and dietary habits and resulting digestive disharmony or pathology. **K27.** Knowledge of pathologies associated with patterns of bowel elimination and stool characteristics.

I. Patient Assessment (31%) – The practitioner obtains patient's history and performs a physical examination to evaluate presenting complaint and interrelationship among symptoms. The practitioner assesses patient's use of herbs, supplements, and Western medications to determine impact on patient's condition. The practitioner uses patient's diagnostic test results to augment Oriental Medicine assessment methods.

Subarea	*Job Task*	*Associated Knowledge*
A. Obtain Patient's History (16.5%) (cont.)	**T17.** Evaluate patient for the presence of fever and/or chills to determine present health condition.	**K28.** Knowledge of the association between fever and/or chills and pathogenic influences. **K21.** Knowledge of patterns of disharmony associated with menstruation.
	T18. Evaluate patient patterns of perspiration to determine nature of imbalance.	**K29.** Knowledge of abnormal perspiration characteristics associated with interior and exterior patterns.
	T19. Interview patient regarding eye symptoms (e.g., irritation, dryness, visual changes) to determine nature of imbalance.	**K30.** Knowledge of the relationship between ocular symptoms and pathology. **K36.** Knowledge of physical characteristics (e.g., face, eyes, abdomen, nails) that aid in pattern differentiation. **K54.** Knowledge of the relationship between Organs and the Five senses (e.g., liver to eyes, kidney to ear).
	T20. Interview patient regarding auditory function to determine nature of imbalance.	**K3.** Knowledge of interview techniques for obtaining health history. **K4.** Knowledge of patient history (e.g., health, trauma, emotional, family) that impact current health status. **K31.** Knowledge of the relationship between auricular symptoms and pathology. **K54.** Knowledge of the relationship between Organs and the Five senses (e.g., liver to eyes, kidney to ear).

I. Patient Assessment (31%) – The practitioner obtains patient's history and performs a physical examination to evaluate presenting complaint and interrelationship among symptoms. The practitioner assesses patient's use of herbs, supplements, and Western medications to determine impact on patient's condition. The practitioner uses patient's diagnostic test results to augment Oriental Medicine assessment methods.

Subarea	*Job Task*	*Associated Knowledge*
A. Obtain Patient's History (16.5%) (cont.)	**T21.** Interview patient regarding pain characteristics (e.g., location, onset, severity, quality, duration) to determine nature of imbalance.	**K3.** Knowledge of interview techniques for obtaining health history. **K4.** Knowledge of patient history (e.g., health, trauma, emotional, family) that impact current health status. **K32.** Knowledge of pain characteristics resulting from pathological influences. **K52.** Knowledge of methodology for assessment of nature and quality of pain.
	T27. Interview patient regarding mucus characteristics (e.g., color, viscosity, quantity) to determine nature of imbalance.	**K39.** Knowledge of the theory of Jin Ye characteristics. **K42.** Knowledge of mucus characteristics and pathology.

I. Patient Assessment (31%) – The practitioner obtains patient's history and performs a physical examination to evaluate presenting complaint and interrelationship among symptoms. The practitioner assesses patient's use of herbs, supplements, and Western medications to determine impact on patient's condition. The practitioner uses patient's diagnostic test results to augment Oriental Medicine assessment methods.

Subarea	*Job Task*	*Associated Knowledge*
B. Perform Physical Examination (12%) - Assess patient's condition using Western and Oriental Medicine examination techniques.	**T22.** Observe patient (e.g., vitality, demeanor) to determine level and quality of energy/Qi.	**K7.** Knowledge of the impact of emotions on pathology. **K33.** Knowledge of the theory of Qi. **K34.** Knowledge of Shen characteristics and clinical indicators of impaired Shen. **K35.** Knowledge of facial indicators associated with pathology or disharmony. **K36.** Knowledge of physical characteristics (e.g., face, eyes, abdomen, nails) that aid in pattern differentiation.
	T23. Observe patient (e.g., presence, affect) to determine spirit/Shen.	**K34.** Knowledge of Shen characteristics and clinical indicators of impaired Shen.
	T24. Observe patient physical characteristics (e.g., face, eyes, abdomen, nails) that aid in pattern differentiation.	**K35.** Knowledge of facial indicators associated with pathology or disharmony. **K36.** Knowledge of physical characteristics (e.g., face, eyes, abdomen, nails) that aid in pattern differentiation.
	T25. Observe patient physical characteristics (e.g., face, eyes, abdomen, nails) to determine Five Element associations.	**K36.** Knowledge of physical characteristics (e.g., face, eyes, abdomen, nails) that aid in pattern differentiation. **K54.** Knowledge of the relationship between Organs and the Five senses (e.g., liver to eyes, kidney to ear).
	T26. Listen to sounds, voice quality, and vocal strength of patient to determine nature of disharmony.	**K40.** Knowledge of the relationship between quality and strength of voice and patterns of disharmony.

I. Patient Assessment (31%) – The practitioner obtains patient's history and performs a physical examination to evaluate presenting complaint and interrelationship among symptoms. The practitioner assesses patient's use of herbs, supplements, and Western medications to determine impact on patient's condition. The practitioner uses patient's diagnostic test results to augment Oriental Medicine assessment methods.

Subarea	*Job Task*	*Associated Knowledge*
B. Perform Physical Examination (12%) (cont.)	**T28.** Evaluate patient phlegm characteristics to determine nature of imbalance.	**K39.** Knowledge of the theory of Jin Ye characteristics. **K41.** Knowledge of phlegm characteristics and pathology.
	T29. Evaluate patient respiratory system to determine nature of imbalance.	**K43.** Knowledge of signs and symptoms of impaired respiratory function. **K64.** Knowledge of vital sign values as clinical indicators of pathology. **K65.** Knowledge of clinical indications of cardiopulmonary dysfunction. **K72.** Knowledge of the methods for listening to internal systems (e.g., lungs, heart, abdomen).
	T30. Perform neurological examination (e.g., sensation, strength) on patient to determine health condition.	**K1.** Knowledge of physical examination techniques and evaluation of findings. **K20.** Knowledge of the anatomy and physiology of human body systems. **K45.** Knowledge of methods of assessing neuromusculoskeletal function and integrity. **K46.** Knowledge of neuromusculoskeletal conditions. **K55.** Knowledge of Western medical terminology and definitions. **K67.** Knowledge of the effects of pathways and functions of cranial nerves on the determination of pathology.
	T31. Perform orthopedic examination (e.g., range of motion) on patient to determine health condition.	**K1.** Knowledge of physical examination techniques and evaluation of findings. **K20.** Knowledge of the anatomy and physiology of human body systems.

I. Patient Assessment (31%) – The practitioner obtains patient's history and performs a physical examination to evaluate presenting complaint and interrelationship among symptoms. The practitioner assesses patient's use of herbs, supplements, and Western medications to determine impact on patient's condition. The practitioner uses patient's diagnostic test results to augment Oriental Medicine assessment methods.

Subarea	*Job Task*	*Associated Knowledge*
B. Perform Physical Examination (12%) (cont.)	**T31.** Perform orthopedic examination (e.g., range of motion) on patient to determine health condition.	**K45.** Knowledge of methods of assessing neuromusculoskeletal function and integrity. **K46.** Knowledge of neuromusculoskeletal conditions. **K47.** Knowledge of pathogenic factors that affect joints and surrounding areas. **K48.** Knowledge of causes of joint pathology. **K49.** Knowledge of conditions associated with abnormal localized temperature. **K52.** Knowledge of methodology for assessment of nature and quality of pain. **K55.** Knowledge of Western medical terminology and definitions.
	T32. Observe patient tongue body and coating to determine nature of imbalance.	**K1.** Knowledge of physical examination techniques and evaluation of findings. **K50.** Knowledge of tongue characteristics associated with pathology and health.
	T33. Assess patient radial pulse to determine nature of imbalance.	**K1.** Knowledge of physical examination techniques and evaluation of findings. **K51.** Knowledge of methods for obtaining pulse information from various locations on the body.
	T34. Palpate areas of body (e.g., abdomen, muscles, joints, channels) to gather additional information regarding patient complaint.	**K12.** Knowledge of the gastrointestinal system. **K13.** Knowledge of methods for palpating the abdomen. **K20.** Knowledge of the anatomy and physiology of human body systems. **K22.** Knowledge of the female reproductive system. **K46.** Knowledge of neuromusculoskeletal conditions.

I. Patient Assessment (31%) – The practitioner obtains patient's history and performs a physical examination to evaluate presenting complaint and interrelationship among symptoms. The practitioner assesses patient's use of herbs, supplements, and Western medications to determine impact on patient's condition. The practitioner uses patient's diagnostic test results to augment Oriental Medicine assessment methods.

Subarea	*Job Task*	*Associated Knowledge*
B. Perform Physical Examination (12%) (cont.)	**T34.** Palpate areas of body (e.g., abdomen, muscles, joints, channels) to gather additional information regarding patient complaint.	**K47.** Knowledge of pathogenic factors that affect joints and surrounding areas. **K48.** Knowledge of causes of joint pathology. **K49.** Knowledge of conditions associated with abnormal localized temperature. **K51.** Knowledge of methods for obtaining pulse information from various locations on the body. **K52.** Knowledge of methodology for assessment of nature and quality of pain. **K66.** Knowledge of palpation techniques for determination of pathology.
	T37. Listen to internal systems (e.g., lungs, heart, abdomen) of patient to gather additional information regarding patient complaint.	**K3.** Knowledge of methods for palpating the abdomen. **K72.** Knowledge of the methods for listening to internal systems (e.g., lungs, heart, abdomen).
	T38. Evaluate patient skin conditions (e.g., shingles, hives, psoriasis) to determine nature of imbalance.	**K44.** Knowledge of skin characteristics associated with pathology. **K55.** Knowledge of Western medical terminology and definitions.
	T40. Determine any life-threatening conditions (e.g., stroke, heart attack, seizure) occurring in patient that require immediate action.	**K68.** Knowledge of signs and symptoms of emergency conditions (e.g., shock, heart attack, seizure). **K69.** Knowledge of methods for administering cardiopulmonary resuscitation. **K70.** Knowledge of methods for providing first aid treatment.

I. Patient Assessment (31%) – The practitioner obtains patient's history and performs a physical examination to evaluate presenting complaint and interrelationship among symptoms. The practitioner assesses patient's use of herbs, supplements, and Western medications to determine impact on patient's condition. The practitioner uses patient's diagnostic test results to augment Oriental Medicine assessment methods.

Subarea	*Job Task*	*Associated Knowledge*
B. Perform Physical Examination (12%) (cont.)	**T41.** Perform physical exam on patient to determine present health condition.	**K1.** Knowledge of physical examination techniques and evaluation of findings. **K2.** Knowledge of techniques for obtaining vital signs. **K13.** Knowledge of methods for palpating the abdomen. **K20.** Knowledge of the anatomy and physiology of human body systems. **K34.** Knowledge of Shen characteristics and clinical indicators of impaired Shen. **K35.** Knowledge of facial indicators associated with pathology or disharmony. **K36.** Knowledge of physical characteristics (e.g., face, eyes, abdomen, nails) that aid in pattern differentiation. **K44.** Knowledge of skin characteristics associated with pathology. **K45.** Knowledge of methods of assessing neuromusculoskeletal function and integrity. **K46.** Knowledge of neuromusculoskeletal conditions. **K47.** Knowledge of pathogenic factors that affect joints and surrounding areas. **K48.** Knowledge of causes of joint pathology. **K49.** Knowledge of conditions associated with abnormal localized temperature. **K50.** Knowledge of tongue characteristics associated with pathology and health. **K51.** Knowledge of methods for obtaining pulse information from various locations on the body. **K52.** Knowledge of methodology for assessment of nature and quality of pain.

I. Patient Assessment (31%) – The practitioner obtains patient's history and performs a physical examination to evaluate presenting complaint and interrelationship among symptoms. The practitioner assesses patient's use of herbs, supplements, and Western medications to determine impact on patient's condition. The practitioner uses patient's diagnostic test results to augment Oriental Medicine assessment methods.

Subarea	*Job Task*	*Associated Knowledge*
B. Perform Physical Examination (12%) (cont.)	**T41.** Perform physical exam on patient to determine present health condition.	**K53.** Knowledge of the theory of interconnection of Organs and tissues (e.g., liver to tendon, spleen to muscle). **K54.** Knowledge of the relationship between Organs and the Five senses (e.g., liver to eyes, kidney to ear). **K62.** Knowledge of clinical significance of laboratory tests used for diagnostic purposes. **K64.** Knowledge of vital sign values as clinical indicators of pathology. **K65.** Knowledge of clinical indications of cardiopulmonary dysfunction. **K66.** Knowledge of palpation techniques for determination of pathology. **K67.** Knowledge of the effects of pathways and functions of cranial nerves on the determination of pathology. **K72.** Knowledge of the methods for listening to internal systems (e.g., lungs, heart, abdomen).

I. Patient Assessment (31%) – The practitioner obtains patient's history and performs a physical examination to evaluate presenting complaint and interrelationship among symptoms. The practitioner assesses patient's use of herbs, supplements, and Western medications to determine impact on patient's condition. The practitioner uses patient's diagnostic test results to augment Oriental Medicine assessment methods.

Subarea	***Job Task***	***Associated Knowledge***
C. Evaluate for Herbs, Supplements, and Western Medicine (1%) – Assess patient's use of herbs, supplements, and Western medications to determine impact on patient's condition.	**T35.** Interview patient to identify any supplements, herbs, or pharmaceuticals influencing health status.	**K3.** Knowledge of interview techniques for obtaining health history. **K56.** Knowledge of the classification of commonly prescribed Western medications. **K57.** Knowledge of the clinical indications of commonly prescribed Western medications. **K58.** Knowledge of side effects of commonly prescribed Western medications. **K59.** Knowledge of clinical indications of commonly prescribed herbs and supplements. **K60.** Knowledge of side effects of commonly used herbs and supplements. **K61.** Knowledge of interactions between commonly used supplements, herbs, and Western medications.

I. Patient Assessment (31%) – The practitioner obtains patient's history and performs a physical examination to evaluate presenting complaint and interrelationship among symptoms. The practitioner assesses patient's use of herbs, supplements, and Western medications to determine impact on patient's condition. The practitioner uses patient's diagnostic test results to augment Oriental Medicine assessment methods.

Subarea	*Job Task*	*Associated Knowledge*
D. Implement Diagnostic Testing (1.5%) – Assess patient's condition by using results from Western diagnostic tests.	**T36.** Review patient diagnostic report (e.g., blood, X-ray, MRI) to gather additional information regarding patient complaint.	**K62.** Knowledge of clinical significance of laboratory tests used for diagnostic purposes. **K63.** Knowledge of clinical significance of diagnostic imaging reports (e.g., X-ray, ultrasound, computed tomography).
	T39. Determine patient conditions (e.g., blood in urine, chronic cough, unexplained weight loss) that require referral to other providers.	**K6.** Knowledge of the roles of other health care providers and commonly used treatment methods. **K55.** Knowledge of Western medical terminology and definitions. **K58.** Knowledge of side effects of commonly prescribed Western medications. **K62.** Knowledge of clinical significance of laboratory tests used for diagnostic purposes. **K63.** Knowledge of clinical significance of diagnostic imaging reports (e.g., X-ray, ultrasound, computed tomography). **K64.** Knowledge of vital sign values as clinical indicators of pathology. **K68.** Knowledge of signs and symptoms of emergency conditions (e.g., shock, heart attack, seizure). **K70.** Knowledge of methods for providing first aid treatment. **K73.** Knowledge of the environmental factors (e.g., work stress, pollutants, noise, climate) that cause disease.

II. Diagnostic Impression and Treatment Plan (10.5%) – The practitioner evaluates clinical manifestations to determine the relative strength and progression of disease. The practitioner demonstrates knowledge of how pathology in Western medicine relates to disease in traditional Oriental Medicine. The practitioner evaluates patterns of disharmony according to theories of Oriental Medicine to establish a diagnosis and treatment plan.

Job Task	***Associated Knowledge***
T42. Integrate assessment findings (e.g., pulse, tongue, history, channel) to form differential diagnosis.	**K74.** Knowledge of methods for integrating assessment information to develop a diagnosis. **K75.** Knowledge of the association between radial pulse findings and pathology. **K76.** Knowledge of the association between tongue characteristics and pathology. **K77.** Knowledge of methods for integrating tongue and pulse characteristics to identify pathology.
T43. Identify affected channel by evaluating information gathered from patient.	**K74.** Knowledge of methods for integrating assessment information to develop a diagnosis. **K78.** Knowledge of the relationship between the Organs and channels in disease progression and transformation. **K82.** Knowledge of clinical indicators associated with disease of the channels. **K83.** Knowledge of the distribution, functions, and clinical significance of the channels.
T44. Differentiate between root and branch of condition to focus patient treatment.	**K84.** Knowledge of principles for treating root symptoms versus branch symptoms of pathology or disharmony. **K85.** Knowledge of methods for prioritizing pathology or disharmony symptoms.
T45. Prioritize findings regarding patient to develop treatment strategy.	**K74.** Knowledge of methods for integrating assessment information to develop a diagnosis. **K84.** Knowledge of principles for treating root symptoms versus branch symptoms of pathology or disharmony. **K85.** Knowledge of methods for prioritizing pathology or disharmony symptoms.

II. Diagnostic Impression and Treatment Plan (10.5%) – The practitioner evaluates clinical manifestations to determine the relative strength and progression of disease. The practitioner demonstrates knowledge of how pathology in Western medicine relates to disease in traditional Oriental Medicine. The practitioner evaluates patterns of disharmony according to theories of Oriental Medicine to establish a diagnosis and treatment plan.

Job Task	***Associated Knowledge***
T46. Utilize differential diagnosis to develop treatment principles (e.g., tonify, sedate, harmonize) for patient.	**K102.** Knowledge of Traditional Chinese Medicine pattern differentiation to determine treatment principles. **K103.** Knowledge of the effectiveness of combining treatment strategies in developing a treatment plan. **K105.** Knowledge of treatment strategies for using tonification and/or sedation points. **K106.** Knowledge of the association between stimulation techniques and treatment principles.
T47. Apply treatment principle (e.g., tonify, sedate, harmonize) to develop treatment plan for patient.	**K103.** Knowledge of the effectiveness of combining treatment strategies in developing a treatment plan. **K105.** Knowledge of treatment strategies for using tonification and/or sedation points. **K106.** Knowledge of the association between stimulation techniques and treatment principles.
T48. Identify Yin and Yang imbalance by patient evaluation to develop a differential diagnosis.	**K79.** Knowledge of the relationships, patterns, and changes of Yin and Yang.
T49. Identify Five Element disharmony by patient evaluation to develop a differential diagnosis.	**K86.** Knowledge of the interrelationships of the Five Elements and clinical indications of disharmony.
T50. Identify Zang Fu disharmony by patient evaluation to develop a differential diagnosis.	**K80.** Knowledge of the relationship between the Zang Fu and vital substances (i.e., the liver stores the blood). **K87**. Knowledge of the functions of and relationship between the Zang Fu and the channels. **K88.** Knowledge of the clinical indications associated with Zang Fu pathology. **K89.** Knowledge of methods for identifying simultaneous Zang Fu disharmonies.

II. Diagnostic Impression and Treatment Plan (10.5%) – The practitioner evaluates clinical manifestations to determine the relative strength and progression of disease. The practitioner demonstrates knowledge of how pathology in Western medicine relates to disease in traditional Oriental Medicine. The practitioner evaluates patterns of disharmony according to theories of Oriental Medicine to establish a diagnosis and treatment plan.

Job Task	***Associated Knowledge***
T51. Identify Eight Principles categorization by patient evaluation to develop a differential diagnosis.	**K74.** Knowledge of methods for integrating assessment information to develop a diagnosis. **K79.** Knowledge of the relationships, patterns, and changes of Yin and Yang. **K81.** Knowledge of disease progression from superficial to deep levels of the human body. **K90.** Knowledge of methods for differentiating patterns of Hot and Cold conditions. **K91.** Knowledge of methods for differentiating Empty and Full patterns.
T52. Identify relative strength of Qi and Blood by patient evaluation to develop a differential diagnosis.	**K92.** Knowledge of the functions associated with the types of Qi. **K93.** Knowledge of the characteristics and functions associated with Blood. **K94.** Knowledge of the disharmonies associated with Qi and Blood. **K98.** Knowledge of theories, relationships, and disharmonies of Qi, Blood, and body fluid.
T53. Utilize Four Level differentiation to determine progression of pathogen.	**K96.** Knowledge of patterns of disharmony associated with the Four Levels.
T54. Utilize Six Stage differentiation to determine progression of pathogen.	**K95.** Knowledge of patterns of disharmony associated with the Six Stages.

II. Diagnostic Impression and Treatment Plan (10.5%) – The practitioner evaluates clinical manifestations to determine the relative strength and progression of disease. The practitioner demonstrates knowledge of how pathology in Western medicine relates to disease in traditional Oriental Medicine. The practitioner evaluates patterns of disharmony according to theories of Oriental Medicine to establish a diagnosis and treatment plan.

Job Task	***Associated Knowledge***
T57. Translate Traditional Chinese Medicine diagnostic concepts into common Western terminology for health care providers.	**K99.** Knowledge of the relationship between Western disease diagnoses and Traditional Chinese Medicine patterns. **K100.** Knowledge of Western medical diagnoses and physiological processes involved with disease progression.

III. Providing Acupuncture Treatment (35%) – The practitioner implements knowledge of the actions, indications, and categories of points to create a point protocol which balances and treats disharmonies. The practitioner uses anatomical landmarks and proportional measurements to locate and needle points on the body. The practitioner identifies clinical indications and contraindications for the use of acupuncture microsystems and adjunct modalities. The practitioner evaluates patient response at follow-up visit and modifies treatment plan.

Subarea	*Job Task*	*Associated Knowledge*
A. Point Selection Principles and Categories (17.5%) – Select acupuncture points and combinations, including microsystems (e.g., auricular, scalp), to provide therapeutic treatment for disharmonies.	**T58.** Develop a point prescription for patient based on treatment principles to restore balance.	**K117.** Knowledge of the function and clinical indications of points. **K118.** Knowledge of the classification of acupuncture points. **K119.** Knowledge of the association between points and internal Organs and channels. **K120.** Knowledge of methods for combining distal and proximal points. **K121.** Knowledge of therapeutic effects of using local points in acupuncture treatment. **K122.** Knowledge of principles for combining points from different channels. **K123.** Knowledge of therapeutic effects of needling points on the opposite side of the body from the location of the condition. **K124.** Knowledge of the method for balancing the points on the upper part of the body with those of the lower part. **K125.** Knowledge of the effects of using points on the front and back to regulate internal Organs. **K126.** Knowledge of treatment strategies that use centrally located points that relate to the extremities. **K127.** Knowledge of treatment strategies that use points in the extremities that relate to the center. **K128.** Knowledge of the therapeutic use of Ashi points. **K129.** Knowledge of the therapeutic use of points along the Muscle channels. **K130.** Knowledge of the effects of using Front-Mu points in treatment.

III. Providing Acupuncture Treatment (35%) – The practitioner implements knowledge of the actions, indications, and categories of points to create a point protocol which balances and treats disharmonies. The practitioner uses anatomical landmarks and proportional measurements to locate and needle points on the body. The practitioner identifies clinical indications and contraindications for the use of acupuncture microsystems and adjunct modalities. The practitioner evaluates patient response at follow-up visit and modifies treatment plan.

Subarea	*Job Task*	*Associated Knowledge*
A. Point Selection Principles and Categories (17.5%) (cont.)	**T58.** Develop a point prescription for patient based on treatment principles to restore balance.	**K131.** Knowledge of the effects of using Back-Shu points in treatment. **K132.** Knowledge of methods for combining Front-Mu points and Back-Shu points to balance treatment. **K133.** Knowledge of treatment principles for using Lower He-Sea points. **K134.** Knowledge of techniques for choosing points according to channel theory. **K135.** Knowledge of the efficacy of using particular points during progressive phases of treatment. **K136.** Knowledge of significance of selecting points based upon specific time of day. **K137.** Knowledge of therapeutic use of Five Shu (Five Transporting) points. **K138.** Knowledge of therapeutic use of Confluent points of the Eight Extraordinary channels. **K139.** Knowledge of therapeutic use of Extraordinary points. **K140.** Knowledge of therapeutic use of Intersecting/Crossing points of the channel. **K141.** Knowledge of therapeutic use of Luo-Connecting points. **K142.** Knowledge of the relationships between the Luo-Connecting points and the Twelve Primary channels. **K143.** Knowledge of therapeutic use of Yuan-Source points. **K144.** Knowledge of therapeutic use of Xi-Cleft points. **K145.** Knowledge of therapeutic use of tonification and/or sedation techniques. **K146.** Knowledge of therapeutic use of Four Seas points.

III. Providing Acupuncture Treatment (35%) – The practitioner implements knowledge of the actions, indications, and categories of points to create a point protocol which balances and treats disharmonies. The practitioner uses anatomical landmarks and proportional measurements to locate and needle points on the body. The practitioner identifies clinical indications and contraindications for the use of acupuncture microsystems and adjunct modalities. The practitioner evaluates patient response at follow-up visit and modifies treatment plan.

Subarea	*Job Task*	*Associated Knowledge*
A. Point Selection Principles and Categories (17.5%) (cont.)	**T58.** Develop a point prescription for patient based on treatment principles to restore balance.	**K147.** Knowledge of therapeutic use of Influential points. **K148.** Knowledge of therapeutic use of Mother/Son points (Four Needle Technique). **K149.** Knowledge of the theory of the Five Elements. **K150.** Knowledge of the anatomical landmarks and proportional measurements used in point location. **K151.** Knowledge of needle manipulation techniques. **K152.** Knowledge of the needle retention methods for pathological conditions. **K153.** Knowledge of the impact of patient constitution and condition on duration of needle retention. **K154.** Knowledge of patient positions for locating and needling acupuncture points. **K155.** Knowledge of recommended needling depths and angles. **K167.** Knowledge of patient symptoms that indicate need for treatment modification. **K168.** Knowledge of contraindications for needling.
	T59. Select distal and/or proximal points on patient to treat affected channels and conditions.	**K120.** Knowledge of methods for combining distal and proximal points.
	T60. Select local points on patient by evaluating clinical indications to treat condition.	**K121.** Knowledge of therapeutic effects of using local points in acupuncture treatment. **K128.** Knowledge of the therapeutic use of Ashi points. **K129.** Knowledge of the therapeutic use of points along the Muscle channels.

III. Providing Acupuncture Treatment (35%) – The practitioner implements knowledge of the actions, indications, and categories of points to create a point protocol which balances and treats disharmonies. The practitioner uses anatomical landmarks and proportional measurements to locate and needle points on the body. The practitioner identifies clinical indications and contraindications for the use of acupuncture microsystems and adjunct modalities. The practitioner evaluates patient response at follow-up visit and modifies treatment plan.

Subarea	*Job Task*	*Associated Knowledge*
A. Point Selection Principles and Categories (17.5%) (cont.)	**T61.** Select points from different channels on patient to combine treatment of root and branch.	**K119.** Knowledge of the association between points and internal Organs and channels. **K122.** Knowledge of principles for combining points from different channels. **K134.** Knowledge of techniques for choosing points according to channel theory. **K142.** Knowledge of the relationships between the Luo-Connecting points and the Twelve Primary channels.
	T62. Select points on patient opposite to area of patient complaint to treat condition.	**K123.** Knowledge of therapeutic effects of needling points on the opposite side of the body from the location of the condition.
	T63. Select points on patient (e.g., above and below, right and left) that balance point distribution to harmonize treatment.	**K123.** Knowledge of therapeutic effects of needling points on the opposite side of the body from the location of the condition. **K124.** Knowledge of the method for balancing the points on the upper part of the body with those of the lower part.
	T64. Select points from Yin and Yang channels to balance the treatment prescription for patient.	**K122.** Knowledge of principles for combining points from different channels. **K134.** Knowledge of techniques for choosing points according to channel theory.
	T65. Select front and back points on patient to enhance treatment effect.	**K125.** Knowledge of the effects of using points on the front and back to regulate internal Organs. **K130.** Knowledge of the effects of using Front-Mu points in treatment.

III. Providing Acupuncture Treatment (35%) – The practitioner implements knowledge of the actions, indications, and categories of points to create a point protocol which balances and treats disharmonies. The practitioner uses anatomical landmarks and proportional measurements to locate and needle points on the body. The practitioner identifies clinical indications and contraindications for the use of acupuncture microsystems and adjunct modalities. The practitioner evaluates patient response at follow-up visit and modifies treatment plan.

Subarea	*Job Task*	*Associated Knowledge*
A. Point Selection Principles and Categories (17.5%) (cont.)	**T65.** Select front and back points on patient to enhance treatment effect.	**K131.** Knowledge of the effects of using Back-Shu points in treatment. **K132.** Knowledge of methods for combining Front-Mu points and Back-Shu points to balance treatment.
	T67. Select points on the extremities of patient to treat conditions occurring in the center.	**K127.** Knowledge of treatment strategies that use points in the extremities that relate to the center.
	T68. Select Ashi points on patient to enhance treatment effect.	**K128.** Knowledge of the therapeutic use of Ashi points.
	T69. Select points along the Muscle channels of patient to enhance treatment effect.	**K129.** Knowledge of the therapeutic use of points along the Muscle channels.
	T70. Select Front-Mu (Alarm) points on patient to address acute imbalances.	**K125.** Knowledge of the effects of using points on the front and back to regulate internal Organs. **K130.** Knowledge of the effects of using Front-Mu points in treatment **K132.** Knowledge of methods for combining Front-Mu points and Back-Shu points to balance treatment.
	T71. Select Back-Shu (Transport) points on patient to address chronic imbalances.	**K131.** Knowledge of the effects of using Back-Shu points in treatment. **K132.** Knowledge of methods for combining Front-Mu points and Back-Shu points to balance treatment.

III. Providing Acupuncture Treatment (35%) – The practitioner implements knowledge of the actions, indications, and categories of points to create a point protocol which balances and treats disharmonies. The practitioner uses anatomical landmarks and proportional measurements to locate and needle points on the body. The practitioner identifies clinical indications and contraindications for the use of acupuncture microsystems and adjunct modalities. The practitioner evaluates patient response at follow-up visit and modifies treatment plan.

Subarea	*Job Task*	*Associated Knowledge*
A. Point Selection Principles and Categories (17.5%) (cont.)	**T72.** Select Lower He-Sea points on patient to connect channels with respective Fu Organs.	**K117.** Knowledge of the function and clinical indications of points. **K118.** Knowledge of the classification of acupuncture points. **K119.** Knowledge of the association between points and internal Organs and channels. **K127.** Knowledge of treatment strategies that use points in the extremities that relate to the center. **K133.** Knowledge of treatment principles for using Lower He-Sea points. **K134.** Knowledge of techniques for choosing points according to channel theory.
	T73. Select Five Shu (Five-Transporting) points on patient to treat imbalances of the Five Elements.	**K137.** Knowledge of therapeutic use of Five Shu (Five Transporting) points. **K148.** Knowledge of therapeutic use of Mother/Son points (Four Needle Technique). **K149.** Knowledge of the theory of the Five Elements.
	T74. Select Confluent points of the Eight Extraordinary Channels on patient based on clinical indications to treat condition.	**K138.** Knowledge of therapeutic use of Confluent points of the Eight Extraordinary channels.
	T75. Select Extra points on patient based on clinical indications to treat condition.	**K117.** Knowledge of the function and clinical indications of points. **K118.** Knowledge of the classification of acupuncture points.

III. Providing Acupuncture Treatment (35%) – The practitioner implements knowledge of the actions, indications, and categories of points to create a point protocol which balances and treats disharmonies. The practitioner uses anatomical landmarks and proportional measurements to locate and needle points on the body. The practitioner identifies clinical indications and contraindications for the use of acupuncture microsystems and adjunct modalities. The practitioner evaluates patient response at follow-up visit and modifies treatment plan.

Subarea	*Job Task*	*Associated Knowledge*
A. Point Selection Principles and Categories (17.5%) (cont.)	**T75.** Select Extra points on patient based on clinical indications to treat condition.	**K117.** Knowledge of the function and clinical indications of points. **K118.** Knowledge of the classification of acupuncture points.
	T76. Select Intersecting/Crossing points on patient to treat conditions manifesting in multiple channels.	**K140.** Knowledge of therapeutic use of Intersecting/Crossing points of the channel.
	T77. Select Luo-Connecting points on patient to treat internally and externally related channels.	**K141.** Knowledge of therapeutic use of Luo-Connecting points.
	T78. Select Yuan-Source points on patient to access fundamental Qi for the channel.	**K143.** Knowledge of therapeutic use of Yuan-Source points.
	T79. Select Xi-Cleft points on patient to treat acute conditions of the related channel or corresponding Organs.	**K144.** Knowledge of therapeutic use of Xi-Cleft points.
	T80. Select Eight Influential points on patient to treat condition.	**K139.** Knowledge of therapeutic use of Extraordinary points. **K147.** Knowledge of therapeutic use of Influential points.

III. Providing Acupuncture Treatment (35%) – The practitioner implements knowledge of the actions, indications, and categories of points to create a point protocol which balances and treats disharmonies. The practitioner uses anatomical landmarks and proportional measurements to locate and needle points on the body. The practitioner identifies clinical indications and contraindications for the use of acupuncture microsystems and adjunct modalities. The practitioner evaluates patient response at follow-up visit and modifies treatment plan.

Subarea	*Job Task*	*Associated Knowledge*
A. Point Selection Principles and Categories (17.5%) (cont.)	**T106.** Select scalp points based on clinical indications to treat patient condition.	**K164.** Knowledge of the techniques of scalp acupuncture.
	T107. Select auricular points based on clinical indications to treat patient condition.	**K165.** Knowledge of the techniques of auricular acupuncture.
	T109. Evaluate patient condition during follow-up visit by examining changes in function, signs, and symptoms to determine adjustments to treatment plan.	**K135.** Knowledge of the efficacy of using particular points during progressive phases of treatment. **K167.** Knowledge of patient symptoms that indicate need for treatment modification.

III. Providing Acupuncture Treatment (35%) – The practitioner implements knowledge of the actions, indications, and categories of points to create a point protocol which balances and treats disharmonies. The practitioner uses anatomical landmarks and proportional measurements to locate and needle points on the body. The practitioner identifies clinical indications and contraindications for the use of acupuncture microsystems and adjunct modalities. The practitioner evaluates patient response at follow-up visit and modifies treatment plan.

Subarea	*Job Task*	*Associated Knowledge*
B. Point Location and Needling Techniques (5.5%) – Locate acupuncture points, insert needles, and apply needling techniques.	**T85.** Locate points for needle insertion on patient by utilizing anatomical landmarks and proportional measurements.	**K150.** Knowledge of the anatomical landmarks and proportional measurements used in point location.
	T86. Evaluate patient condition to determine needle retention time for optimal treatment effects.	**K152.** Knowledge of the needle retention methods for pathological conditions.
	T87. Place patient into recommended position for needle insertion.	**K154.** Knowledge of patient positions for locating and needling acupuncture points.
	T88. Insert needle within standard depth range to stimulate point on patient.	**K155.** Knowledge of recommended needling depths and angles.
	T89. Manipulate needle to produce therapeutic effect in patient.	**K151.** Knowledge of needle manipulation techniques.
	T90. Identify contraindications for needling by evaluating patient condition to avoid injury and/or complications.	**K168.** Knowledge of contraindications for needling.

III. Providing Acupuncture Treatment (35%) – The practitioner implements knowledge of the actions, indications, and categories of points to create a point protocol which balances and treats disharmonies. The practitioner uses anatomical landmarks and proportional measurements to locate and needle points on the body. The practitioner identifies clinical indications and contraindications for the use of acupuncture microsystems and adjunct modalities. The practitioner evaluates patient response at follow-up visit and modifies treatment plan.

Subarea	*Job Task*	*Associated Knowledge*
B. Point Location and Needling Techniques (5.5%) (cont.)	**T91.** Identify points that require needling with caution (e.g., locations near arteries) to avoid complications.	**K116.** Knowledge of safe needle placement techniques to prevent damage (e.g., Organs, arteries, nerves). **K117.** Knowledge of the function and clinical indications of points. **K118.** Knowledge of the classification of acupuncture points. **K119.** Knowledge of the association between points and internal Organs and channels. **K155.** Knowledge of recommended needling depths and angles. **K169.** Knowledge of points and conditions that should be needled with caution.
	T108. Evaluate patient stress response to treatment by monitoring vital signs.	**K166.** Knowledge of signs and symptoms of patient distress.

III. Providing Acupuncture Treatment (35%) – The practitioner implements knowledge of the actions, indications, and categories of points to create a point protocol which balances and treats disharmonies. The practitioner uses anatomical landmarks and proportional measurements to locate and needle points on the body. The practitioner identifies clinical indications and contraindications for the use of acupuncture microsystems and adjunct modalities. The practitioner evaluates patient response at follow-up visit and modifies treatment plan.

Subarea	*Job Task*	*Associated Knowledge*
C. Implement Adjunct Modalities (7%) – Enhance treatment effectiveness by utilizing supportive treatments and recognizing contraindications.	**T92.** Apply moxibustion techniques on patient to treat indicated conditions.	**K156.** Knowledge of the application of moxibustion techniques. **K172.** Knowledge of contraindications for moxibustion.
	T93. Identify contraindications for moxibustion by evaluating patient condition to avoid injury and/or complications.	**K156.** Knowledge of the application of moxibustion techniques. **K172.** Knowledge of contraindications for moxibustion.
	T94. Perform electroacupuncture on patient to enhance effectiveness of treatment for select conditions.	**K157.** Knowledge of the application of electroacupuncture techniques. **K170.** Knowledge of contraindications for electroacupuncture.
	T95. Identify contraindications for electroacupuncture to avoid injury and/or complications.	**K157.** Knowledge of the application of electroacupuncture techniques. **K170.** Knowledge of contraindications for electroacupuncture.
	T96. Perform cupping techniques on patient to treat condition.	**K158.** Knowledge of the application of cupping techniques. **K171.** Knowledge of contraindications for cupping.
	T97. Identify contraindications for cupping to avoid injury and/or complications.	**K158.** Knowledge of the application of cupping techniques. **K171.** Knowledge of contraindications for cupping.
	T99. Identify contraindications for Gua-sha techniques to avoid injury and/or complications.	**K175.** Knowledge of contraindications for Gua Sha techniques.

III. Providing Acupuncture Treatment (35%) – The practitioner implements knowledge of the actions, indications, and categories of points to create a point protocol which balances and treats disharmonies. The practitioner uses anatomical landmarks and proportional measurements to locate and needle points on the body. The practitioner identifies clinical indications and contraindications for the use of acupuncture microsystems and adjunct modalities. The practitioner evaluates patient response at follow-up visit and modifies treatment plan.

Subarea	*Job Task*	*Associated Knowledge*
C. Implement Adjunct Modalities (7%) (cont.)	**T100.** Perform massage techniques (e.g., Tui Na, acupressure) on patient to treat condition.	**K159.** Knowledge of the application of soft tissue massage techniques. **K173.** Knowledge of contraindications for soft tissue massage. **K174.** Knowledge of contraindications for adjunctive therapies.
	T101. Identify contraindications for massage techniques to avoid injury and/or complications.	**K159.** Knowledge of the application of soft tissue massage techniques. **K173.** Knowledge of contraindications for soft tissue massage. **K174.** Knowledge of contraindications for adjunctive therapies.
	T103. Identify contraindications for supportive therapies (e.g., ear seeds, moxa, plaster, exercises) to avoid injury and/or complications.	**K156.** Knowledge of the application of moxibustion techniques. **K160.** Knowledge of the application of adjunct therapies (e.g., ear seeds, plaster, exercises). **K165.** Knowledge of the techniques of auricular acupuncture. **K172.** Knowledge of contraindications for moxibustion. **K174.** Knowledge of contraindications for adjunctive therapies.

III. Providing Acupuncture Treatment (35%) – The practitioner implements knowledge of the actions, indications, and categories of points to create a point protocol which balances and treats disharmonies. The practitioner uses anatomical landmarks and proportional measurements to locate and needle points on the body. The practitioner identifies clinical indications and contraindications for the use of acupuncture microsystems and adjunct modalities. The practitioner evaluates patient response at follow-up visit and modifies treatment plan.

Subarea	*Job Task*	*Associated Knowledge*
D. Patient Education (5%) – Provide Oriental Medicine education to patient regarding lifestyle, diet, and self-care.	**T102.** Instruct patient on use of supportive therapies (e.g., ear seeds, moxa, plaster, exercises) for implementation in clinic or at home.	**K156.** Knowledge of the application of moxibustion techniques. **K160.** Knowledge of the application of adjunct therapies (e.g., ear seeds, plaster, exercises). **K162.** Knowledge of lifestyle changes and stress reduction techniques that improve health condition. **K163.** Knowledge of nutritional concepts and dietary modifications specific to patient condition. **K165.** Knowledge of the techniques of auricular acupuncture. **K174.** Knowledge of contraindications for adjunctive therapies.
	T104. Recommend dietary changes for patient by identifying specific foods to add or remove from daily meals to support treatment.	**K163.** Knowledge of nutritional concepts and dietary modifications specific to patient condition.
	T105. Recommend lifestyle changes for patient (e.g., exercise, ergonomics, meditation) to improve health condition.	**K162.** Knowledge of lifestyle changes and stress reduction techniques that improve health condition. **K163.** Knowledge of nutritional concepts and dietary modifications specific to patient condition.
	T110. Provide patients with information (e.g., instructions, pamphlets, exercise routines, meditation methods) that promotes living a healthy lifestyle.	**K162.** Knowledge of lifestyle changes and stress reduction techniques that improve health condition. **K163.** Knowledge of nutritional concepts and dietary modifications specific to patient condition.

III. Providing Acupuncture Treatment (35%) – The practitioner implements knowledge of the actions, indications, and categories of points to create a point protocol which balances and treats disharmonies. The practitioner uses anatomical landmarks and proportional measurements to locate and needle points on the body. The practitioner identifies clinical indications and contraindications for the use of acupuncture microsystems and adjunct modalities. The practitioner evaluates patient response at follow-up visit and modifies treatment plan.

Subarea	*Job Task*	*Associated Knowledge*
D. Patient Education (5%) (cont.)	**T111.** Educate patient regarding differences between Traditional Chinese Medicine and Western medicine to clarify terminology and procedures.	**K117.** Knowledge of the function and clinical indications of points. **K121.** Knowledge of therapeutic effects of using local points in acupuncture treatment. **K167.** Knowledge of patient symptoms that indicate need for treatment modification.
	T112. Provide patient with information regarding physiological systems to explain how the body functions.	**K117.** Knowledge of the function and clinical indications of points. **K121.** Knowledge of therapeutic effects of using local points in acupuncture treatment. **K150.** Knowledge of the anatomical landmarks and proportional measurements used in point location. **K162.** Knowledge of lifestyle changes and stress reduction techniques that improve health condition. **K163.** Knowledge of nutritional concepts and dietary modifications specific to patient condition. **K166.** Knowledge of signs and symptoms of patient distress.
	T113. Inform patient of Traditional Chinese Medicine diagnosis by comparing it to Western medicine and explaining how the methods differ.	**K117.** Knowledge of the function and clinical indications of points. **K121.** Knowledge of therapeutic effects of using local points in acupuncture treatment. **K150.** Knowledge of the anatomical landmarks and proportional measurements used in point location. **K162.** Knowledge of lifestyle changes and stress reduction techniques that improve health condition.

III. Providing Acupuncture Treatment (35%) – The practitioner implements knowledge of the actions, indications, and categories of points to create a point protocol which balances and treats disharmonies. The practitioner uses anatomical landmarks and proportional measurements to locate and needle points on the body. The practitioner identifies clinical indications and contraindications for the use of acupuncture microsystems and adjunct modalities. The practitioner evaluates patient response at follow-up visit and modifies treatment plan.

Subarea	*Job Task*	*Associated Knowledge*
D. Patient Education (5%) (cont.)	**T113.** Inform patient of Traditional Chinese Medicine diagnosis by comparing it to Western medicine and explaining how the methods differ.	**K163.** Knowledge of nutritional concepts and dietary modifications specific to patient condition. **K166.** Knowledge of signs and symptoms of patient distress.

IV. Herbal Therapy (10.5%) – The practitioner selects herbal formulas based on diagnostic criteria, and then modifies herbs and dosages according to patient's condition. The practitioner identifies situations and conditions where herbs and herbal formulas would be contraindicated.

Job Task	*Associated Knowledge*
T114. Develop herbal formula for patient based on treatment principle (e.g., tonify, sedate, harmonize) to restore balance.	**K176.** Knowledge of therapeutic uses for herbs and herbal formulas. **K177.** Knowledge of the categories of herbs and herbal formulas according to therapeutic properties. **K178.** Knowledge of the effects of herbs and herbal formulas on channels and Organs. **K179.** Knowledge of modifications of herbal formulas. **K180.** Knowledge of the synergistic and antagonist relationships of ingredients in herbal formulas. **K181.** Knowledge of the hierarchical principles governing herbal formulas. **K184.** Knowledge of cautions and contraindications regarding the recommendation of herbs and herbal formulas. **K185.** Knowledge of the interactions between diet and herbal therapies. **K186.** Knowledge of the effect of dosage on the therapeutic effectiveness of herbs and herbal formulas. **K187.** Knowledge of the practice of herbal formula preparation. **K188.** Knowledge of the relationships between herbal formulas and treatment principles. **K189.** Knowledge of strategies for combining herb ingredients to form an herbal formula. **K190.** Knowledge of combinations of herbs that are toxic or produce undesired side effects. **K191.** Knowledge of the techniques for external application of herbs (e.g., plasters, poultices, soaks). **K192.** Knowledge of methods for modifying herbal formulas to treat changes in patient condition.

IV. Herbal Therapy (10.5%) – The practitioner selects herbal formulas based on diagnostic criteria, and then modifies herbs and dosages according to patient's condition. The practitioner identifies situations and conditions where herbs and herbal formulas would be contraindicated.

Job Task	*Associated Knowledge*
T114. Develop herbal formula for patient based on treatment principle (e.g., tonify, sedate, harmonize) to restore balance.	**K193.** Knowledge of the effects of processing herbs on efficacy and toxicity. **K194.** Knowledge of forms (e.g., raw, granules, pill) used for administration of herbs. **K195.** Knowledge of herbal formula recommendations based upon patient constitution.
T115. Distinguish between herbs and formulas from the same categories to select the most therapeutic application.	**K176.** Knowledge of therapeutic uses for herbs and herbal formulas. **K177.** Knowledge of the categories of herbs and herbal formulas according to therapeutic properties. **K178.** Knowledge of the effects of herbs and herbal formulas on channels and Organs. **K179.** Knowledge of modifications of herbal formulas. **K180.** Knowledge of the synergistic and antagonist relationships of ingredients in herbal formulas. **K181.** Knowledge of the hierarchical principles governing herbal formulas. **K182.** Knowledge of the association between therapeutic effects of points and herbal therapy. **K183.** Knowledge of interactions between herbal therapies and Western medications.
T116. Select herbal formula by identifying hierarchy of herbs (e.g., chief, deputy, envoy, assistant) for therapeutic application.	**K181.** Knowledge of the hierarchical principles governing herbal formulas.
T117. Identify complementary herb qualities and point functions to provide integrated treatment.	**K182.** Knowledge of the association between therapeutic effects of points and herbal therapy.

IV. Herbal Therapy (10.5%) – The practitioner selects herbal formulas based on diagnostic criteria, and then modifies herbs and dosages according to patient's condition. The practitioner identifies situations and conditions where herbs and herbal formulas would be contraindicated.

Job Task	*Associated Knowledge*
T118. Identify similarities (e.g., analogs) between herbal therapy and Western medications to optimize treatment.	**K183.** Knowledge of interactions between herbal therapies and Western medications.
T119. Identify contraindications for herbs when combined with Western medications to avoid adverse interactions.	**K183.** Knowledge of interactions between herbal therapies and Western medications. **K184.** Knowledge of cautions and contraindications regarding the recommendation of herbs and herbal formulas.
T120. Monitor effects of herbs when combined with Western medications to determine interactions.	**K183.** Knowledge of interactions between herbal therapies and Western medications. **K184.** Knowledge of cautions and contraindications regarding the recommendation of herbs and herbal formulas.
T121. Identify patient conditions that are contraindicated for recommending herbs.	**K184.** Knowledge of cautions and contraindications regarding the recommendation of herbs and herbal formulas. **K190.** Knowledge of combinations of herbs that are toxic or produce undesired side effects. **K193.** Knowledge of the effects of processing herbs on efficacy and toxicity. **K195.** Knowledge of herbal formula recommendations based upon patient constitution.
T122. Recommend herbs and herbal formulas adjusted for patient constitution to provide effective treatment.	**K192.** Knowledge of methods for modifying herbal formulas to treat changes in patient condition. **K194.** Knowledge of forms (e.g., raw, granules, pill) used for administration of herbs. **K195.** Knowledge of herbal formula recommendations based upon patient constitution.
T123. Determine effective dosage of herbal therapy by evaluating patient condition.	**K186.** Knowledge of the effect of dosage on the therapeutic effectiveness of herbs and herbal formulas.

IV. Herbal Therapy (10.5%) – The practitioner selects herbal formulas based on diagnostic criteria, and then modifies herbs and dosages according to patient's condition. The practitioner identifies situations and conditions where herbs and herbal formulas would be contraindicated.

Job Task	*Associated Knowledge*
T124. Evaluate patient response to herbal therapy to determine if modifications are indicated.	**K179.** Knowledge of modifications of herbal formulas. **K192.** Knowledge of methods for modifying herbal formulas to treat changes in patient condition.
T125. Monitor patient response to herbal therapy for side effects.	**K190.** Knowledge of combinations of herbs that are toxic or produce undesired side effects. **K192.** Knowledge of methods for modifying herbal formulas to treat changes in patient condition. **K195.** Knowledge of herbal formula recommendations based upon patient constitution.
T126. Instruct patient on usage of herbs (e.g., dosage, cooking, application) to produce intended therapeutic effect.	**K186.** Knowledge of the effect of dosage on the therapeutic effectiveness of herbs and herbal formulas. **K191.** Knowledge of the techniques for external application of herbs (e.g., plasters, poultices, soaks). **K192.** Knowledge of methods for modifying herbal formulas to treat changes in patient condition. **K194.** Knowledge of forms (e.g., raw, granules, pill) used for administration of herbs.
T127. Collaborate with other professionals and herb specialists to determine herbal therapy (e.g., formula, dosage, patent) for treating patient conditions.	**K183.** Knowledge of interactions between herbal therapies and Western medications. **K194.** Knowledge of forms (e.g., raw, granules, pill) used for administration of herbs. **K195.** Knowledge of herbal formula recommendations based upon patient constitution.

V. Regulations for Public Health and Safety (13%) – The practitioner adheres to professional, ethical, and legal requirements regarding business practices, informed consent, and collaboration with other health care providers. The practitioner understands and complies with laws and regulations governing infection control measures. The practitioner adheres to legal requirements for reporting known or suspected abuse.

Job Task	***Associated Knowledge***
T128. Document initial assessment and treatments (i.e., Subjective/Objective/Assessment/Plan or SOAP) to maintain patient records.	**K196.** Knowledge of legal requirements pertaining to the maintenance and retention of records. **K202.** Knowledge of guidelines for writing medical records and reports.
T129. Develop advertisements in accordance with legal guidelines regarding services provided.	**K197.** Knowledge of laws regarding advertisement and dissemination of information about professional qualifications and services.
T130. Maintain patient records in accordance with State and federal regulations.	**K196.** Knowledge of legal requirements pertaining to the maintenance and retention of records. **K202.** Knowledge of guidelines for writing medical records and reports. **K204.** Knowledge of legal requirements for written consent to disclose patient records or share patient information. **K205.** Knowledge of conditions and requirements (e.g., subpoena) for disclosing confidential material to other individuals, agencies, or authorities.
T131. Maintain patient confidentiality in accordance with State and federal regulations.	**K199.** Knowledge of legal requirements for protecting patient confidentiality. **K204.** Knowledge of legal requirements for written consent to disclose patient records or share patient information. **K205.** Knowledge of conditions and requirements (e.g., subpoena) for disclosing confidential material to other individuals, agencies, or authorities.

V. Regulations for Public Health and Safety (13%) – The practitioner adheres to professional, ethical, and legal requirements regarding business practices, informed consent, and collaboration with other health care providers. The practitioner understands and complies with laws and regulations governing infection control measures. The practitioner adheres to legal requirements for reporting known or suspected abuse.

Job Task	*Associated Knowledge*
T132. Report known or suspected abuse of patients by contacting protective services in accordance with State and federal regulations.	**K200.** Knowledge of indicators of child, elder, and dependent adult abuse. **K201.** Knowledge of legal requirements for reporting known or suspected abuse of children, elders, and dependent adults.
T133. Obtain informed patient consent for treatment by providing information regarding benefits, risks, and side effects.	**K218.** Knowledge of laws regulating practice techniques for California-licensed acupuncturists. **K219.** Knowledge of ethical standards for professional conduct in an acupuncture practice setting.
T134. Prevent contamination and spread of pathogens by maintaining a clinical environment that adheres to State and federal laws and guidelines.	**K209.** Knowledge of Centers for Disease Control guidelines for treating patients with communicable diseases. **K210.** Knowledge of Centers for Disease Control guidelines for preventing cross-contamination or spread of pathogens. **K211.** Knowledge of Centers for Disease Control guidelines for reporting incidents of infectious and other diseases. **K212.** Knowledge of California Department of Public Health regulations for reporting incidents of infectious and other diseases. **K214.** Knowledge of the risks of infectious diseases in the practitioner and patient environment.
T135. Dispose of needles, contaminated material, and containers in accordance with California Occupational Safety and Health Administration guidelines.	**K215.** Knowledge of standards and procedures for the Clean Needle Technique. **K216.** Knowledge of the methods for isolating used needles.

V. Regulations for Public Health and Safety (13%) – The practitioner adheres to professional, ethical, and legal requirements regarding business practices, informed consent, and collaboration with other health care providers. The practitioner understands and complies with laws and regulations governing infection control measures. The practitioner adheres to legal requirements for reporting known or suspected abuse.

Job Task	***Associated Knowledge***
T135. Dispose of needles, contaminated material, and containers in accordance with California Occupational Safety and Health Administration guidelines.	**K217.** Knowledge of California Occupational Safety and Health Administration requirements for disposal of contaminated materials.
T136. Utilize clean needle technique to prevent contamination and spread of pathogens in accordance with California Occupational Safety and Health Administration guideline.	**K215.** Knowledge of standards and procedures for the Clean Needle Technique. **K216.** Knowledge of the methods for isolating used needles. **K217.** Knowledge of California Occupational Safety and Health Administration requirements for disposal of contaminated materials.
T137. Adhere to ethical standards and professional boundaries while interacting with patients.	**K198.** Knowledge of laws that define scope of practice and professional competence for acupuncturists. **K219.** Knowledge of ethical standards for professional conduct in an acupuncture practice setting.
T138. Adhere to professional standards regarding substance use within the treatment environment.	**K198.** Knowledge of laws that define scope of practice and professional competence for acupuncturists. **K219.** Knowledge of ethical standards for professional conduct in an acupuncture practice setting.
T139. Adhere to business practice standards (i.e., preventing insurance fraud, abiding with labor laws, complying with local ordinances) for health care professionals.	**K197.** Knowledge of laws regarding advertisement and dissemination of information about professional qualifications and services. **K198.** Knowledge of laws that define scope of practice and professional competence for acupuncturists. **K202.** Knowledge of guidelines for writing medical records and reports.

V. Regulations for Public Health and Safety (13%) – The practitioner adheres to professional, ethical, and legal requirements regarding business practices, informed consent, and collaboration with other health care providers. The practitioner understands and complies with laws and regulations governing infection control measures. The practitioner adheres to legal requirements for reporting known or suspected abuse.

Job Task	*Associated Knowledge*
T139. Adhere to business practice standards (i.e., preventing insurance fraud, abiding with labor laws, complying with local ordinances) for health care professionals.	**K204.** Knowledge of legal requirements for written consent to disclose patient records or share patient information. **K205.** Knowledge of conditions and requirements (e.g., subpoena) for disclosing confidential material to other individuals, agencies, or authorities. **K219.** Knowledge of ethical standards for professional conduct in an acupuncture practice setting.
T140. Prepare reports regarding patient condition by translating Traditional Chinese Medicine diagnosis into common medical terminology to communicate with other health care providers.	**K202.** Knowledge of guidelines for writing medical records and reports. **K203.** Knowledge of methods for using Western medical diagnostic codes. **K204.** Knowledge of legal requirements for written consent to disclose patient records or share patient information. **K205.** Knowledge of conditions and requirements (e.g., subpoena) for disclosing confidential material to other individuals, agencies, or authorities.
T141. Determine the need to collaborate with primary physician and/or other health care providers to identify the most effective treatment for patient.	**K196.** Knowledge of legal requirements pertaining to the maintenance and retention of records. **K198.** Knowledge of laws that define scope of practice and professional competence for acupuncturists. **K199.** Knowledge of legal requirements for protecting patient confidentiality. **K204.** Knowledge of legal requirements for written consent to disclose patient records or share patient information. **K218.** Knowledge of laws regulating practice techniques for California-licensed acupuncturists.

Table 25

PRIMARY FOCUS OF TREATMENT -
TREATMENT MODALITY AND TECHNIQUE CORRELATIONS

WOMEN'S HEALTH	
Modality/Technique	**Pearson's r**
Point Needling/Traditional Chinese Medicine	.30***
Point Needling/Five Element	.40***
PAIN MANAGEMENT	
Modality/Technique	**Pearson's r**
Point Needling/Japanese	.43*
Electroacupuncture/Neurophysiological	-.251*
Electroacupuncture/Korean Hand	-.40*
Herbal Therapy/Neurophysiological	.17***
Moxa/Traditional Chinese Medicine	.15**
Moxa/Auri cular	-.21*
Moxa/Scalp	-.21**
Moxa/Korean Hand	.33*
Cupping/Scalp	.22*
Gua Sha/Scalp	-.20***
Gua Sha/Korean Hand	-.47*
Massage Therapy/Scalp	-.23**
Massage Therapy/Master Tung	.31*
GENERAL	
Modality/Technique	**Pearson's r**
Point Needling/Traditional Chinese Medicine	.17**
Electroacupuncture/Traditional Chinese Medicine	-.23*
Electroacupuncture/Neurophysiological	-.32*
Electroacupuncture/Doctor Tan	-.48*
Herbal Therapy/Auricular	-.25*
Herbal Therapy/Scalp	.22***
Cupping/Scalp	.35*
Gua Sha/Auricular	-.34*
Gua Sha/Doctor Tan	.69*
Tui Na/Auricular	-.30*

Note: The Pearson's r-value indicates the strength and direction (+ or -) of the correlation and can range from 0 to 1.0 (+ or -). The higher the number, the stronger the relationship whether negative or positive. The p-value is the probability that the Pearson's r-value is due to chance.

*Correlations are significant at the p>.01 to $\leq$ .05 level

** Correlations are significant at the p>.05 to $\leq$ .10 level

*** Correlations are significant at the p>.10 to $\leq$ .16 level

CHAPTER 6. CONCLUSION

The occupational analysis of the Acupuncturist profession described in this report provides a comprehensive description of current practice in California. The procedures employed to perform the occupational analysis were based upon a content validation strategy to ensure that the results accurately represent the practice of Acupuncture. Results of this occupational analysis provide information regarding current practice that can be used to make job-related decisions regarding professional licensure.

By adopting the Acupuncturist content outline contained in this report, the Board ensures that its examination program reflects current practice.

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

APPENDIX A. CRITICALITY INDICES FOR ALL TASKS

I. Patient Assessment

ITEM	JOB TASK	MEAN TASK		CRITICAL TASK INDEX*
		IMP (I)	FREQ (F)	
1.	Assess chief complaint of patient by obtaining information regarding symptoms (e.g., onset, duration, location, severity, cause) to determine focus of examination.	4.69	4.76	22.64
21.	Interview patient regarding pain characteristics (e.g., location, onset, severity, quality, duration) to determine nature of imbalance.	4.46	4.55	20.78
3.	Gather information regarding the history of present illness as it relates to chief complaint of patient.	4.41	4.51	20.43
2.	Interview patient regarding general health history (e.g., substance abuse, family health, traumatic events, surgery) to determine effect on chief complaint.	4.21	4.41	19.13
33.	Assess patient radial pulse to determine nature of imbalance.	4.15	4.29	18.83
22.	Observe patient (e.g., vitality, demeanor) to determine level and quality of energy/Qi.	4.15	4.31	18.71
32.	Observe patient tongue body and coating to determine nature of imbalance.	4.12	4.28	18.70
23.	Observe patient (e.g., presence, affect) to determine spirit/Shen.	4.01	4.15	17.62
34.	Palpate areas of body (e.g., abdomen, muscles, joints, channels) to gather additional information regarding patient complaint.	4.06	4.09	17.55
35.	Interview patient to identify any supplements, herbs, or pharmaceuticals influencing health status.	4.01	4.08	17.28
4.	Interview patient regarding prior treatments provided for chief complaint.	3.90	4.21	17.27

ITEM	JOB TASK	MEAN TASK		CRITICAL TASK INDEX*
		IMP (I)	FREQ (F)	
12.	Interview patient regarding gastrointestinal symptoms (e.g., bloating, pain, appetite) to determine nature of imbalance.	3.98	4.13	17.25
6.	Interview patient regarding sleep patterns that contribute to present complaint.	3.95	4.18	17.13
8.	Interview patient regarding lifestyle (e.g., exercise, recreation, social activities, work schedule) to determine effect on symptom severity and development.	3.93	4.11	16.96
9.	Interview patient to determine dietary habits (e.g., type, quantity, frequency, time of day) that contribute to symptom severity and development.	3.89	4.05	16.64
40.	Determine any life-threatening conditions (e.g., stroke, heart attack, seizure) occurring in patient that require immediate action.	4.55	3.46	16.17
16.	Interview patient regarding bowel characteristics (e.g., frequency, consistency, color, odor) to determine nature of imbalance.	3.85	3.96	16.15
13.	Interview patient regarding gynecological symptoms to determine nature of imbalance.	3.82	3.93	16.00
7.	Interview patient regarding environmental factors (e.g., work stress, pollutants, noise, climate) that contribute to present complaint.	3.79	3.98	15.92
24.	Observe patient physical characteristics (e.g., face, eyes, abdomen, nails) that aid in pattern differentiation.	3.78	3.92	15.81
39.	Determine patient conditions (e.g., blood in urine, chronic cough, unexplained weight loss) that require referral to other providers.	4.09	3.65	15.81

ITEM	JOB TASK	MEAN TASK		CRITICAL TASK INDEX*
		IMP (I)	FREQ (F)	
17.	Evaluate patient for the presence of fever and/or chills to determine present health condition.	3.82	3.82	15.61
31.	Perform orthopedic examination (e.g., range of motion) on patient to determine health condition.	3.76	3.71	15.18
5.	Interview patient regarding emotional state and life events that contribute to present complaint.	3.97	4.14	14.69
41.	Perform physical exam on patient to determine present health condition.	3.67	3.51	14.55
14.	Interview patient regarding urogenital symptoms to determine nature of imbalance.	3.56	3.69	14.27
36.	Review patient diagnostic report (e.g., blood, X-ray, MRI) to gather additional information regarding patient complaint.	3.65	3.55	14.20
11.	Interview patient regarding fluid intake (e.g., thirst, type, quantity, frequency, time of day) to determine contribution to condition.	3.43	3.66	13.76
15.	Interview patient regarding urinary characteristics (e.g., color, clarity, odor) to determine nature of imbalance.	3.47	3.58	13.64
28.	Evaluate patient phlegm characteristics to determine nature of imbalance.	3.46	3.49	13.40
29.	Evaluate patient respiratory system to determine nature of imbalance.	3.49	3.47	13.34
27.	Interview patient regarding mucus characteristics (e.g., color, viscosity, quantity) to determine nature of imbalance.	3.41	3.48	13.21
38.	Evaluate patient skin conditions (e.g., shingles, hives, psoriasis) to determine nature of imbalance.	3.51	3.43	13.15

ITEM	JOB TASK	MEAN TASK		CRITICAL TASK INDEX*
		IMP (I)	FREQ (F)	
26.	Listen to sounds, voice quality, and vocal strength of patient to determine nature of disharmony.	3.31	3.48	12.93
18.	Evaluate patient patterns of perspiration to determine nature of imbalance.	3.36	3.47	12.87
10.	Interview patient regarding preferences or aversions to food and fluid flavors and temperatures to determine nature of imbalance.	3.30	3.51	12.81
30.	Perform neurological examination (e.g., sensation, strength) on patient to determine health condition.	3.40	3.32	12.67
25.	Observe patient physical characteristics (e.g., face, eyes, abdomen, nails) to determine Five Element associations.	3.07	3.17	11.85
19.	Interview patient regarding eye symptoms (e.g., irritation, dryness, visual changes) to determine nature of imbalance.	3.15	3.26	11.59
20.	Interview patient regarding auditory function to determine nature of imbalance.	2.96	3.05	10.37
37.	Listen to internal systems (e.g., lungs, heart, abdomen) of patient to gather additional information regarding patient complaint.	3.04	2.81	10.22

*NOTE: The task statements have been sorted in descending order of criticality indices for each content area.

II. Diagnostic Impression and Treatment Plan

ITEM	JOB TASK	MEAN TASK		CRITICAL TASK INDEX*
		IMP (I)	FREQ (F)	
42.	Integrate assessment findings (e.g., pulse, tongue, history, channel) to form differential diagnosis.	4.29	4.33	19.52
45.	Prioritize findings regarding patient to develop treatment strategy.	4.17	4.18	18.28
43.	Identify affected channel by evaluating information gathered from patient.	4.07	4.15	17.89
46.	Utilize differential diagnosis to develop treatment principles (e.g., tonify, sedate, harmonize) for patient.	3.99	4.04	17.26
47.	Apply treatment principle (e.g., tonify, sedate, harmonize) to develop treatment plan for patient.	4.00	4.00	17.17
52.	Identify relative strength of Qi and Blood by patient evaluation to develop a differential diagnosis.	3.90	3.96	16.82
48.	Identify Yin and Yang imbalance by patient evaluation to develop a differential diagnosis.	3.90	3.91	16.52
44.	Differentiate between root and branch of condition to focus patient treatment.	3.90	3.92	16.45
50.	Identify Zang Fu disharmony by patient evaluation to develop a differential diagnosis.	3.79	3.81	15.97
51.	Identify Eight Principles categorization by patient evaluation to develop a differential diagnosis.	3.64	3.66	15.02
57.	Translate Traditional Chinese Medicine diagnostic concepts into common Western terminology for health care providers.	3.53	3.43	13.78
49.	Identify Five Element disharmony by patient evaluation to develop a differential diagnosis.	3.22	3.21	12.49

ITEM	JOB TASK	MEAN TASK		CRITICAL TASK INDEX*
		IMP (I)	FREQ (F)	
54.	Utilize Six Stage differentiation to determine progression of pathogen.	3.00	2.88	10.46
53.	Utilize Four Level differentiation to determine progression of pathogen.	2.97	2.85	10.36
56.**	Determine Jin Ye quality by patient evaluation to develop diagnostic impression.	~~2.54~~	~~2.46~~	~~8.43~~
55.**	Utilize San Jiao theory to develop differential diagnosis.	~~2.54~~	~~2.49~~	~~8.42~~

*NOTE: The task statements have been sorted in descending order of criticality indices for each content area.

**NOTE: Ratings with a strike-through did not meet the cut off for criticality as explained in Chapter 4.

III. Providing Acupuncture Treatment

ITEM	JOB TASK	MEAN TASK		CRITICAL TASK INDEX*
		IMP (I)	FREQ (F)	
91.	Identify points that require needling with caution (e.g., locations near arteries) to avoid complications.	4.49	4.37	20.33
90.	Identify contraindications for needling by evaluating patient condition to avoid injury and/or complications.	4.43	4.32	19.83
58.	Develop a point prescription for patient based on treatment principles to restore balance.	4.19	4.28	18.93
109.	Evaluate patient condition during follow-up visit by examining changes in function, signs, and symptoms to determine adjustments to treatment plan.	4.21	4.28	18.79
59.	Select distal and/or proximal points on patient to treat affected channels and conditions.	4.12	4.25	18.36
87.	Place patient into recommended position for needle insertion.	4.07	4.18	17.99
85.	Locate points for needle insertion on patient by utilizing anatomical landmarks and proportional measurements.	4.05	4.12	17.85
88.	Insert needle within standard depth range to stimulate point on patient.	4.02	4.14	17.70
105.	Recommend lifestyle changes for patient (e.g., exercise, ergonomics, meditation) to improve health condition.	4.08	4.11	17.58
60.	Select local points on patient by evaluating clinical indications to treat condition.	3.97	4.08	17.15
104.	Recommend dietary changes for patient by identifying specific foods to add or remove from daily meals to support treatment.	3.94	3.95	16.58

ITEM	JOB TASK	MEAN TASK		CRITICAL TASK INDEX*
		IMP (I)	FREQ (F)	
68.	Select Ashi points on patient to enhance treatment effect.	3.84	3.99	16.28
86.	Evaluate patient condition to determine needle retention time for optimal treatment effects.	3.85	3.93	16.28
111.	Educate patient regarding differences between Traditional Chinese Medicine and Western medicine to clarify terminology and procedures.	3.85	3.96	16.23
95.	Identify contraindications for electroacupuncture to avoid injury and/or complications.	4.01	3.63	16.19
61.	Select points from different channels on patient to combine treatment of root and branch.	3.84	3.90	16.09
89.	Manipulate needle to produce therapeutic effect in patient.	3.78	3.85	15.86
97.	Identify contraindications for cupping to avoid injury and/or complications.	3.98	3.56	15.50
110.	Provide patients with information (e.g., instructions, pamphlets, exercise routines, meditation methods) that promotes living a healthy lifestyle.	3.78	3.78	15.35
103.	Identify contraindications for supportive therapies (e.g., ear seeds, moxa, plaster, exercises) to avoid injury and/or complications.	3.81	3.66	15.32
113.	Inform patient of Traditional Chinese Medicine diagnosis by comparing it to Western medicine and explaining how the methods differ.	3.66	3.80	15.13
63.	Select points on patient (e.g., above and below, right and left) that balance point distribution to harmonize treatment.	3.57	3.73	14.69

ITEM	JOB TASK	MEAN TASK		CRITICAL TASK INDEX*
		IMP (I)	FREQ (F)	
112.	Provide patient with information regarding physiological systems to explain how the body functions.	3.64	3.71	14.64
67.	Select points on the extremities of patient to treat conditions occurring in the center.	3.55	3.67	14.45
101.	Identify contraindications for massage techniques to avoid injury and/or complications.	3.67	3.43	14.45
71.	Select Back-Shu (Transport) points on patient to address chronic imbalances.	3.59	3.61	14.34
62.	Select points on patient opposite to area of patient complaint to treat condition.	3.47	3.60	13.79
102.	Instruct patient on use of supportive therapies (e.g., ear seeds, moxa, plaster, exercises) for implementation in clinic or at home.	3.52	3.52	13.75
93.	Identify contraindications for moxibustion by evaluating patient condition to avoid injury and/or complications.	3.78	3.20	13.68
64.	Select points from Yin and Yang channels to balance the treatment prescription for patient.	3.40	3.55	13.67
75.	Select Extra points on patient based on clinical indications to treat condition.	3.43	3.53	13.34
78.	Select Yuan-Source points on patient to access fundamental Qi for the channel.	3.42	3.41	13.10
65.	Select front and back points on patient to enhance treatment effect.	3.37	3.40	12.98
108.	Evaluate patient stress response to treatment by monitoring vital signs.	3.43	3.30	12.92
94.	Perform electroacupuncture on patient to enhance effectiveness of treatment for select conditions.	3.29	3.22	12.68

ITEM	JOB TASK	MEAN TASK		CRITICAL TASK INDEX*
		IMP (I)	FREQ (F)	
72.	Select Lower He-Sea points on patient to connect channels with respective Fu Organs.	3.35	3.32	12.56
73.	Select Five Shu (Five-Transporting) points on patient to treat imbalances of the Five Elements.	3.23	3.24	12.42
74.	Select Confluent points of the Eight Extraordinary Channels on patient based on clinical indications to treat condition.	3.29	3.29	12.42
70.	Select Front-Mu (Alarm) points on patient to address acute imbalances.	3.30	3.27	12.21
69.	Select points along the Muscle channels of patient to enhance treatment effect.	3.21	3.26	12.10
96.	Perform cupping techniques on patient to treat condition.	3.33	3.21	12.05
107.	Select auricular points based on clinical indications to treat patient condition.	3.28	3.27	12.04
79.	Select Xi-Cleft points on patient to treat acute conditions of the related channel or corresponding Organs.	3.24	3.15	11.66
80.	Select Eight Influential points on patient to treat condition.	3.19	3.16	11.59
100.	Perform massage techniques (e.g., Tui Na, acupressure) on patient to treat condition.	3.12	3.11	11.49
76.	Select Intersecting/Crossing points on patient to treat conditions manifesting in multiple channels.	3.15	3.13	11.47
77.	Select Luo-Connecting points on patient to treat internally and externally related channels.	3.14	3.11	11.20
99.	Identify contraindications for Gua-sha techniques to avoid injury and/or complications.	3.26	2.54	10.57

ITEM	JOB TASK	MEAN TASK		CRITICAL TASK INDEX*
		IMP (I)	FREQ (F)	
92.	Apply moxibustion techniques on patient to treat indicated conditions.	3.17	2.71	10.30
106.	Select scalp points based on clinical indications to treat patient condition.	3.03	2.81	10.11
66.**	Select points in the center of patient to treat conditions occurring in the extremities.	~~2.82~~	~~2.85~~	~~9.96~~
81.**	Select Four Seas points on patient to treat condition.	~~2.82~~	~~2.71~~	~~9.33~~
84.**	Select Mother/Son (Four Needle Technique) points on patient to address Five Element imbalances.	~~2.64~~	~~2.43~~	~~8.64~~
98.**	Perform Gua-sha techniques on patient to treat condition.	~~2.35~~	~~1.90~~	~~6.34~~
83.**	Utilize Bleeding technique on patient to treat condition.	~~2.42~~	~~1.89~~	~~6.33~~
82.**	Utilize Seven Star needling technique on patient to treat condition.	~~1.88~~	~~1.58~~	~~4.48~~

*NOTE: The task statements have been sorted in descending order of criticality indices for each content area.

**NOTE: Ratings with a strike-through did not meet the cut off for criticality as explained in Chapter 4.

IV. Herbal Therapy

ITEM	JOB TASK	MEAN TASK		CRITICAL TASK INDEX*
		IMP (I)	FREQ (F)	
125.	Monitor patient response to herbal therapy for side effects.	4.20	3.98	17.72
121.	Identify patient conditions that are contraindicated for recommending herbs.	4.26	3.89	17.67
126.	Instruct patient on usage of herbs (e.g., dosage, cooking, application) to produce intended therapeutic effect.	4.13	3.95	17.49
124.	Evaluate patient response to herbal therapy to determine if modifications are indicated.	4.11	3.91	17.12
119.	Identify contraindications for herbs when combined with Western medications to avoid adverse interactions.	4.20	3.80	17.07
123.	Determine effective dosage of herbal therapy by evaluating patient condition.	4.10	3.92	17.07
122.	Recommend herbs and herbal formulas adjusted for patient constitution to provide effective treatment.	4.01	3.82	16.47
120.	Monitor effects of herbs when combined with Western medications to determine interactions.	4.08	3.62	16.06
114.	Develop herbal formula for patient based on treatment principle (e.g., tonify, sedate, harmonize) to restore balance.	3.90	3.67	15.67

ITEM	JOB TASK	MEAN TASK		CRITICAL TASK INDEX*
		IMP (I)	FREQ (F)	
115.	Distinguish between herbs and formulas from the same categories to select the most therapeutic application.	3.83	3.58	15.10
117.	Identify complementary herb qualities and point functions to provide integrated treatment.	3.51	3.34	13.45
116.	Select herbal formula by identifying hierarchy of herbs (e.g., chief, deputy, envoy, assistant) for therapeutic application.	3.43	3.22	12.89
118.	Identify similarities (e.g., analogs) between herbal therapy and Western medications to optimize treatment.	3.38	3.14	12.48
127.	Collaborate with other professionals and herb specialists to determine herbal therapy (e.g., formula, dosage, patent) for treating patient conditions.	3.26	2.79	10.88

*NOTE: The task statements have been sorted in descending order of criticality indices for each content area.

V. Public Health and Safety and Record Keeping

ITEM	JOB TASK	MEAN TASK		CRITICAL TASK INDEX*
		IMP (I)	FREQ (F)	
135.	Dispose of needles, contaminated material, and containers in accordance with California Occupational Safety and Health Administration guidelines.	4.70	4.77	22.72
136.	Utilize clean needle technique to prevent contamination and spread of pathogens in accordance with California Occupational Safety and Health Administration guideline.	4.64	4.70	22.27
131.	Maintain patient confidentiality in accordance with State and federal regulations.	4.60	4.69	22.04
137.	Adhere to ethical standards and professional boundaries while interacting with patients.	4.63	4.67	22.01
134.	Prevent contamination and spread of pathogens by maintaining a clinical environment that adheres to State and federal laws and guidelines.	4.66	4.64	21.98
139.	Adhere to business practice standards (i.e., preventing insurance fraud, abiding with labor laws, complying with local ordinances) for health care professionals.	4.56	4.55	21.27
130.	Maintain patient records in accordance with State and federal regulations.	4.48	4.61	21.18
138.	Adhere to professional standards regarding substance use within the treatment environment.	4.57	4.51	21.07

ITEM	JOB TASK	MEAN TASK		CRITICAL TASK INDEX*
		IMP (I)	FREQ (F)	
128.	Document initial assessment and treatments (i.e., Subjective/Objective/Assessment/Plan or SOAP) to maintain patient records.	4.42	4.54	20.61
133.	Obtain informed patient consent for treatment by providing information regarding benefits, risks, and side effects.	4.45	4.47	20.56
140.	Prepare reports regarding patient condition by translating Traditional Chinese Medicine diagnosis into common medical terminology to communicate with other health care providers.	3.94	3.47	14.81
141.	Determine the need to collaborate with primary physician and/or other health care providers to identify the most effective treatment for patient.	3.94	3.35	14.18
129.	Develop advertisements in accordance with legal guidelines regarding services provided.	3.61	3.04	12.75
132.	Report known or suspected abuse of patients by contacting protective services in accordance with State and federal regulations.	4.38	2.63	11.97

*NOTE: The task statements have been sorted in descending order of criticality indices for each content area.

APPENDIX B. KNOWLEDGE IMPORTANCE RATINGS

I. Patient Assessment

ITEM	KNOWLEDGE STATEMENT	IMP (I)*
68.	Knowledge of signs and symptoms of emergency conditions (e.g., shock, heart attack, seizure).	4.42
4.	Knowledge of patient history (e.g., health, trauma, emotional, family) that impact current health status.	4.31
3.	Knowledge of interview techniques for obtaining health history.	4.29
20.	Knowledge of the anatomy and physiology of human body systems.	4.28
60.	Knowledge of side effects of commonly used herbs and supplements.	4.19
52.	Knowledge of methodology for assessment of nature and quality of pain.	4.17
37.	Knowledge of the interrelationships between Organs.	4.14
59.	Knowledge of clinical indications of commonly prescribed herbs and supplements.	4.13
69.	Knowledge of methods for administering cardiopulmonary resuscitation.	4.12
1.	Knowledge of physical examination techniques and evaluation of findings.	4.11
10.	Knowledge of the impact of dietary habits on pathology or imbalance.	4.11
12.	Knowledge of the gastrointestinal system.	4.10
9.	Knowledge of external and internal influences that impact current health status.	4.09
32.	Knowledge of pain characteristics resulting from pathological influences.	4.08
33.	Knowledge of the theory of Qi.	4.08
70.	Knowledge of methods for providing first aid treatment.	4.08
2.	Knowledge of techniques for obtaining vital signs.	4.07

ITEM	KNOWLEDGE STATEMENT	IMP (I)*
50.	Knowledge of tongue characteristics associated with pathology and health.	4.07
61.	Knowledge of interactions between commonly used supplements, herbs, and Western medications.	4.07
38.	Knowledge of the interrelationships between meridians.	4.06
21.	Knowledge of patterns of disharmony associated with menstruation.	4.05
22.	Knowledge of the female reproductive system.	4.05
24.	Knowledge of patterns of disharmony associated with menopause.	4.05
55.	Knowledge of Western medical terminology and definitions.	4.02
7.	Knowledge of the impact of emotions on pathology.	4.01
8.	Knowledge of the patterns of sleep associated with pathology.	4.00
11.	Knowledge of the effects of environmental factors (e.g., work stress, pollutants, noise, climate) on pathology or imbalance.	4.00
27.	Knowledge of pathologies associated with patterns of bowel elimination and stool characteristics.	4.00
47.	Knowledge of pathogenic factors that affect joints and surrounding areas.	3.98
48.	Knowledge of causes of joint pathology.	3.97
46.	Knowledge of neuromusculoskeletal conditions.	3.96
53.	Knowledge of the theory of interconnection of Organs and tissues (e.g., liver to tendon, spleen to muscle).	3.96
14.	Knowledge of the relationship between appetite and dietary habits and resulting digestive disharmony or pathology.	3.93
54.	Knowledge of the relationship between Organs and the Five senses (e.g., liver to eyes, kidney to ear).	3.93
45.	Knowledge of methods of assessing neuromusculoskeletal function and integrity.	3.92

ITEM	KNOWLEDGE STATEMENT	IMP (I)*
65.	Knowledge of clinical indications of cardiopulmonary dysfunction.	3.92
71.	Knowledge of the signs and symptoms of food, nutrient, and drug interactions.	3.91
43.	Knowledge of signs and symptoms of impaired respiratory function.	3.90
23.	Knowledge of patterns of disharmony associated with pregnancy and childbirth.	3.89
58.	Knowledge of side effects of commonly prescribed Western medications.	3.89
28.	Knowledge of the association between fever and/or chills and pathogenic influences.	3.88
64.	Knowledge of vital sign values as clinical indicators of pathology.	3.85
73.	Knowledge of the environmental factors (e.g., work stress, pollutants, noise, climate) that cause disease.	3.84
34.	Knowledge of Shen characteristics and clinical indicators of impaired Shen.	3.83
66.	Knowledge of palpation techniques for determination of pathology.	3.82
26.	Knowledge of pathologies associated with patterns of urine elimination and urine characteristics.	3.77
6.	Knowledge of the roles of other health care providers and commonly used treatment methods.	3.76
25.	Knowledge of patterns of disharmony associated with the male reproductive system.	3.76
56.	Knowledge of the classification of commonly prescribed Western medications.	3.76
57.	Knowledge of the clinical indications of commonly prescribed Western medications.	3.74

ITEM	KNOWLEDGE STATEMENT	IMP (I)*
62.	Knowledge of clinical significance of laboratory tests used for diagnostic purposes.	3.73
29.	Knowledge of abnormal perspiration characteristics associated with interior and exterior patterns.	3.67
41.	Knowledge of phlegm characteristics and pathology.	3.67
49.	Knowledge of conditions associated with abnormal localized temperature.	3.67
63.	Knowledge of clinical significance of diagnostic imaging reports (e.g., X-ray, ultrasound, computed tomography).	3.65
36.	Knowledge of physical characteristics (e.g., face, eyes, abdomen, nails) that aid in pattern differentiation.	3.63
13.	Knowledge of methods for palpating the abdomen.	3.62
44.	Knowledge of skin characteristics associated with pathology.	3.62
67.	Knowledge of the effects of pathways and functions of cranial nerves on the determination of pathology.	3.61
42.	Knowledge of mucus characteristics and pathology.	3.57
5.	Knowledge of the impact of patient genetics and heredity on symptom development.	3.55
19.	Knowledge of the association between characteristics of thirst and patterns of disharmony.	3.55
35.	Knowledge of facial indicators associated with pathology or disharmony.	3.54
51.	Knowledge of methods for obtaining pulse information from various locations on the body.	3.48
16.	Knowledge of the effect of herbal and food flavors and temperatures on pathology.	3.46
30.	Knowledge of the relationship between ocular symptoms and pathology.	3.41
31.	Knowledge of the relationship between auricular symptoms and pathology.	3.40

ITEM	KNOWLEDGE STATEMENT	IMP (I)*
18.	Knowledge of the relationship between food and fluid temperature preferences and pathology.	3.38
72.	Knowledge of the methods for listening to internal systems (e.g., lungs, heart, abdomen).	3.37
15.	Knowledge of the association between taste in mouth (e.g., metallic, sour, sweet) and pathology.	3.33
40.	Knowledge of the relationship between quality and strength of voice and patterns of disharmony.	3.33
17.	Knowledge of the association between food and fluid flavor preferences and pathology.	3.29
39.	Knowledge of the theory of Jin Ye characteristics.	3.27

*NOTE: The knowledge statements have been sorted in descending order of importance (IMP) for each content area.

II. Developing a Diagnostic Impression and Treatment Plan

ITEM	KNOWLEDGE STATEMENT	IMP (I)*
101.	Knowledge of patient conditions (e.g., blood in urine, chronic cough, unexplained weight loss) that require patient referral.	4.29
102.	Knowledge of Traditional Chinese Medicine pattern differentiation to determine treatment principles.	4.15
103.	Knowledge of the effectiveness of combining treatment strategies in developing a treatment plan.	4.13
74.	Knowledge of methods for integrating assessment information to develop a diagnosis.	4.12
77.	Knowledge of methods for integrating tongue and pulse characteristics to identify pathology.	3.96
90.	Knowledge of methods for differentiating patterns of Hot and Cold conditions.	3.96
94.	Knowledge of the disharmonies associated with Qi and Blood.	3.96
79.	Knowledge of the relationships, patterns, and changes of Yin and Yang.	3.95
80.	Knowledge of the relationship between the Zang Fu and vital substances (i.e., the liver stores the blood).	3.95
76.	Knowledge of the association between tongue characteristics and pathology.	3.94
85.	Knowledge of methods for prioritizing pathology or disharmony symptoms.	3.94
93.	Knowledge of the characteristics and functions associated with Blood.	3.93
83.	Knowledge of the distribution, functions, and clinical significance of the channels.	3.92
78.	Knowledge of the relationship between the Organs and channels in disease progression and transformation.	3.90
84.	Knowledge of principles for treating root symptoms versus branch symptoms of pathology or disharmony.	3.90

ITEM	KNOWLEDGE STATEMENT	IMP (I)*
88.	Knowledge of the clinical indications associated with Zang Fu pathology.	3.89
100.	Knowledge of Western medical diagnoses and physiological processes involved with disease progression.	3.89
91.	Knowledge of methods for differentiating Empty and Full patterns.	3.87
81.	Knowledge of disease progression from superficial to deep levels of the human body.	3.85
87.	Knowledge of the functions of and relationship between the Zang Fu and the channels.	3.85
82.	Knowledge of clinical indicators associated with disease of the channels.	3.84
89.	Knowledge of methods for identifying simultaneous Zang Fu disharmonies.	3.83
92.	Knowledge of the functions associated with the types of Qi.	3.83
99.	Knowledge of the relationship between Western disease diagnoses and Traditional Chinese Medicine patterns.	3.83
75.	Knowledge of the association between radial pulse findings and pathology.	3.82
98.	Knowledge of theories, relationships, and disharmonies of Qi, Blood, and body fluid.	3.79
105.	Knowledge of treatment strategies for using tonification and/or sedation points.	3.69
106.	Knowledge of the association between stimulation techniques and treatment principles.	3.67
111.	Knowledge of therapeutic uses for cupping.	3.62
110.	Knowledge of therapeutic uses for electroacupuncture.	3.58
104.	Knowledge of how Qi is dispersed to the Zang Fu Organs via the Yuan-Source points.	3.54
107.	Knowledge of therapeutic uses for moxibustion.	3.54

ITEM	KNOWLEDGE STATEMENT	IMP (I)*
86.	Knowledge of the interrelationships of the Five Elements and clinical indications of disharmony.	3.45
95.	Knowledge of patterns of disharmony associated with the Six Stages.	3.43
112.	Knowledge of therapeutic uses for soft tissue massage techniques.	3.43
113.	Knowledge of therapeutic uses for adjunctive therapies.	3.41
109.	Knowledge of therapeutic uses for external herbs.	3.33
96.	Knowledge of patterns of disharmony associated with the Four Levels.	3.27
97.	Knowledge of patterns of disharmony associated with the San Jiao.	3.16
108.**	Knowledge of therapeutic uses of Gua Sha.	~~2.84~~

*NOTE: The knowledge statements have been sorted in descending order of importance (IMP) for each content area.

**NOTE: Ratings with a strike-through did not meet the cut off for criticality as explained in Chapter 4.

III. Providing Acupuncture Treatment

ITEM	KNOWLEDGE STATEMENT	IMP (I)*
116.	Knowledge of safe needle placement techniques to prevent damage (e.g., Organs, arteries, nerves).	4.50
169.	Knowledge of points and conditions that should be needled with caution.	4.48
168.	Knowledge of contraindications for needling.	4.44
117.	Knowledge of the function and clinical indications of points.	4.27
166.	Knowledge of signs and symptoms of patient distress.	4.26
167.	Knowledge of patient symptoms that indicate need for treatment modification.	4.25
150.	Knowledge of the anatomical landmarks and proportional measurements used in point location.	4.19
155.	Knowledge of recommended needling depths and angles.	4.19
170.	Knowledge of contraindications for electroacupuncture.	4.15
119.	Knowledge of the association between points and internal Organs and channels.	4.13
171.	Knowledge of contraindications for cupping.	4.08
154.	Knowledge of patient positions for locating and needling acupuncture points.	4.07
172.	Knowledge of contraindications for moxibustion.	4.05
118.	Knowledge of the classification of acupuncture points.	4.04
121.	Knowledge of therapeutic effects of using local points in acupuncture treatment.	4.03
120.	Knowledge of methods for combining distal and proximal points.	4.01
128.	Knowledge of the therapeutic use of Ashi points.	3.99
162.	Knowledge of lifestyle changes and stress reduction techniques that improve health condition.	3.96

ITEM	KNOWLEDGE STATEMENT	IMP (I)*
122.	Knowledge of principles for combining points from different channels.	3.95
163.	Knowledge of nutritional concepts and dietary modifications specific to patient condition.	3.93
131.	Knowledge of the effects of using Back-Shu points in treatment.	3.88
153.	Knowledge of the impact of patient constitution and condition on duration of needle retention.	3.88
174.	Knowledge of contraindications for adjunctive therapies.	3.86
151.	Knowledge of needle manipulation techniques.	3.85
173.	Knowledge of contraindications for soft tissue massage.	3.84
127.	Knowledge of treatment strategies that use points in the extremities that relate to the center.	3.81
134.	Knowledge of techniques for choosing points according to channel theory.	3.81
125.	Knowledge of the effects of using points on the front and back to regulate internal Organs.	3.79
123.	Knowledge of therapeutic effects of needling points on the opposite side of the body from the location of the condition.	3.77
152.	Knowledge of the needle retention methods for pathological conditions.	3.76
130.	Knowledge of the effects of using Front-Mu points in treatment.	3.72
124.	Knowledge of the method for balancing the points on the upper part of the body with those of the lower part.	3.71
135.	Knowledge of the efficacy of using particular points during progressive phases of treatment.	3.66
132.	Knowledge of methods for combining Front-Mu points and Back-Shu points to balance treatment.	3.64
139.	Knowledge of therapeutic use of Extraordinary points.	3.64

ITEM	KNOWLEDGE STATEMENT	IMP (I)*
145.	Knowledge of therapeutic use of tonification and/or sedation techniques.	3.64
158.	Knowledge of the application of cupping techniques.	3.62
143.	Knowledge of therapeutic use of Yuan-Source points.	3.61
133.	Knowledge of treatment principles for using Lower He-Sea points.	3.60
157.	Knowledge of the application of electroacupuncture techniques.	3.60
165.	Knowledge of the techniques of auricular acupuncture.	3.59
144.	Knowledge of therapeutic use of Xi-Cleft points.	3.58
156.	Knowledge of the application of moxibustion techniques.	3.56
137.	Knowledge of therapeutic use of Five Shu (Five Transporting) points.	3.55
138.	Knowledge of therapeutic use of Confluent points of the Eight Extraordinary channels.	3.55
160.	Knowledge of the application of adjunct therapies (e.g., ear seeds, plaster, exercises).	3.52
175.	Knowledge of contraindications for Gua Sha techniques.	3.52
129.	Knowledge of the therapeutic use of points along the Muscle channels.	3.51
149.	Knowledge of the theory of the Five Elements.	3.49
142.	Knowledge of the relationships between the Luo-Connecting points and the Twelve Primary channels.	3.47
126.	Knowledge of treatment strategies that use centrally located points that relate to the extremities.	3.46
140.	Knowledge of therapeutic use of Intersecting/Crossing points of the channel.	3.46
147.	Knowledge of therapeutic use of Influential points.	3.46

ITEM	KNOWLEDGE STATEMENT	IMP (I)*
141.	Knowledge of therapeutic use of Luo-Connecting points.	3.45
159.	Knowledge of the application of soft tissue massage techniques.	3.42
164.	Knowledge of the techniques of scalp acupuncture.	3.30
146.	Knowledge of therapeutic use of Four Seas points.	3.28
148.	Knowledge of therapeutic use of Mother/Son points (Four Needle Technique).	3.13
114.**	Knowledge of the techniques for Bleeding.	~~2.93~~
161.**	Knowledge of the application of Gua Sha techniques.	~~2.85~~
136.**	Knowledge of significance of selecting points based upon specific time of day.	~~2.67~~
115.**	Knowledge of the techniques for Seven Star Needling.	~~2.53~~

*NOTE: The knowledge statements have been sorted in descending order of importance (IMP) for each content area.

**NOTE: Ratings with a strike-through did not meet the cut off for criticality as explained in Chapter 4.

IV. Herbal Therapy

ITEM	KNOWLEDGE STATEMENT	IMP (I)*
176.	Knowledge of therapeutic uses for herbs and herbal formulas.	4.22
184.	Knowledge of cautions and contraindications regarding the recommendation of herbs and herbal formulas.	4.19
190.	Knowledge of combinations of herbs that are toxic or produce undesired side effects.	4.16
177.	Knowledge of the categories of herbs and herbal formulas according to therapeutic properties.	4.08
186.	Knowledge of the effect of dosage on the therapeutic effectiveness of herbs and herbal formulas.	4.05
188.	Knowledge of the relationships between herbal formulas and treatment principles.	4.05
183.	Knowledge of interactions between herbal therapies and Western medications.	4.04
195.	Knowledge of herbal formula recommendations based upon patient constitution.	4.04
178.	Knowledge of the effects of herbs and herbal formulas on channels and Organs	3.94
192.	Knowledge of methods for modifying herbal formulas to treat changes in patient condition.	3.93
179.	Knowledge of modifications of herbal formulas.	3.90
193.	Knowledge of the effects of processing herbs on efficacy and toxicity.	3.88
185.	Knowledge of the interactions between diet and herbal therapies.	3.86
180.	Knowledge of the synergistic and antagonist relationships of ingredients in herbal formulas.	3.85
189.	Knowledge of strategies for combining herb ingredients to form an herbal formula.	3.82

ITEM	KNOWLEDGE STATEMENT	IMP (I)*
194.	Knowledge of forms (e.g., raw, granules, pill) used for administration of herbs.	3.76
187.	Knowledge of the practice of herbal formula preparation.	3.73
182.	Knowledge of the association between therapeutic effects of points and herbal therapy.	3.60
181.	Knowledge of the hierarchical principles governing herbal formulas.	3.59
191.	Knowledge of the techniques for external application of herbs (e.g., plasters, poultices, soaks).	3.39

*NOTE: The knowledge statements have been sorted in descending order of importance (IMP) for each content area.

V. Public Health & Safety and Record Keeping

ITEM	KNOWLEDGE STATEMENT	IMP (I)*
216.	Knowledge of the methods for isolating used needles.	4.46
215.	Knowledge of standards and procedures for the Clean Needle Technique.	4.44
218.	Knowledge of laws regulating practice techniques for California-licensed acupuncturists.	4.43
199.	Knowledge of legal requirements for protecting patient confidentiality.	4.42
219.	Knowledge of ethical standards for professional conduct in an acupuncture practice setting.	4.42
213.	Knowledge of the impact of inserting needles into skin that is inflamed, irritated, diseased, or broken.	4.41
217.	Knowledge of California Occupational Safety and Health Administration requirements for disposal of contaminated materials.	4.41
214.	Knowledge of the risks of infectious diseases in the practitioner and patient environment.	4.38
198.	Knowledge of laws that define scope of practice and professional competence for acupuncturists.	4.37
196.	Knowledge of legal requirements pertaining to the maintenance and retention of records.	4.32
206.	Knowledge of the characteristics of infectious diseases and mechanisms of disease transmission.	4.31
204.	Knowledge of legal requirements for written consent to disclose patient records or share patient information.	4.30
210.	Knowledge of Centers for Disease Control guidelines for preventing cross-contamination or spread of pathogens.	4.26
200.	Knowledge of indicators of child, elder, and dependent adult abuse.	4.24
201.	Knowledge of legal requirements for reporting known or suspected abuse of children, elders, and dependent adults.	4.23

ITEM	KNOWLEDGE STATEMENT	IMP (I)*
205.	Knowledge of conditions and requirements (e.g., subpoena) for disclosing confidential material to other individuals, agencies, or authorities.	4.23
202.	Knowledge of guidelines for writing medical records and reports.	4.19
209.	Knowledge of Centers for Disease Control guidelines for treating patients with communicable diseases.	4.16
212.	Knowledge of California Department of Public Health regulations for reporting incidents of infectious and other diseases.	4.15
197.	Knowledge of laws regarding advertisement and dissemination of information about professional qualifications and services.	4.14
211.	Knowledge of Centers for Disease Control guidelines for reporting incidents of infectious and other diseases.	4.11
207.	Knowledge of sterilization procedures for treatment of instruments and equipment.	4.06
208.	Knowledge of procedures and standards for storage of equipment after sterilization.	3.97
203.	Knowledge of methods for using Western medical diagnostic codes.	3.86

*NOTE: The knowledge statements have been sorted in descending order of importance (IMP) for each content area.

APPENDIX C. CRITICAL INDICES BY TREATMENT FOCUS FOR TASKS

In the following table, critical task indices are presented for the three primary categories identified by the OA questionnaire data:

1. Pain Management was identified as the primary treatment focus for 260 respondents out of 485 total respondents.
2. General Health was identified as the primary treatment focus for 123 respondents out of 485 total respondents.
3. Women's Health was identified as the primary treatment focus for 29 respondents out of 485 total respondents.

Values highlighted in yellow indicate the highest criticality index for each task when the data was analyzed by primary treatment focus.

I. Patient Assessment

ITEM	JOB TASK	Overall	Pain Mgt. (*n* = 260)	General Health (*n* = 123)	Women's Health (*n* = 29)
1.	Assess chief complaint of patient by obtaining information regarding symptoms (e.g., onset, duration, location, severity, cause) to determine focus of examination.	22.64	22.34	23.59	21.86
2.	Interview patient regarding general health history (e.g., substance abuse, family health, traumatic events, surgery) to determine effect on chief complaint.	19.13	18.37	19.74	20.86
3.	Gather information regarding the history of present illness as it relates to chief complaint of patient.	20.43	19.85	21.65	21.14
4.	Interview patient regarding prior treatments provided for chief complaint.	17.27	17.43	17.63	15.90
5.	Interview patient regarding emotional state and life events that contribute to present complaint.	14.69	14.08	15.81	14.86
6.	Interview patient regarding sleep patterns that contribute to present complaint.	17.13	16.23	18.34	18.28
7.	Interview patient regarding environmental facto rs (e.g., work stress, pollutants, noise, climate) that contribute to present complaint.	15.92	15.35	16.94	15.17
8.	Interview patient regarding lifestyle (e.g., exercise, recreation, social activities, work schedule) to determine effect on symptom severity and development.	16.96	16.14	18.40	16.93

ITEM	JOB TASK	Overall	Pain Mgt. (*n* = 260)	General Health (*n* = 123)	Women's Health (*n* = 29)
9.	Interview patient to determine dietary habits (e.g., type, quantity, frequency, time of day) that contribute to symptom severity and development.	16.64	15.59	17.86	17.52
10.	Interview patient regarding preferences or aversions to food and fluid flavors and temperatures to determine nature of imbalance.	12.81	12.28	14.39	12.76
11.	Interview patient regarding fluid intake (e.g., thirst, type, quantity, frequency, time of day) to determine contribution to condition.	13.76	13.15	14.46	15.38
12.	Interview patient regarding gastrointestinal symptoms (e.g., bloating, pain, appetite) to determine nature of imbalance.	17.25	16.42	18.03	17.76
13.	Interview patient regarding gynecological symptoms to determine nature of imbalance.	16.00	14.87	17.56	18.31
14.	Interview patient regarding urogenital symptoms to determine nature of imbalance.	14.27	13.50	15.67	15.03
15.	Interview patient regarding urinary characteristics (e.g., color, clarity, odor) to determine nature of imbalance.	13.64	13.22	14.48	12.79
16.	Interview patient regarding bowel characteristics (e.g., frequency, consistency, color, odor) to determine nature of imbalance.	16.15	15.35	17.54	16.03
17.	Evaluate patient for the presence of fever and/or chills to determine present health condition.	15.61	15.20	17.17	14.31

ITEM	JOB TASK	Overall	Pain Mgt. (*n* = 260)	General Health (*n* = 123)	Women's Health (*n* = 29)
18.	Evaluate patient patterns of perspiration to determine nature of imbalance.	12.87	12.38	14.09	11.45
19.	Interview patient regarding eye symptoms (e.g., irritation, dryness, visual changes) to determine nature of imbalance.	11.59	11.37	12.45	11.24
20.	Interview patient regarding auditory function to determine nature of imbalance.	10.37	10.32	11.11	8.97
21.	Interview patient regarding pain characteristics (e.g., location, onset, severity, quality, duration) to determine nature of imbalance.	20.78	20.61	21.46	18.83
22.	Observe patient (e.g., vitality, demeanor) to determine level and quality of energy/Qi.	18.71	17.83	19.93	18.41
23.	Observe patient (e.g., presence, affect) to determine spirit/Shen.	17.62	16.63	18.86	19.41
24.	Observe patient physical characteristics (e.g., face, eyes, abdomen, nails) that aid in pattern differentiation.	15.81	15.09	17.61	14.93
25.	Observe patient physical characteristics (e.g., face, eyes, abdomen, nails) to determine Five Element associations.	11.85	11.72	12.39	12.52
26.	Listen to sounds, voice quality, and vocal strength of patient to determine nature of disharmony.	12.93	12.29	14.41	12.45
27.	Interview patient regarding mucus characteristics (e.g., color, viscosity, quantity) to determine nature of imbalance.	13.21	12.36	14.87	12.86

ITEM	JOB TASK	Overall	Pain Mgt. (*n* = 260)	General Health (*n* = 123)	Women's Health (*n* = 29)
28.	Evaluate patient phlegm characteristics to determine nature of imbalance.	13.40	12.57	15.41	12.86
29.	Evaluate patient respiratory system to determine nature of imbalance.	13.34	12.35	15.40	12.45
30.	Perform neurological examination (e.g., sensation, strength) on patient to determine health condition.	12.67	13.71	11.62	9.62
31.	Perform orthopedic examination (e.g., range of motion) on patient to determine health condition.	15.18	16.72	13.43	12.17
32.	Observe patient tongue body and coating to determine nature of imbalance.	18.70	18.03	19.88	20.52
33.	Assess patient radial pulse to determine nature of imbalance.	18.83	17.75	20.61	19.90
34.	Palpate areas of body (e.g., abdomen, muscles, joints, channels) to gather additional information regarding patient complaint.	17.55	17.37	17.51	16.90
35.	Interview patient to identify any supplements, herbs, or pharmaceuticals influencing health status.	17.28	16.42	18.36	18.10
36.	Review patient diagnostic report (e.g., blood, X-ray, MRI) to gather additional information regarding patient complaint.	14.20	14.72	12.53	13.10
37.	Listen to internal systems (e.g., lungs, heart, abdomen) of patient to gather additional information regarding patient complaint.	10.22	10.31	10.11	9.86

ITEM	JOB TASK	Overall	Pain Mgt. (*n* = 260)	General Health (*n* = 123)	Women's Health (*n* = 29)
38.	Evaluate patient skin conditions (e.g., shingles, hives, psoriasis) to determine nature of imbalance.	13.15	12.67	14.74	11.69
39.	Determine patient conditions (e.g., blood in urine, chronic cough, unexplained weight loss) that require referral to other providers.	15.81	15.16	17.05	14.86
40.	Determine any life-threatening conditions (e.g., stroke, heart attack, seizure) occurring in patient that require immediate action.	16.17	16.17	15.63	14.79
41.	Perform physical exam on patient to determine present health condition.	14.55	14.95	14.23	12.66

NOTE: Values highlighted in yellow indicate highest criticality indices when data was analyzed by primary treatment focus.

II. Diagnostic Impression and Treatment Plan

ITEM	JOB TASK	Overall	Pain Mgt. (*n* = 260)	General Health (*n* = 123)	Women's Health (*n* = 29)
42.	Integrate assessment findings (e.g., pulse, tongue, history, channel) to form differential diagnosis.	19.52	18.87	21.07	19.28
43.	Identify affected channel by evaluating information gathered from patient.	17.89	17.22	19.16	17.31
44.	Differentiate between root and branch of condition to focus patient treatment.	16.45	16.17	17.03	15.79
45.	Prioritize findings regarding patient to develop treatment strategy.	18.28	17.72	19.26	18.59
46.	Utilize differential diagnosis to develop treatment principles (e.g., tonify, sedate, harmonize) for patient.	17.26	16.65	18.53	16.69
47.	Apply treatment principle (e.g., tonify, sedate, harmonize) to develop treatment plan for patient.	17.17	16.53	19.02	15.07
48.	Identify Yin and Yang imbalance by patient evaluation to develop a differential diagnosis.	16.52	15.68	17.85	16.07
49.	Identify Five Element disharmony by patient evaluation to develop a differential diagnosis.	12.49	12.35	12.76	12.38
50.	Identify Zang Fu disharmony by patient evaluation to develop a differential diagnosis.	15.97	15.46	16.93	16.93
51.	Identify Eight Principles categorization by patient evaluation to develop a differential diagnosis.	15.02	14.76	16.03	15.48
52.	Identify relative strength of Qi and Blood by patient evaluation to develop a differential diagnosis.	16.82	16.07	17.83	17.72

ITEM	JOB TASK	Overall	Pain Mgt. (*n* = 260)	General Health (*n* = 123)	Women's Health (*n* = 29)
53.	Utilize Four Level differentiation to determine progression of pathogen.	10.36	10.17	11.02	10.41
54.	Utilize Six Stage differentiation to determine progression of pathogen.	10.46	10.01	11.27	11.14
57.	Translate Traditional Chinese Medicine diagnostic concepts into common Western terminology for health care providers.	13.78	13.58	12.90	12.55

NOTE: Values highlighted in yellow indicate highest criticality indices when data was analyzed by primary treatment focus.

III. Providing Acupuncture Treatment

ITEM	JOB TASK	Overall	Pain Mgt. (*n* = 260)	General Health (*n* = 123)	Women's Health (*n* = 29)
58.	Develop a point prescription for patient based on treatment principles to restore balance.	18.93	18.28	19.92	19.83
59.	Select distal and/or proximal points on patient to treat affected channels and conditions.	18.36	17.87	19.54	19.41
60.	Select local points on patient by evaluating clinical indications to treat condition.	17.15	17.14	17.54	17.34
61.	Select points from different channels on patient to combine treatment of root and branch.	16.09	15.75	16.99	15.93
62.	Select points on patient opposite to area of patient complaint to treat condition.	13.79	14.06	14.28	11.93
63.	Select points on patient (e.g., above and below, right and left) that balance point distribution to harmonize treatment.	14.69	14.33	15.93	13.55
64.	Select points from Yin and Yang channels to balance the treatment prescription for patient.	13.67	13.27	15.13	11.45
65.	Select front and back points on patient to enhance treatment effect.	12.98	12.82	13.93	10.86
67.	Select points on the extremities of patient to treat conditions occurring in the center.	14.45	14.68	14.96	12.24
68.	Select Ashi points on patient to enhance treatment effect.	16.28	16.97	16.41	13.66
69.	Select points along the Muscle channels of patient to enhance treatment effect.	12.10	13.05	11.15	9.45

ITEM	JOB TASK	Overall	Pain Mgt. (*n* = 260)	General Health (*n* = 123)	Women's Health (*n* = 29)
70.	Select Front-Mu (Alarm) points on patient to address acute imbalances.	12.21	11.91	13.58	9.93
71.	Select Back-Shu (Transport) points on patient to address chronic imbalances.	14.34	14.18	15.28	12.86
72.	Select Lower He-Sea points on patient to connect channels with respective Fu Organs.	12.56	12.60	13.50	11.34
73.	Select Five Shu (Five-Transporting) points on patient to treat imbalances of the Five Elements.	12.42	12.85	12.50	10.03
74.	Select Confluent points of the Eight Extraordinary Channels on patient based on clinical indications to treat condition.	12.42	12.38	13.33	12.34
75.	Select Extra points on patient based on clinical indications to treat condition.	13.34	13.53	13.74	13.52
76.	Select Intersecting/Crossing points on patient to treat conditions manifesting in multiple channels.	11.47	11.50	12.59	10.00
77.	Select Luo-Connecting points on patient to treat internally and externally related channels.	11.20	10.77	13.03	9.31
78.	Select Yuan-Source points on patient to access fundamental Qi for the channel.	13.10	12.36	14.85	12.48
79.	Select Xi-Cleft points on patient to treat acute conditions of the related channel or corresponding Organs.	11.66	11.15	12.98	10.21
80.	Select Eight Influential points on patient to treat condition.	11.59	11.28	12.51	12.00

ITEM	JOB TASK	Overall	Pain Mgt. (*n* = 260)	General Health (*n* = 123)	Women's Health (*n* = 29)
85.	Locate points for needle insertion on patient by utilizing anatomical landmarks and proportional measurements.	17.85	17.73	18.20	15.97
86.	Evaluate patient condition to determine needle retention time for optimal treatment effects.	16.28	16.28	16.87	15.17
87.	Place patient into recommended position for needle insertion.	17.99	17.88	18.72	15.97
88.	Insert needle within standard depth range to stimulate point on patient.	17.70	17.81	17.76	15.83
89.	Manipulate needle to produce therapeutic effect in patient.	15.86	15.69	16.41	16.00
90.	Identify contraindications for needling by evaluating patient condition to avoid injury and/or complications.	19.83	19.25	20.33	20.14
91.	Identify points that require needling with caution (e.g., locations near arteries) to avoid complications.	20.33	20.25	20.76	18.00
92.	Apply moxibustion techniques on patient to treat indicated conditions.	10.30	9.95	11.80	9.59
93.	Identify contraindications for moxibustion by evaluating patient condition to avoid injury and/or complications.	13.68	13.27	14.38	14.97
94.	Perform electroacupuncture on patient to enhance effectiveness of treatment for select conditions.	12.68	13.67	11.24	10.28
95.	Identify contraindications for electroacupuncture to avoid injury and/or complications.	16.19	16.59	15.63	14.41
96.	Perform cupping techniques on patient to treat condition.	12.05	12.77	11.45	11.24

ITEM	JOB TASK	Overall	Pain Mgt. (*n* = 260)	General Health (*n* = 123)	Women's Health (*n* = 29)
97.	Identify contraindications for cupping to avoid injury and/or complications.	15.50	15.72	15.28	14.76
99.	Identify contraindications for Gua-sha techniques to avoid injury and/or complications.	10.57	10.12	10.92	9.72
100.	Perform massage techniques (e.g., Tui Na, acupressure) on patient to treat condition.	11.49	12.50	10.16	9.76
101.	Identify contraindications for massage techniques to avoid injury and/or complications.	14.45	14.37	14.54	13.38
102.	Instruct patient on use of supportive therapies (e.g., ear seeds, moxa, plaster, exercises) for implementation in clinic or at home.	13.75	13.60	14.67	12.21
103.	Identify contraindications for supportive therapies (e.g., ear seeds, moxa, plaster, exercises) to avoid injury and/or complications.	15.32	15.15	16.20	14.90
104.	Recommend dietary changes for patient by identifying specific foods to add or remove from daily meals to support treatment.	16.58	15.81	17.44	17.38
105.	Recommend lifestyle changes for patient (e.g., exercise, ergonomics, meditation) to improve health condition.	17.58	17.23	18.27	17.38
106.	Select scalp points based on clinical indications to treat patient condition.	10.11	10.43	9.72	8.55
107.	Select auricular points based on clinical indications to treat patient condition.	12.04	11.43	13.08	10.86
108.	Evaluate patient stress response to treatment by monitoring vital signs.	12.92	12.77	12.94	10.41

ITEM	JOB TASK	Overall	Pain Mgt. (*n* = 260)	General Health (*n* = 123)	Women's Health (*n* = 29)
109.	Evaluate patient condition during follow-up visit by examining changes in function, signs, and symptoms to determine adjustments to treatment plan.	18.79	18.48	19.67	17.07
110.	Provide patients with information (e.g., instructions, pamphlets, exercise routines, meditation methods) that promotes living a healthy lifestyle.	15.35	15.13	16.02	13.07
111.	Educate patient regarding differences between Traditional Chinese Medicine and Western medicine to clarify terminology and procedures.	16.23	15.77	17.16	14.59
112.	Provide patient with information regarding physiological systems to explain how the body functions.	14.64	14.75	14.49	11.21
113.	Inform patient of Traditional Chinese Medicine diagnosis by comparing it to Western medicine and explaining how the methods differ.	15.13	15.17	14.61	14.14

NOTE: Values highlighted in yellow indicate highest criticality indices when data was analyzed by primary treatment focus.

IV. Herbal Therapy

ITEM	JOB TASK	Overall	Pain Mgt. (*n* = 260)	General Health (*n* = 123)	Women's Health (*n* = 29)
114.	Develop herbal formula for patient based on treatment principle (e.g., tonify, sedate, harmonize) to restore balance.	15.67	14.66	17.59	16.07
115.	Distinguish between herbs and formulas from the same categories to select the most therapeutic application.	15.10	14.29	16.63	15.55
116.	Select herbal formula by identifying hierarchy of herbs (e.g., chief, deputy, envoy, assistant) for therapeutic application.	12.89	12.85	13.20	12.41
117.	Identify complementary herb qualities and point functions to provide integrated treatment.	13.45	13.16	14.25	12.10
118.	Identify similarities (e.g., analogs) between herbal therapy and Western medications to optimize treatment.	12.48	12.57	12.22	10.45
119.	Identify contraindications for herbs when combined with Western medications to avoid adverse interactions.	17.07	16.65	17.97	16.38
120.	Monitor effects of herbs when combined with Western medications to determine interactions.	16.06	15.31	17.47	15.48
121.	Identify patient conditions that are contraindicated for recommending herbs.	17.67	17.06	19.32	16.62
122.	Recommend herbs and herbal formulas adjusted for patient constitution to provide effective treatment.	16.47	15.75	18.46	16.90
123.	Determine effective dosage of herbal therapy by evaluating patient condition.	17.07	16.32	19.28	16.38

ITEM	JOB TASK	Overall	Pain Mgt. (*n* = 260)	General Health (*n* = 123)	Women's Health (*n* = 29)
124.	Evaluate patient response to herbal therapy to determine if modifications are indicated.	17.12	16.73	18.93	15.66
125.	Monitor patient response to herbal therapy for side effects.	17.72	17.07	19.46	16.55
126.	Instruct patient on usage of herbs (e.g., dosage, cooking, application) to produce intended therapeutic effect.	17.49	16.58	19.59	17.34
127.	Collaborate with other professionals and herb specialists to determine herbal therapy (e.g., formula, dosage, patent) for treating patient conditions.	10.88	10.78	11.76	9.59

NOTE: Values highlighted in yellow indicate highest criticality indices when data was analyzed by primary treatment focus.

V. Public Health and Safety and Record Keeping

ITEM	JOB TASK	Overall	Pain Mgt. (*n* = 260)	General Health (*n* = 123)	Women's Health (*n* = 29)
128.	Document initial assessment and treatments (i.e., Subjective/Objective/Assessment/Plan or SOAP) to maintain patient records.	20.61	20.73	21.37	16.31
129.	Develop advertisements in accordance with legal guidelines regarding services provided.	12.75	13.52	12.31	11.14
130.	Maintain patient records in accordance with State and federal regulations.	21.18	21.06	21.89	19.24
131.	Maintain patient confidentiality in accordance with State and federal regulations.	22.04	21.85	22.85	19.90
132.	Report known or suspected abuse of patients by contacting protective services in accordance with State and federal regulations.	11.97	12.97	11.24	11.03
133.	Obtain informed patient consent for treatment by providing information regarding benefits, risks, and side effects.	20.56	20.52	20.95	18.45
134.	Prevent contamination and spread of pathogens by maintaining a clinical environment that adheres to State and federal laws and guidelines.	21.98	21.96	22.44	20.17
135.	Dispose of needles, contaminated material, and containers in accordance with California Occupational Safety and Health Administration guidelines.	22.72	22.65	23.47	20.03

ITEM	JOB TASK	Overall	Pain Mgt. (*n* = 260)	General Health (*n* = 123)	Women's Health (*n* = 29)
136.	Utilize clean needle technique to prevent contamination and spread of pathogens in accordance with California Occupational Safety and Health Administration guideline.	22.27	22.46	22.25	20.62
137.	Adhere to ethical standards and professional boundaries while interacting with patients.	22.01	21.80	23.05	20.21
138.	Adhere to professional standards regarding substance use within the treatment environment.	21.07	21.13	21.81	18.24
139.	Adhere to business practice standards (i.e., preventing insurance fraud, abiding with labor laws, complying with local ordinances) for health care professionals.	21.27	21.42	21.47	18.76
140.	Prepare reports regarding patient condition by translating Traditional Chinese Medicine diagnosis into common medical terminology to communicate with other health care providers.	14.81	15.72	13.19	13.69
141.	Determine the need to collaborate with primary physician and/or other health care providers to identify the most effective treatment for patient.	14.18	14.67	13.45	12.38

NOTE: Values highlighted in yellow indicate highest criticality indices when data was analyzed by primary treatment focus.

Important Note – An "X" indicates which treatment focus and correlated modality and/or technique is the best fit for each task statement as indicated by the data collected in the OA questionnaire and the November 2014 workshop. If no "X" is marked in either the treatment focus, modality, or technique, either the data or the Acupuncturists used in this study did not support a significant correlation or relevance. Consequently, Section IV. Herbal Therapy and Section V. Public Health and Safety and Record Keeping were not included in this supplemental document.

I. Patient Assessment

			Pain Mgt	General Health	Women's Health	Point Needling	Herbal Therapy	Electro	Cup	Moxa	TCM	5 - Element
1.	Assess chief complaint of patient by obtaining information regarding symptoms (e.g., onset, duration, location, severity, cause) to determine focus of examination.	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 14		X								
2.	Interview patient regarding general health history (e.g., substance abuse, family health, traumatic events, surgery) to determine effect on chief complaint.	3, 4, 5, 6, 7, 8, 9, 10, 11, 14			X							

			Pain Mgt	General Health	Women's Health	Point Needling	Herbal Therapy	Electro	Cup	Moxa	TCM	5 - Element
3.	Gather information regarding the history of present illness as it relates to chief complaint of patient.	3, 4		X								
4.	Interview patient regarding prior treatments provided for chief complaint.	3, 4, 6		X								
5.	Interview patient regarding emotional state and life events that contribute to present complaint.	7, 9, 11		X								
6.	Interview patient regarding sleep patterns that contribute to present complaint.	8		X								
7.	Interview patient regarding environmental factors (e.g., work stress, pollutants, noise, climate) that contribute to present complaint.	9, 11		X								

			Pain Mgt	General Health	Women's Health	Point Needling	Herbal Therapy	Electro	Cup	Moxa	TCM	5 - Element
8.	Interview patient regarding lifestyle (e.g., exercise, recreation, social activities, work schedule) to determine effect on symptom severity and development.	7, 8, 9, 10, 11		X								
9.	Interview patient to determine dietary habits (e.g., type, quantity, frequency, time of day) that contribute to symptom severity and development.	10, 14, 16, 17, 18, 19		X								
10.	Interview patient regarding preferences or aversions to food and fluid flavors and temperatures to determine nature of imbalance.	14, 16, 17, 18		X								
11.	Interview patient regarding fluid intake (e.g., thirst, type, quantity, frequency, time of day) to determine contribution to condition.	17, 18, 19			X							

			Pain Mgt	General Health	Women's Health	Point Needling	Herbal Therapy	Electro	Cup	Moxa	TCM	5 - Element
12.	Interview patient regarding gastrointestinal symptoms (e.g., bloating, pain, appetite) to determine nature of imbalance.	12, 14, 17, 18		X								
13.	Interview patient regarding gynecological symptoms to determine nature of imbalance.	20, 21, 22, 23, 24			X							
14.	Interview patient regarding urogenital symptoms to determine nature of imbalance.	25, 26		X								
15.	Interview patient regarding urinary characteristics (e.g., color, clarity, odor) to determine nature of imbalance.	26		X								
16.	Interview patient regarding bowel characteristics (e.g., frequency, consistency, color, odor) to determine nature of imbalance.	12, 14, 27		X								

			Pain Mgt	General Health	Women's Health	Point Needling	Herbal Therapy	Electro	Cup	Moxa	TCM	5 - Element
17.	Evaluate patient for the presence of fever and/or chills to determine present health condition.	28		X								
18.	Evaluate patient patterns of perspiration to determine nature of imbalance.	29		X								
19.	Interview patient regarding eye symptoms (e.g., irritation, dryness, visual changes) to determine nature of imbalance.	30, 36, 54		X								
20.	Interview patient regarding auditory function to determine nature of imbalance.	3, 4, 31, 54		X								
21.	Interview patient regarding pain characteristics (e.g., location, onset, severity, quality, duration) to determine nature of imbalance.	3, 4, 32, 52	X	X								

			Pain Mgt	General Health	Women's Health	Point Needling	Herbal Therapy	Electro	Cup	Moxa	TCM	5 - Element
22.	Observe patient (e.g., vitality, demeanor) to determine level and quality of energy/Qi.	7, 33, 34, 35, 36		X								
23.	Observe patient (e.g., presence, affect) to determine spirit/Shen.	34		X	X							
24.	Observe patient physical characteristics (e.g., face, eyes, abdomen, nails) that aid in pattern differentiation.	35, 36		X								
25.	Observe patient physical characteristics (e.g., face, eyes, abdomen, nails) to determine Five Element associations.	36, 54		X	X							
26.	Listen to sounds, voice quality, and vocal strength of patient to determine nature of disharmony.	40		X								

	Task Statements	Linked Knowledge Statements	Treatment Focus			Treatment Modality*					Technique**	
			Pain Mgt	General Health	Women's Health	Point Needling	Herbal Therapy	Electro	Cup	Moxa	TCM	5 - Element
27.	Interview patient regarding mucus characteristics (e.g., color, viscosity, quantity) to determine nature of imbalance.	39, 42		X								
28.	Evaluate patient phlegm characteristics to determine nature of imbalance.	39, 41		X								
29.	Evaluate patient respiratory system to determine nature of imbalance.	43, 64, 65, 72		X								
30.	Perform neurological examination (e.g., sensation, strength) on patient to determine health condition.	1, 20, 45, 46, 55, 67	X									
31.	Perform orthopedic examination (e.g., range of motion) on patient to determine health condition.	1, 20, 45, 46, 47, 48, 49, 52, 55	X									

			Pain Mgt	General Health	Women's Health	Point Needling	Herbal Therapy	Electro	Cup	Moxa	TCM	5 - Element
32.	Observe patient tongue body and coating to determine nature of imbalance.	1, 50		X	X							
33.	Assess patient radial pulse to determine nature of imbalance.	1, 51		X								
34.	Palpate areas of body (e.g., abdomen, muscles, joints, channels) to gather additional information regarding patient complaint.	12, 13, 20, 22, 46, 47, 48, 49, 51, 52, 66	X	X								
35.	Interview patient to identify any supplements, herbs, or pharmaceuticals influencing health status.	3, 56, 57, 58, 59, 60, 61		X	X							
36.	Review patient diagnostic report (e.g., blood, X-ray, MRI) to gather additional information regarding patient complaint.	62, 63	X									

			Pain Mgt	General Health	Women's Health	Point Needling	Herbal Therapy	Electro	Cup	Moxa	TCM	5 - Element
37.	Listen to internal systems (e.g., lungs, heart, abdomen) of patient to gather additional information regarding patient complaint.	13, 72	X	X								
38.	Evaluate patient skin conditions (e.g., shingles, hives, psoriasis) to determine nature of imbalance.	44, 55		X								
39.	Determine patient conditions (e.g., blood in urine, chronic cough, unexplained weight loss) that require referral to other providers.	6, 55, 58, 62, 63, 64, 68, 70, 73		X								
40.	Determine any life-threatening conditions (e.g., stroke, heart attack, seizure) occurring in patient that require immediate action.	68, 69, 70	X									

			Pain Mgt	General Health	Women's Health	Point Needling	Herbal Therapy	Electro	Cup	Moxa	TCM	5 - Element
41.	Perform physical exam on patient to determine present health condition.	1, 2, 13, 20, 34, 35, 36, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 62, 64, 65, 66, 67, 72	X									

*****Correlated treatment focus and modality were calculated using data from the survey respondents and additionally verified by SMEs in the November 2014 workshop.

****** Correlated treatment focus and technique were calculated using data from the survey respondents and additionally verified by SMEs in the November 2014 workshop.

NOTE: Information is presented as a reference only and is not all-inclusive of treatment focuses and associated modalities and treatment techniques available to Acupuncturists.

II. Diagnostic Impression and Treatment Plan

	Task Statements	Linked Knowledge Statements	Treatment Focus			Treatment Modality*					Technique**	
			Pain Mgt	General Health	Women's Health	Point Needling	Herbal Therapy	Electro	Cup	Moxa	TCM	5 - Element
42.	Integrate assessment findings (e.g., pulse, tongue, history, channel) to form differential diagnosis.	74, 75, 76, 77		X								
43.	Identify affected channel by evaluating information gathered from patient.	74, 78, 82, 83		X								
44.	Differentiate between root and branch of condition to focus patient treatment.	84, 85		X								
45.	Prioritize findings regarding patient to develop treatment strategy.	74, 84, 85		X								
46.	Utilize differential diagnosis to develop treatment principles (e.g., tonify, sedate, harmonize) for patient.	102, 103, 105, 106		X								

	Task Statements	Linked Knowledge Statements	Treatment Focus			Treatment Modality*					Technique**	
			Pain Mgt	General Health	Women's Health	Point Needling	Herbal Therapy	Electro	Cup	Moxa	TCM	5 - Element
47.	Apply treatment principle (e.g., tonify, sedate, harmonize) to develop treatment plan for patient.	103, 105, 106		X								
48.	Identify Yin and Yang imbalance by patient evaluation to develop a differential diagnosis.	79		X								
49.	Identify Five Element disharmony by patient evaluation to develop a differential diagnosis.	86	X	X	X							
50.	Identify Zang Fu disharmony by patient evaluation to develop a differential diagnosis.	80, 87, 88, 89		X	X							
51.	Identify Eight Principles categorization by patient evaluation to develop a differential diagnosis.	74, 79, 81, 90, 91		X								

	Task Statements	Linked Knowledge Statements	Treatment Focus			Treatment Modality*					Technique**	
			Pain Mgt	General Health	Women's Health	Point Needling	Herbal Therapy	Electro	Cup	Moxa	TCM	5 - Element
52.	Identify relative strength of Qi and Blood by patient evaluation to develop a differential diagnosis.	92, 93, 94, 98		X	X							
53.	Utilize Four Level differentiation to determine progression of pathogen.	96		X								
54.	Utilize Six Stage differentiation to determine progression of pathogen.	95		X	X							
57.	Translate Traditional Chinese Medicine diagnostic concepts into common Western terminology for health care providers.	99, 100	X									

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****** Correlated treatment focus and technique were calculated using data from the survey respondents and additionally verified by SMEs in the November 2014 workshop.

NOTE: Information is presented as a reference only and is not all-inclusive of treatment focuses and associated modalities and treatment techniques available to Acupuncturists.

III. Providing Acupuncture Treatment

	Task Statements	Linked Knowledge Statements	Treatment Focus			Treatment Modality*					Technique**	
			Pain Mgt	General Health	Women's Health	Point Needling	Herbal Therapy	Electro	Cup	Moxa	TCM	5 - Element
58.	Develop a point prescription for patient based on treatment principles to restore balance.	117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 167, 168		X	X	X		X			X	X
59.	Select distal and/or proximal points on patient to treat affected channels and conditions.	120		X	X	X		X			X	X
60.	Select local points on patient by evaluating clinical indications to treat condition.	121, 128, 129	X	X	X	X		X	X	X	X	X

	Task Statements	Linked Knowledge Statements	Treatment Focus			Treatment Modality*					Technique**	
			Pain Mgt	General Health	Women's Health	Point Needling	Herbal Therapy	Electro	Cup	Moxa	TCM	5 - Element
61.	Select points from different channels on patient to combine treatment of root and branch.	119, 122, 134, 142		X		X		X			X	
62.	Select points on patient opposite to area of patient complaint to treat condition.	123		X		X		X			X	
63.	Select points on patient (e.g., above and below, right and left) that balance point distribution to harmonize treatment.	123, 124		X		X		X			X	
64.	Select points from Yin and Yang channels to balance the treatment prescription for patient.	122, 134		X		X		X			X	
65.	Select front and back points on patient to enhance treatment effect.	125, 130, 131, 132		X		X		X			X	
67.	Select points on the extremities of patient to treat conditions occurring in the center.	127	X	X		X		X	X		X	X

	Task Statements	Linked Knowledge Statements	Treatment Focus			Treatment Modality*					Technique**	
			Pain Mgt	General Health	Women's Health	Point Needling	Herbal Therapy	Electro	Cup	Moxa	TCM	5 - Element
68.	Select Ashi points on patient to enhance treatment effect.	128	X			X		X	X		X	
69.	Select points along the Muscle channels of patient to enhance treatment effect.	129	X			X		X	X		X	
70.	Select Front-Mu (Alarm) points on patient to address acute imbalances.	125, 130, 132		X		X		X			X	
71.	Select Back-Shu (Transport) points on patient to address chronic imbalances.	131, 132		X		X		X			X	
72.	Select Lower He-Sea points on patient to connect channels with respective Fu Organs.	117, 118, 119, 127, 133, 134		X		X		X			X	
73.	Select Five Shu (Five-Transporting) points on patient to treat imbalances of the Five Elements.	137, 148, 149	X	X		X		X	X		X	X

	Task Statements	Linked Knowledge Statements	Treatment Focus			Treatment Modality*					Technique**	
			Pain Mgt	General Health	Women's Health	Point Needling	Herbal Therapy	Electro	Cup	Moxa	TCM	5 - Element
74.	Select Confluent points of the Eight Extraordinary Channels on patient based on clinical indications to treat condition.	138		X		X		X			X	
75.	Select Extra points on patient based on clinical indications to treat condition.	117, 118	X	X	X	X		X	X	X	X	
76.	Select Intersecting/Crossing points on patient to treat conditions manifesting in multiple channels.	140		X		X		X			X	
77.	Select Luo-Connecting points on patient to treat internally and externally related channels.	141	X	X		X		X			X	X
78.	Select Yuan-Source points on patient to access fundamental Qi for the channel.	143		X		X		X			X	

	Task Statements	Linked Knowledge Statements	Treatment Focus			Treatment Modality*					Technique**	
			Pain Mgt	General Health	Women's Health	Point Needling	Herbal Therapy	Electro	Cup	Moxa	TCM	5 - Element
79.	Select Xi-Cleft points on patient to treat acute conditions of the related channel or corresponding Organs.	144	X	X		X		X			X	X
80.	Select Eight Influential points on patient to treat condition.	139, 147		X		X		X			X	
85.	Locate points for needle insertion on patient by utilizing anatomical landmarks and proportional measurements.	150										
86.	Evaluate patient condition to determine needle retention time for optimal treatment effects.	152										
87.	Place patient into recommended position for needle insertion.	154	X	X								
88.	Insert needle within standard depth range to stimulate point on patient.	155										

	Task Statements	Linked Knowledge Statements	Treatment Focus			Treatment Modality*					Technique**	
			Pain Mgt	General Health	Women's Health	Point Needling	Herbal Therapy	Electro	Cup	Moxa	TCM	5 - Element
89.	Manipulate needle to produce therapeutic effect in patient.	151		X								
90.	Identify contraindications for needling by evaluating patient condition to avoid injury and/or complications.	168										
91.	Identify points that require needling with caution (e.g., locations near arteries) to avoid complications.	116, 117, 118, 119, 155, 169										
92.	Apply moxibustion techniques on patient to treat indicated conditions.	156, 172										
93.	Identify contraindications for moxibustion by evaluating patient condition to avoid injury and/or complications.	156, 172										
94.	Perform electroacupuncture on patient to enhance effectiveness of treatment for select conditions.	157, 170										

	Task Statements	Linked Knowledge Statements	Treatment Focus			Treatment Modality*					Technique**	
			Pain Mgt	General Health	Women's Health	Point Needling	Herbal Therapy	Electro	Cup	Moxa	TCM	5 - Element
95.	Identify contraindications for electroacupuncture to avoid injury and/or complications.	157, 170										
96.	Perform cupping techniques on patient to treat condition.	158, 171										
97.	Identify contraindications for cupping to avoid injury and/or complications.	158, 171										
99.	Identify contraindications for Gua-sha techniques to avoid injury and/or complications.	175										
100.	Perform massage techniques (e.g., Tui Na, acupressure) on patient to treat condition.	159, 173, 174										
101.	Identify contraindications for massage techniques to avoid injury and/or complications.	159, 173, 174										

	Task Statements	Linked Knowledge Statements	Treatment Focus			Treatment Modality*					Technique**	
			Pain Mgt	General Health	Women's Health	Point Needling	Herbal Therapy	Electro	Cup	Moxa	TCM	5 - Element
102.	Instruct patient on use of supportive therapies (e.g., ear seeds, moxa, plaster, exercises) for implementation in clinic or at home.	156, 160, 162, 163, 165, 174										
103.	Identify contraindications for supportive therapies (e.g., ear seeds, moxa, plaster, exercises) to avoid injury and/or complications.	156, 160, 165, 172, 174										
104.	Recommend dietary changes for patient by identifying specific foods to add or remove from daily meals to support treatment.	163										
105.	Recommend lifestyle changes for patient (e.g., exercise, ergonomics, meditation) to improve health condition.	162, 163										

	Task Statements	Linked Knowledge Statements	Treatment Focus			Treatment Modality*					Technique**	
			Pain Mgt	General Health	Women's Health	Point Needling	Herbal Therapy	Electro	Cup	Moxa	TCM	5 - Element
106.	Select scalp points based on clinical indications to treat patient condition.	164	X									
107.	Select auricular points based on clinical indications to treat patient condition.	165		X								
108.	Evaluate patient stress response to treatment by monitoring vital signs.	166										
109.	Evaluate patient condition during follow-up visit by examining changes in function, signs, and symptoms to determine adjustments to treatment plan.	135, 167										
110.	Provide patients with information (e.g., instructions, pamphlets, exercise routines, meditation methods) that promotes living a healthy lifestyle.	162, 163										

	Task Statements	Linked Knowledge Statements	Treatment Focus			Treatment Modality*					Technique**	
			Pain Mgt	General Health	Women's Health	Point Needling	Herbal Therapy	Electro	Cup	Moxa	TCM	5 - Element
111.	Educate patient regarding differences between Traditional Chinese Medicine and Western medicine to clarify terminology and procedures.	117, 121, 167										
112.	Provide patient with information regarding physiological systems to explain how the body functions.	117, 121, 150, 162, 163, 166										
113.	Inform patient of Traditional Chinese Medicine diagnosis by comparing it to Western medicine and explaining how the methods differ.	117, 121, 150, 162, 163, 166										

*****Correlated treatment focus and modality were calculated using data from the survey respondents and additionally verified by SMEs in the November 2014 workshop.

****** Correlated treatment focus and technique were calculated using data from the survey respondents and additionally verified by SMEs in the November 2014 workshop.

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APPENDIX E. QUESTIONNAIRE INVITATION LETTER

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.

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

July 14, 2014

Dear Acupuncture Licensee:

The California Acupuncture Board is in the process of conducting an occupational analysis of the acupuncture profession. The purpose of the occupational analysis is to identify the tasks performed and knowledge required to perform these tasks by acupuncturists in the current practice. Results of the occupational analysis will be used to update and improve the acupuncture licensing program examinations.

You have been selected as an acupuncture licensee in California to complete an online questionnaire regarding the acupuncture profession as it relates to you. Your participation is important to ensure that all aspects of the profession are included and the results reflect the profession. Your individual responses will be kept confidential.

The online questionnaire will be available from **July 21, 2014 to September 21, 2014**, 24 hours a day, 7 days a week. It will take approximately two to three hours to complete the questionnaire.

Important note: For your convenience, you may begin the survey questionnaire, exit and complete it at a later time as long as it is *from the same computer* and your computer settings *allow for saving of data* (i.e. cookies) from websites.

If you are interested in participating in this very important process use the following link to access the survey: https://www.surveymonkey.com/s/Acupuncturist_OA_Questionnaire

The link is also available at the Acupuncture Board website.

Again, the Board sincerely appreciates your dedication to your profession and to our mission of protecting the consumers of California by licensing qualified and competent providers.

ACUPUNCTURE BOARD

APPENDIX F. QUESTIONNAIRE

Acupuncture OAQ

1. COVER LETTER

Dear Licensee:

The Acupuncture Board is conducting an occupational analysis of the Acupuncturist profession. The purpose of the occupational analysis is to identify the important tasks performed by Acupuncturists in current practice and the knowledge required to perform those tasks. Results of the occupational analysis will be used to update and improve the Acupuncturist Licensing Examination.

The Board requests your assistance in this process. Please take the time to complete the survey questionnaire as it relates to your current practice. Your participation ensures that all aspects of the profession are covered and is essential to the success of this project.

Your individual responses will be kept confidential. Your responses will be combined with responses of other Acupuncturists and only group trends will be reported. Your personal information will not be tied to your responses.

In order to progress through this survey, please use the following navigation buttons:

- • Click the **Next** button to continue to the next page.
  • Click the **Prev** button to return to the previous page.
  • Click the **Done/Submit** button to submit your survey as completed.

Any questions marked with an asterisk (*) require an answer in order to progress through the survey questionnaire.

Please Note: This survey can take between 3-4 hours to complete. However, once you have started the survey, you can exit at any time and return to it later without losing your responses as long as you are accessing the survey from the same computer. The survey automatically saves fully-completed pages, but will not save responses to questions on pages that were partially completed when the survey was exited. This means that in order for a page to save, you must have completed that page and selected the "next" button. For your convenience, the weblink is available 24 hours a day 7 days a week.

Please submit the completed survey questionnaire by September 21, 2014.

If you have any questions about completing this survey, please contact Terri Sinkovich of the Acupuncture Board at (916) 515-5205. The Board welcomes your participation in this project and sincerely thanks you for your time.

INSTRUCTIONS FOR COMPLETING THE DEMOGRAPHIC ITEMS

This part of the questionnaire contains an assortment of demographic items, the responses to which will be used to describe Acupuncture practice as represented by the respondents to the questionnaire. Please note the instructions for each item before marking your response as several permit multiple responses.

INSTRUCTIONS FOR RATING TASK AND KNOWLEDGE STATEMENTS

This part of the questionnaire contains a list of tasks and knowledge descriptive of the Acupuncture practice in a variety of settings. Please note that some of the tasks or knowledge may not apply to your setting.

For each task, you will be asked to answer two questions: how important the task is in the performance of your current practice **(importance)** and how often you perform the task **(frequency)**. For each knowledge, you will be asked to answer one question: how important the knowledge is in the performance of your current practice **(importance)**.

Acupuncture OAQ

Please rate each task and knowledge as it relates to your current practice as a California-licensed Acupuncturist. **Do not respond based on what you believe all Acupuncturists should be expected to know or be able to do.**

2. OCCUPATIONAL ANALYSIS OF THE ACUPUNCTURIST

The Acupuncture Board recognizes that every Acupuncture practitioner may not perform all of the tasks and use all of the knowledge contained in this questionnaire. However, your participation is essential to the success of this project, and your contributions will help establish standards for safe and effective Acupuncture practice in the state of California.

Complete this questionnaire only if you are currently licensed and practicing as an Acupuncturist in California.

Acupuncture OAQ

3.

***Are you currently practicing in California as a licensed acupuncturist?**

- ◯ Yes
- ◯ No

***Please enter your California acupuncturist license number:**

California Acupuncturist License #:

Please enter a current email address if you are interested in participating in future acupuncture studies and/or workshops (this is entirely optional and will not be linked to your answers on this survey):

4. PART I PERSONAL DATA

The information you provide in this next section is voluntary and confidential. It will be treated as personal information subject to the Information Practices Act (Civil Code, Section 1798 et seq.) and it will be used only for the purpose of analyzing the ratings from this questionnaire.

Acupuncture OAQ

5.

How many years have you been practicing in California as a licensed acupuncturist?

- ◯ 0 to 5 years
- ◯ 6 to 10 years
- ◯ 11 to 20 years
- ◯ More than 20 years

How many practice settings/clinical locations do you utilize as an acupuncturist?

- ◯ 1
- ◯ 2-4
- ◯ 5 or more

How would describe your primary practice setting(s)?
(You may select multiple settings. If you select multiple settings, please rank them in order of time spent in each setting using the boxes provided for each practice setting. Only rank practice settings utilized. For example if you select three settings, rank the setting where most of your time is spent as " Rank 1", mark the setting where the second most time is spent as " Rank 2" , and the setting where the third most time is spent would be marked as "Rank 3" . You do not have to continue to rank the remaining settings unless you actually spend time in them.)

	Rank 1	Rank 2	Rank 3	Rank 4	Rank 5	Rank 6	Rank 7
Sole owner/practitioner in independent setting	◯	◯	◯	◯	◯	◯	◯
Independent practitioner in group setting	◯	◯	◯	◯	◯	◯	◯
Acupuncture medical group (Inc. or LLC)	◯	◯	◯	◯	◯	◯	◯
Interdisciplinary medical group	◯	◯	◯	◯	◯	◯	◯
Hospital	◯	◯	◯	◯	◯	◯	◯
Multiple settings	◯	◯	◯	◯	◯	◯	◯
House calls/Home visits	◯	◯	◯	◯	◯	◯	◯

Other (please specify)

Acupuncture OAQ

How many hours per week do you work as a licensed acupuncturist?

- ◯ 0 - 10 hours
- ◯ 11 - 20 hours
- ◯ 21 to 39 hours
- ◯ 40 or more hours

Which one of the following treatment categories is the primary focus of your acupuncture practice?
(Only one choice is allowed for this question; you will have an opportunity to select additional categories in a following question)

- ◯ Respiratory
- ◯ Immune disorder
- ◯ Men's health
- ◯ Women's health
- ◯ Gastrointestinal
- ◯ Pain management
- ◯ Neurological
- ◯ Dermatology/cosmetic
- ◯ Addiction
- ◯ Mental health
- ◯ Endocrine health
- ◯ Cardiovascular
- ◯ Oncology support
- ◯ General
- ◯ Pediatrics

Other (please specify)

Assign a percentage of total practice time spent treating conditions in the category you selected as the primary focus of your acupuncture practice:

	Percentage of time spent
Primary focus of your acupuncture practice:	

Acupuncture OAQ

6.

For which of the following categories do you provide treatment within your acupuncture practice in addition to the primary focus you chose?
(Please choose/state no more than 3 conditions)

- [ ] Respiratory
- [ ] Immune disorder
- [ ] Men's health
- [ ] Women's health
- [ ] Gastrointestinal
- [ ] Pain management
- [ ] Neurological
- [ ] Dermatology/cosmetic
- [ ] Addiction
- [ ] Mental health
- [ ] Endocrine health
- [ ] Cardiovascular
- [ ] Oncology support
- [ ] General

Other (please specify)

Acupuncture OAQ

Which of the following treatment modalities do you primarily use as an acupuncturist? (You may select multiple treatment modalities, then rank your selections in order of the frequency that you use each modality, rank only the modalities actually utilized)

	Rank 1	Rank 2	Rank 3	Rank 4	Rank 5	Rank 6	Rank 7	Rank 8
Point needling	◯	◯	◯	◯	◯	◯	◯	◯
Electroacupuncture	◯	◯	◯	◯	◯	◯	◯	◯
Herbal therapy	◯	◯	◯	◯	◯	◯	◯	◯
Moxa	◯	◯	◯	◯	◯	◯	◯	◯
Cupping	◯	◯	◯	◯	◯	◯	◯	◯
Gua-sha	◯	◯	◯	◯	◯	◯	◯	◯
Tui Na	◯	◯	◯	◯	◯	◯	◯	◯
Massage therapy	◯	◯	◯	◯	◯	◯	◯	◯

Other (please specify)

What percentage of time do you incorporate the following acupuncture techniques into your practice? (Enter whole numbers only. Numbers should add up to 100)

Traditional	
Neurophysiological	
Five Elements	
Auricular	
Scalp	
Master Tung	
Korean Hand	
Japanese	
Doctor Tan	
Other	

What location describes your primary work setting?

- ◯ Urban (greater than 100,000 people), highly dense population within city limits
- ◯ Suburban, less densely populated areas (typically bordering the city)
- ◯ Rural (less than 10,000 people) sparsely populated areas further outside of city (e.g., countryside, farmlands)

Other (please specify)

Acupuncture OAQ

Which of the following languages do you speak fluently? (check all that apply)

- [ ] English
- [ ] Chinese
- [ ] Korean
- [ ] Spanish

Other (please specify)

Do you read English proficiently?

- ◯ Yes
- ◯ No

What is the primary language spoken by the majority of your patients?

- ◯ English
- ◯ Chinese
- ◯ Korean
- ◯ Spanish

Other (please specify)

In what language did you take your California Acupuncture Licensing Examination?

- ◯ English
- ◯ Chinese
- ◯ Korean

Acupuncture OAQ

7.

What is the highest level of education you have achieved? (Please specify the degree in the box provided)

- ◯ Certificate
- ◯ Associates degree
- ◯ Bachelor's degree
- ◯ Master's degree in Traditional Chinese Medicine
- ◯ Master's degree in another field (please specify in the field provided below)
- ◯ Doctorate degree in Asian Medicine
- ◯ Doctorate degree in another field (please specify in the field provided below)
- ◯ Other formal education (please specify in the field provided below)

Degree:

What is the approximate gross annual income generated from your acupuncture practice?

- ◯ Up to $20,000
- ◯ $21,000 - $39,000
- ◯ $40,000 - $59,000
- ◯ $60,000 - $79,000
- ◯ $80,000 - $100,000
- ◯ more than $100,000

What is the primary source of your gross annual income? (you may select multiple options)

- ☐ Health insurance
- ☐ Workers' compensation
- ☐ Medicaid/Medicare
- ☐ Private insurance (e.g., HMO, PPO)
- ☐ Personal injury
- ☐ Veteran affairs

Other (please specify)

Acupuncture OAQ

Do you hold any other California professional licenses (e.g., chiropractor, massage therapist)?

- ◯ Yes (please specify what other license you hold in the field provided below)
- ◯ No

CA Professional License:

Do you feel that your acupuncture training program prepared you for your first year in practice?

- ◯ Yes
- ◯ No

During training, what other subjects would have been beneficial to adequately prepare you for your first year in practice? (please specify)

What reference materials are most useful to you during your daily acupuncture practice activities? (please specify)

Acupuncture OAQ

In what California county is your primary practice located?

- ◯ Alameda
- ◯ Alpine
- ◯ Amador
- ◯ Butte
- ◯ Calaveras
- ◯ Colusa
- ◯ Contra Costa
- ◯ Del Norte
- ◯ El Dorado
- ◯ Fresno
- ◯ Glenn
- ◯ Humboldt
- ◯ Imperial
- ◯ Inyo
- ◯ Kern
- ◯ Kings
- ◯ Lake
- ◯ Lassen
- ◯ Los Angeles
- ◯ Madera
- ◯ Marin
- ◯ Mariposa
- ◯ Mendocino
- ◯ Merced
- ◯ Modoc
- ◯ Mono
- ◯ Monterey
- ◯ Napa
- ◯ Nevada
- ◯ Orange
- ◯ Placer
- ◯ Plumas
- ◯ Riverside
- ◯ Sacramento
- ◯ San Benito
- ◯ San Bernardino
- ◯ San Diego
- ◯ San Francisco
- ◯ San Joaquin
- ◯ San Luis Obispo
- ◯ San Mateo
- ◯ Santa Barbara
- ◯ Santa Clara
- ◯ Santa Cruz
- ◯ Shasta
- ◯ Sierra
- ◯ Siskiyou
- ◯ Solano
- ◯ Sonoma
- ◯ Stanislaus
- ◯ Sutter
- ◯ Tehama
- ◯ Trinity
- ◯ Tulare
- ◯ Tuolumne
- ◯ Ventura
- ◯ Yolo
- ◯ Yuba

8. PART II RATING JOB TASKS

In this part of the questionnaire, please rate each task as it relates to your current practice as an acupuncturist. Please rate each statement using the importance and frequency scale provided. Frequency and importance ratings should be separate and independent ratings. Therefore, the rating you assign to a statement on the importance scale should not influence the rating you assign to that same statement on the frequency scale. For example, a task you perform may be critical to your practice, but you may not perform that task very often.

If the task is NOT part of your current practice, rate the task "0" (zero) Importance and "0" (zero) Frequency.

The boxes for rating the Importance and Frequency of each task have drop-down lists. Click on the "down" arrow for each list to see the ratings and then select the option based on your current practice.

IMPORTANCE RATING

HOW IMPORTANT is performance of this task in your current practice?

0 - NOT IMPORTANT; DOES NOT APPLY TO MY PRACTICE. This task is not important and/or I do not perform this task in my practice.

1 - OF MINOR IMPORTANCE. This task has the lowest priority of all the tasks that I perform in my practice.

2 - FAIRLY IMPORTANT. This task is fairly important relative to other tasks; however, it does not have the priority of most other tasks that I perform in my practice.

3 - MODERATELY IMPORTANT. This task has about average priority among all tasks that I perform in my practice.

4 - VERY IMPORTANT. This task is very important for my practice; it has a higher degree of importance or priority than most other tasks that I perform in my practice.

5 - CRITICALLY IMPORTANT. This task is among the most critical tasks that I perform in my practice.

FREQUENCY RATING

HOW OFTEN do you perform this task to treat patients?

0 - DOES NOT APPLY TO MY PRACTICE. I never perform this task in my practice.

1 - RARELY. I rarely perform this task in my practice.

2 - SELDOM. I seldom perform this task in my practice. The frequency at which I perform this task in my practice is very low.

3 - OCCASIONALLY. This task is performed somewhat frequently in my practice.

4 - OFTEN. This task is performed more frequently than most other tasks in my practice.

5 - VERY OFTEN. I perform this task almost constantly and it is one of the most frequently performed tasks in my practice.

*TASK STATEMENTS - Patient Assessment

	Importance	Frequency
1. Assess chief complaint of patient by obtaining information regarding symptoms (e.g., onset, duration, location, severity, cause) to determine focus of examination.		
2. Interview patient regarding general health history (e.g., substance abuse, family health, traumatic events, surgery) to determine effect on chief complaint.		
3. Gather information regarding the history of present illness as it relates to chief complaint of patient.		
4. Interview patient regarding prior treatments provided for chief complaint.		
5. Interview patient regarding emotional state and life events that contribute to present complaint.		
6. Interview patient regarding sleep patterns that contribute to present complaint.		
7. Interview patient regarding environmental factors (e.g., work stress, pollutants, noise, climate) that contribute to present complaint.		
8. Interview patient regarding lifestyle (e.g., exercise, recreation, social activities, work schedule) to determine effect on symptom severity and development.		
9. Interview patient to determine dietary habits (e.g., type, quantity, frequency, time of day) that contribute to symptom severity and development.		
10. Interview patient regarding preferences or aversions to food and fluid flavors and temperatures to determine nature of imbalance.		
11. Interview patient regarding fluid intake (e.g., thirst, type, quantity, frequency, time of day) to determine contribution to condition.		
12. Interview patient regarding gastrointestinal symptoms (e.g., bloating, pain, appetite) to determine nature of imbalance.		
13. Interview patient regarding gynecological symptoms to determine nature of imbalance.		
14. Interview patient regarding urogenital symptoms to determine nature of imbalance.		
15. Interview patient regarding urinary characteristics (e.g., color, clarity, odor) to determine nature of imbalance.		
16. Interview patient regarding bowel characteristics (e.g., frequency, consistency, color, odor) to determine nature of imbalance.		
17. Evaluate patient for the presence of fever and/or chills to determine present health condition.		
18. Evaluate patient patterns of perspiration to determine nature of imbalance.		
19. Interview patient regarding eye symptoms (e.g., irritation, dryness, visual changes) to determine nature of imbalance.		
20. Interview patient regarding auditory function to determine nature of imbalance.		
21. Interview patient regarding pain characteristics (e.g., location, onset, severity, quality, duration) to determine nature of imbalance.		
22. Observe patient (e.g., vitality, demeanor) to determine level and quality of energy/Qi.		
23. Observe patient (e.g., presence, affect) to determine spirit/Shen.		
24. Observe patient physical characteristics (e.g., face, eyes, abdomen, nails) that aid		

in pattern differentiation.		
25. Observe patient physical characteristics (e.g., face, eyes, abdomen, nails) to determine Five Element associations.		

9.

*TASK STATEMENTS - Patient Assessment (continued)

	Importance	Frequency
26. Listen to sounds, voice quality, and vocal strength of patient to determine nature of disharmony.		
27. Interview patient regarding mucus characteristics (e.g., color, viscosity, quantity) to determine nature of imbalance.		
28. Evaluate patient phlegm characteristics to determine nature of imbalance.		
29. Evaluate patient respiratory system to determine nature of imbalance.		
30. Perform neurological examination (e.g., sensation, strength) on patient to determine health condition.		
31. Perform orthopedic examination (e.g., range of motion) on patient to determine health condition.		
32. Observe patient tongue body and coating to determine nature of imbalance.		
33. Assess patient radial pulse to determine nature of imbalance.		
34. Palpate areas of body (e.g., abdomen, muscles, joints, channels) to gather additional information regarding patient complaint.		
35. Interview patient to identify any supplements, herbs, or pharmaceuticals influencing health status.		
36. Review patient diagnostic report (e.g., blood, X-ray, MRI) to gather additional information regarding patient complaint.		
37. Listen to internal systems (e.g., lungs, heart, abdomen) of patient to gather additional information regarding patient complaint.		
38. Evaluate patient skin conditions (e.g., shingles, hives, psoriasis) to determine nature of imbalance.		
39. Determine patient conditions (e.g., blood in urine, chronic cough, unexplained weight loss) that require referral to other providers.		
40. Determine any life-threatening conditions (e.g., stroke, heart attack, seizure) occurring in patient that require immediate action.		
41. Perform physical exam on patient to determine present health condition.		

10.

*TASK STATEMENTS - Diagnostic Impression and Treatment Plan

	Importance	Frequency
42. Integrate assessment findings (e.g., pulse, tongue, history, channel) to form differential diagnosis.		
43. Identify affected channel by evaluating information gathered from patient.		
44. Differentiate between root and branch of condition to focus patient treatment.		
45. Prioritize findings regarding patient to develop treatment strategy.		
46. Utilize differential diagnosis to develop treatment principles (e.g., tonify, sedate, harmonize) for patient.		
47. Apply treatment principle (e.g., tonify, sedate, harmonize) to develop treatment plan for patient.		
48. Identify Yin and Yang imbalance by patient evaluation to develop a differential diagnosis.		
49. Identify Five Element disharmony by patient evaluation to develop a differential diagnosis.		
50. Identify Zang Fu disharmony by patient evaluation to develop a differential diagnosis.		
51. Identify Eight Principles categorization by patient evaluation to develop a differential diagnosis.		
52. Identify relative strength of Qi and Blood by patient evaluation to develop a differential diagnosis.		
53. Utilize Four Level differentiation to determine progression of pathogen.		
54. Utilize Six Stage differentiation to determine progression of pathogen.		
55. Utilize San Jiao theory to develop differential diagnosis.		
56. Determine Jin Ye quality by patient evaluation to develop diagnostic impression.		
57. Translate Traditional Chinese Medicine diagnostic concepts into common Western terminology for health care providers.		

11.

*TASK STATEMENTS - Providing Acupuncture Treatment

	Importance	Frequency
58. Develop a point prescription for patient based on treatment principles to restore balance.		
59. Select distal and/or proximal points on patient to treat affected channels and conditions.		
60. Select local points on patient by evaluating clinical indications to treat condition.		
61. Select points from different channels on patient to combine treatment of root and branch.		
62. Select points on patient opposite to area of patient complaint to treat condition.		
63. Select points on patient (e.g., above and below, right and left) that balance point distribution to harmonize treatment.		
64. Select points from Yin and Yang channels to balance the treatment prescription for patient.		
65. Select front and back points on patient to enhance treatment effect.		
66. Select points in the center of patient to treat conditions occurring in the extremities.		
67. Select points on the extremities of patient to treat conditions occurring in the center.		
68. Select Ashi points on patient to enhance treatment effect.		
69. Select points along the Muscle channels of patient to enhance treatment effect.		
70. Select Front-Mu (Alarm) points on patient to address acute imbalances.		
71. Select Back-Shu (Transport) points on patient to address chronic imbalances.		
72. Select Lower He-Sea points on patient to connect channels with respective Fu Organs.		
73. Select Five Shu (Five-Transporting) points on patient to treat imbalances of the Five Elements.		
74. Select Confluent points of the Eight Extraordinary Channels on patient based on clinical indications.		
75. Select Extra points on patient based on clinical indications.		
76. Select Intersecting/Crossing points on patient to treat conditions manifesting in multiple channels.		
77. Select Luo-Connecting points on patient to treat internally and externally related channels.		
78. Select Yuan-Source points on patient to access fundamental Qi for the channel.		
79. Select Xi-Cleft points on patient to treat acute conditions of the related channel or corresponding Organs.		
80. Select Eight Influential points on patient to treat condition.		
81. Select Four Seas points on patient to treat condition.		

Acupuncture OAQ

82. Utilize Seven Star needling technique on patient to treat condition.		
83. Utilize Bleeding technique on patient to treat condition.		

12.

*TASK STATEMENTS - Providing Acupuncture Treatment (continued)

	Importance	Frequency
84. Select Mother/Son (Four Needle Technique) points on patient to address Five Element imbalances.		
85. Locate points for needle insertion on patient by utilizing anatomical landmarks and proportional measurements.		
86. Evaluate patient condition to determine needle retention time for optimal treatment effects.		
87. Place patient into recommended position for needle insertion.		
88. Insert needle within standard depth range to stimulate point on patient.		
89. Manipulate needle to produce therapeutic effect in patient.		
90. Identify contraindications for needling by evaluating patient condition to avoid injury and/or complications.		
91. Identify points that require needling with caution (e.g., locations near arteries) to avoid complications.		
92. Apply moxibustion techniques on patient to treat indicated conditions.		
93. Identify contraindications for moxibustion by evaluating patient condition to avoid injury and/or complications.		
94. Perform electroacupuncture on patient to enhance effectiveness of treatment for select conditions.		
95. Identify contraindications for electroacupuncture to avoid injury and/or complications.		
96. Perform cupping techniques on patient to treat condition.		
97. Identify contraindications for cupping to avoid injury and/or complications.		
98. Perform Gua-sha techniques on patient to treat condition.		
99. Identify contraindications for Gua-sha techniques to avoid injury and/or complications.		
100. Perform massage techniques (e.g., Tui Na, acupressure) on patient to treat condition.		
101. Identify contraindications for massage techniques to avoid injury and/or complications.		
102. Instruct patient on use of supportive therapies (e.g., ear seeds, moxa, plaster, exercises) for implementation in clinic or at home.		
103. Identify contraindications for supportive therapies (e.g., ear seeds, moxa, plaster, exercises) to avoid injury and/or complications.		
104. Recommend dietary changes for patient by identifying specific foods to add or remove from daily meals to support treatment.		
105. Recommend lifestyle changes for patient (e.g., exercise, ergonomics, meditation) to improve health condition.		
106. Select scalp points based on clinical indications to treat patient condition.		

Acupuncture OAQ

107. Select auricular points based on clinical indications to treat patient condition.		
108. Evaluate patient stress response to treatment by monitoring vital signs.		
109. Evaluate patient condition during follow-up visit by examining changes in function, signs, and symptoms to determine adjustments to treatment plan.		
110. Provide patient with information (e.g., instructions, pamphlets, exercise routines, meditation methods) that promotes a healthy lifestyle.		
111. Educate patient regarding differences between Traditional Chinese Medicine and Western medicine to clarify terminology and procedures.		
112. Provide patient with information regarding physiological systems to explain how the body functions.		
113. Inform patient of Traditional Chinese Medicine diagnosis by comparing it to Western medicine and explaining how the methods differ.		

13.

*TASK STATEMENTS - Herbal Therapy

	Importance	Frequency
114. Develop herbal formula for patient based on treatment principle (e.g., tonify, sedate, harmonize) to restore balance.		
115. Distinguish between herbs and formulas from the same categories to select the most therapeutic application.		
116. Select herbal formula by identifying hierarchy of herbs (e.g., chief, deputy, envoy, assistant) for therapeutic application.		
117. Identify complementary herb qualities and point functions to provide integrated treatment.		
118. Identify similarities (e.g., analogs) between herbal therapy and Western medications to optimize treatment.		
119. Identify contraindications for herbs when combined with Western medications to avoid adverse interactions.		
120. Monitor effects of herbs when combined with Western medications to determine interactions.		
121. Identify patient conditions that are contraindicated for recommending herbs.		
122. Recommend herbs and herbal formulas adjusted for patient constitution to provide effective treatment.		
123. Determine effective dosage of herbal therapy by evaluating patient condition.		
124. Evaluate patient response to herbal therapy to determine if modifications are indicated.		
125. Monitor patient response to herbal therapy for side effects.		
126. Instruct patient on usage of herbs (e.g., dosage, cooking, application) to produce intended therapeutic effect.		
127. Collaborate with other professionals and herb specialists to determine herbal therapy (e.g., formula, dosage, patent) for treating patient conditions.		

14.

*TASK STATEMENTS - Public Health & Safety and Record Keeping

	Importance	Frequency
128. Document initial assessment and treatments (i.e., Subjective/Objective/Assessment/Plan or SOAP) to maintain patient records.		
129. Develop advertisements in accordance with legal guidelines regarding services provided.		
130. Maintain patient records in accordance with State and federal regulations.		
131. Maintain patient confidentiality in accordance with State and federal regulations.		
132. Report known or suspected abuse of patients by contacting protective services in accordance with State and federal regulations.		
133. Obtain informed patient consent for treatment by providing information regarding benefits, risks, and side effects.		
134. Prevent contamination and spread of pathogens by maintaining a clinical environment that adheres to State and federal laws and guidelines.		
135. Dispose of needles, contaminated material, and containers in accordance with California Occupational Safety and Health Administration guidelines.		
136. Utilize clean needle technique to prevent contamination and spread of pathogens in accordance with California Occupational Safety and Health Administration guideline.		
137. Adhere to ethical standards and professional boundaries while interacting with patients.		
138. Adhere to professional standards regarding substance use within the treatment environment.		
139. Adhere to business practice standards (i.e., preventing insurance fraud, abiding with labor laws, complying with local ordinances) for health care professionals.		
140. Prepare reports regarding patient condition by translating Traditional Chinese Medicine diagnosis into common medical terminology to communicate with other health care providers.		
141. Determine the need to collaborate with primary physician and/or other health care providers to identify the most effective treatment for patient.		

15. PART III. RATING PRACTICE KNOWLEDGE

In this part of the questionnaire, rate each of the knowledge statements based on how important the knowledge is to successful performance in your practice. If a knowledge statement is NOT utilized in the performance of tasks for your practice, rate it "0" (zero) for Importance.

The boxes for rating the Importance of each knowledge statement have a drop-down list. Click on the "down" arrow for each list to see the ratings. Then select the rating based on your current practice.

IMPORTANCE RATING

HOW IMPORTANT is this knowledge in the performance of your current practice?

Use the following scale to select your ratings.

0 - NOT IMPORTANT and/or NOT REQUIRED. This knowledge does not apply to my practice; it is not required for performance of tasks.

1 - OF MINOR IMPORTANCE. Possession of this knowledge is of minor importance for performance of tasks.

2 - FAIRLY IMPORTANT. Possession of this knowledge is fairly important for performance of tasks.

3 - MODERATELY IMPORTANT. Possession of this knowledge is moderately important for performance of tasks.

4 - VERY IMPORTANT. Possession of this knowledge is very important for performance in a significant part of my practice.

5 - CRITICALLY IMPORTANT. Possession of this knowledge is of critical to the performance of tasks.

*KNOWLEDGE STATEMENTS - Patient Assessment

	Importance
1. Knowledge of physical examination techniques and evaluation of findings.	
2. Knowledge of techniques for obtaining vital signs.	
3. Knowledge of interview techniques for obtaining health history.	
4. Knowledge of patient history (e.g., health, trauma, emotional, family) that impact current health status.	
5. Knowledge of the impact of patient genetics and heredity on symptom development.	
6. Knowledge of the roles of other health care providers and commonly used treatment methods.	
7. Knowledge of the impact of emotions on pathology.	
8. Knowledge of the patterns of sleep associated with pathology.	
9. Knowledge of external and internal influences that impact current health status.	
10. Knowledge of the impact of dietary habits on pathology or imbalance.	
11. Knowledge of the effects of environmental factors (e.g., work stress, pollutants, noise, climate) on pathology or imbalance.	
12. Knowledge of the gastrointestinal system.	
13. Knowledge of methods for palpating the abdomen.	
14. Knowledge of the relationship between appetite and dietary habits and resulting digestive disharmony or pathology.	
15. Knowledge of the association between taste in mouth (e.g., metallic, sour, sweet) and pathology.	
16. Knowledge of the effect of herbal and food flavors and temperatures on pathology.	
17. Knowledge of the association between food and fluid flavor preferences and pathology.	
18. Knowledge of the relationship between food and fluid temperature preferences and pathology.	
19. Knowledge of the association between characteristics of thirst and patterns of disharmony.	
20. Knowledge of the anatomy and physiology of human body systems.	
21. Knowledge of patterns of disharmony associated with menstruation.	
22. Knowledge of the female reproductive system.	
23. Knowledge of patterns of disharmony associated with pregnancy and childbirth.	
24. Knowledge of patterns of disharmony associated with menopause.	
25. Knowledge of patterns of disharmony associated with the male reproductive system.	

16.

*KNOWLEDGE STATEMENTS - Patient Assessment (continued)

	Importance
26. Knowledge of pathologies associated with patterns of urine elimination and urine characteristics.	
27. Knowledge of pathologies associated with patterns of bowel elimination and stool characteristics.	
28. Knowledge of the association between fever and/or chills and pathogenic influences.	
29. Knowledge of abnormal perspiration characteristics associated with interior and exterior patterns.	
30. Knowledge of the relationship between ocular symptoms and pathology.	
31. Knowledge of the relationship between auricular symptoms and pathology.	
32. Knowledge of pain characteristics resulting from pathological influences.	
33. Knowledge of the theory of Qi.	
34. Knowledge of Shen characteristics and clinical indicators of impaired Shen.	
35. Knowledge of facial indicators associated with pathology or disharmony.	
36. Knowledge of physical characteristics (e.g., face, eyes, abdomen, nails) that aid in pattern differentiation.	
37. Knowledge of the interrelationships between Organs.	
38. Knowledge of the interrelationships between meridians.	
39. Knowledge of the theory of Jin Ye characteristics.	
40. Knowledge of the relationship between quality and strength of voice and patterns of disharmony.	
41. Knowledge of phlegm characteristics and pathology.	
42. Knowledge of mucus characteristics and pathology.	
43. Knowledge of signs and symptoms of impaired respiratory function.	
44. Knowledge of skin characteristics associated with pathology.	
45. Knowledge of methods of assessing neuromusculoskeletal function and integrity.	
46. Knowledge of neuromusculoskeletal conditions.	
47. Knowledge of pathogenic factors that affect joints and surrounding areas.	
48. Knowledge of causes of joint pathology.	
49. Knowledge of conditions associated with abnormal localized temperature.	
50. Knowledge of tongue characteristics associated with pathology and health.	

17.

*KNOWLEDGE STATEMENTS - Patient Assessment (continued)

	Importance
51. Knowledge of methods for obtaining pulse information from various locations on the body.	
52. Knowledge of methodology for assessment of nature and quality of pain.	
53. Knowledge of the theory of interconnection of Organs and tissues (e.g., liver to tendon, spleen to muscle).	
54. Knowledge of the relationship between Organs and the Five senses (e.g., liver to eyes, kidney to ear).	
55. Knowledge of Western medical terminology and definitions.	
56. Knowledge of the classification of commonly prescribed Western medications.	
57. Knowledge of the clinical indications of commonly prescribed Western medications.	
58. Knowledge of side effects of commonly prescribed Western medications.	
59. Knowledge of clinical indications of commonly prescribed herbs and supplements.	
60. Knowledge of side effects of commonly used herbs and supplements.	
61. Knowledge of interactions between commonly used supplements, herbs, and Western medications.	
62. Knowledge of clinical significance of laboratory tests used for diagnostic purposes.	
63. Knowledge of clinical significance of diagnostic imaging reports (e.g., X-ray, ultrasound, computed tomography).	
64. Knowledge of vital sign values as clinical indicators of pathology.	
65. Knowledge of clinical indications of cardiopulmonary dysfunction.	
66. Knowledge of palpation techniques for determination of pathology.	
67. Knowledge of the effects of pathways and functions of cranial nerves on the determination of pathology.	
68. Knowledge of signs and symptoms of emergency conditions (e.g., shock, heart attack, seizure).	
69. Knowledge of methods for administering cardiopulmonary resuscitation.	
70. Knowledge of methods for providing first aid treatment.	
71. Knowledge of the signs and symptoms of food, nutrient, and drug interactions.	
72. Knowledge of methods for listening to internal systems (e.g., lungs, heart, abdomen).	
73. Knowledge of environmental factors (e.g., work stress, pollutants, noise, climate) that cause disease.	

18.

*KNOWLEDGE STATEMENTS - Developing a Diagnostic Impression and Treatment Plan

	Importance
74. Knowledge of methods for integrating assessment information to develop a diagnosis.	
75. Knowledge of the association between radial pulse findings and pathology.	
76. Knowledge of the association between tongue characteristics and pathology.	
77. Knowledge of methods for integrating tongue and pulse characteristics to identify pathology.	
78. Knowledge of the relationship between the Organs and channels in disease progression and transformation.	
79. Knowledge of the relationships, patterns, and changes of Yin and Yang.	
80. Knowledge of the relationship between the Zang Fu and vital substances (i.e., the liver stores the blood).	
81. Knowledge of disease progression from superficial to deep levels of the human body.	
82. Knowledge of clinical indicators associated with disease of the channels.	
83. Knowledge of the distribution, functions, and clinical significance of the channels.	
84. Knowledge of principles for treating root symptoms versus branch symptoms of pathology or disharmony.	
85. Knowledge of methods for prioritizing pathology or disharmony symptoms.	
86. Knowledge of the interrelationships of the Five Elements and clinical indications of disharmony.	
87. Knowledge of the functions of and relationship between the Zang Fu and the channels.	
88. Knowledge of the clinical indications associated with Zang Fu pathology.	
89. Knowledge of methods for identifying simultaneous Zang Fu disharmonies.	
90. Knowledge of methods for differentiating patterns of Hot and Cold conditions.	
91. Knowledge of methods for differentiating Empty and Full patterns.	
92. Knowledge of the functions associated with the types of Qi.	
93. Knowledge of the characteristics and functions associated with Blood.	
94. Knowledge of the disharmonies associated with Qi and Blood.	
95. Knowledge of patterns of disharmony associated with the Six Stages.	
96. Knowledge of patterns of disharmony associated with the Four Levels.	
97. Knowledge of patterns of disharmony associated with the San Jiao.	
98. Knowledge of theories, relationships, and disharmonies of Qi, Blood, and body fluid.	
99. Knowledge of the relationship between Western disease diagnoses and Traditional Chinese Medicine patterns.	
100. Knowledge of Western medical diagnoses and physiological processes involved with disease progression.	

19.

*KNOWLEDGE STATEMENTS - Developing a Diagnostic Impression and Treatment Plan (continued)

	Importance
101. Knowledge of patient conditions (e.g., blood in urine, chronic cough, unexplained weight loss) that require patient referral.	
102. Knowledge of Traditional Chinese Medicine pattern differentiation to determine treatment principles.	
103. Knowledge of the effectiveness of combining treatment strategies in developing a treatment plan.	
104. Knowledge of how Qi is dispersed to the Zang Fu Organs via the Yuan-Source points.	
105. Knowledge of treatment strategies for using tonification and/or sedation points.	
106. Knowledge of the association between stimulation techniques and treatment principles.	
107. Knowledge of therapeutic uses for moxibustion.	
108. Knowledge of therapeutic uses of Gua Sha.	
109. Knowledge of therapeutic uses for external herbs.	
110. Knowledge of therapeutic uses for electroacupuncture.	
111. Knowledge of therapeutic uses for cupping.	
112. Knowledge of therapeutic uses for soft tissue massage techniques.	
113. Knowledge of therapeutic uses for adjunctive therapies.	

20.

*KNOWLEDGE STATEMENTS - Providing Acupuncture Treatment

	Importance
114. Knowledge of the techniques for Bleeding.	
115. Knowledge of the techniques for Seven Star Needling.	
116. Knowledge of safe needle placement techniques to prevent damage (e.g., Organs, arteries, nerves).	
117. Knowledge of the function and clinical indications of points.	
118. Knowledge of the classification of acupuncture points.	
119. Knowledge of the association between points and internal Organs and channels.	
120. Knowledge of methods for combining distal and proximal points.	
121. Knowledge of therapeutic effects of using local points in acupuncture treatment.	
122. Knowledge of principles for combining points from different channels.	
123. Knowledge of therapeutic effects of needling points on the opposite side of the body from the location of the condition.	
124. Knowledge of the method for balancing the points on the upper part of the body with those of the lower part.	
125. Knowledge of the effects of using points on the front and back to regulate internal Organs.	
126. Knowledge of treatment strategies that use centrally located points that relate to the extremities.	
127. Knowledge of treatment strategies that use points in the extremities that relate to the center.	
128. Knowledge of the therapeutic use of Ashi points.	
129. Knowledge of the therapeutic use of points along the Muscle channels.	
130. Knowledge of the effects of using Front-Mu points in treatment.	
131. Knowledge of the effects of using Back-Shu points in treatment.	
132. Knowledge of methods for combining Front-Mu points and Back-Shu points to balance treatment.	
133. Knowledge of treatment principles for using Lower He-Sea points.	
134. Knowledge of techniques for choosing points according to channel theory.	
135. Knowledge of the efficacy of using particular points during progressive phases of treatment.	
136. Knowledge of significance of selecting points based upon specific time of day.	
137. Knowledge of therapeutic use of Five Shu (Five Transporting) points.	
138. Knowledge of therapeutic use of Confluent points of the Eight Extraordinary channels.	
139. Knowledge of therapeutic use of Extraordinary points.	
140. Knowledge of therapeutic use of Intersecting/Crossing points of the channel.	

21.

*KNOWLEDGE STATEMENTS - Providing Acupuncture Treatment (continued)

	Importance
141. Knowledge of therapeutic use of Luo-Connecting points.	
142. Knowledge of the relationships between the Luo-Connecting points and the Twelve Primary channels.	
143. Knowledge of therapeutic use of Yuan-Source points.	
144. Knowledge of therapeutic use of Xi-Cleft points.	
145. Knowledge of therapeutic use of tonification and/or sedation techniques.	
146. Knowledge of therapeutic use of Four Seas points.	
147. Knowledge of therapeutic use of Influential points.	
148. Knowledge of therapeutic use of Mother/Son points (Four Needle Technique).	
149. Knowledge of the theory of the Five Elements.	
150. Knowledge of the anatomical landmarks and proportional measurements used in point location.	
151. Knowledge of needle manipulation techniques.	
152. Knowledge of the needle retention methods for pathological conditions.	
153. Knowledge of the impact of patient constitution and condition on duration of needle retention.	
154. Knowledge of patient positions for locating and needling acupuncture points.	
155. Knowledge of recommended needling depths and angles.	
156. Knowledge of the application of moxibustion techniques.	
157. Knowledge of the application of electroacupuncture techniques.	
158. Knowledge of the application of cupping techniques.	
159. Knowledge of the application of soft tissue massage techniques.	
160. Knowledge of the application of adjunct therapies (e.g., ear seeds, plaster, exercises).	
161. Knowledge of the application of Gua Sha techniques.	
162. Knowledge of lifestyle changes and stress reduction techniques that improve health.	
163. Knowledge of nutritional concepts and dietary modifications specific to patient condition.	
164. Knowledge of the techniques of scalp acupuncture.	
165. Knowledge of the techniques of auricular acupuncture.	
166. Knowledge of signs and symptoms of patient distress.	

22.

*KNOWLEDGE STATEMENTS - Providing Acupuncture Treatment (continued)

	Importance
167. Knowledge of patient symptoms that indicate need for treatment modification.	
168. Knowledge of contraindications for needling.	
169. Knowledge of points and conditions that should be needled with caution.	
170. Knowledge of contraindications for electroacupuncture.	
171. Knowledge of contraindications for cupping.	
172. Knowledge of contraindications for moxibustion.	
173. Knowledge of contraindications for soft tissue massage.	
174. Knowledge of contraindications for adjunctive therapies.	
175. Knowledge of contraindications for Gua Sha techniques.	

23.

*KNOWLEDGE STATEMENTS - Herbal Therapy

	Importance
176. Knowledge of therapeutic uses for herbs and herbal formulas.	
177. Knowledge of the categories of herbs and herbal formulas according to therapeutic properties.	
178. Knowledge of the effects of herbs and herbal formulas on channels and Organs	
179. Knowledge of modifications of herbal formulas.	
180. Knowledge of the synergistic and antagonist relationships of ingredients in herbal formulas.	
181. Knowledge of the hierarchical principles governing herbal formulas.	
182. Knowledge of the association between therapeutic effects of points and herbal therapy.	
183. Knowledge of interactions between herbal therapies and Western medications.	
184. Knowledge of cautions and contraindications regarding the recommendation of herbs and herbal formulas.	
185. Knowledge of the interactions between diet and herbal therapies.	
186. Knowledge of the effect of dosage on the therapeutic effectiveness of herbs and herbal formulas.	
187. Knowledge of the practice of herbal formula preparation.	
188. Knowledge of the relationships between herbal formulas and treatment principles.	
189. Knowledge of strategies for combining herb ingredients to form an herbal formula.	
190. Knowledge of combinations of herbs that are toxic or produce undesired side effects.	
191. Knowledge of the techniques for external application of herbs (e.g., plasters, poultices, soaks).	
192. Knowledge of methods for modifying herbal formulas to treat changes in patient condition.	
193. Knowledge of the effects of processing herbs on efficacy and toxicity.	
194. Knowledge of forms (e.g., raw, granules, pill) used for administration of herbs.	
195. Knowledge of herbal formula recommendations based upon patient constitution.	

Acupuncture OAQ

24.

*KNOWLEDGE STATEMENTS - Public Health and Safety and Record Keeping

	Importance
196. Knowledge of legal requirements pertaining to the maintenance and retention of records.	
197. Knowledge of laws regarding advertisement and dissemination of information about professional qualifications and services.	
198. Knowledge of laws that define scope of practice and professional competence for acupuncturists.	
199. Knowledge of legal requirements for protecting patient confidentiality.	
200. Knowledge of indicators of child, elder, and dependent adult abuse.	
201. Knowledge of legal requirements for reporting known or suspected abuse of children, elders, and dependent adults.	
202. Knowledge of guidelines for writing medical records and reports.	
203. Knowledge of methods for using Western medical diagnostic codes.	
204. Knowledge of legal requirements for written consent to disclose patient records or share patient information.	
205. Knowledge of conditions and requirements (e.g., subpoena) for disclosing confidential material to other individuals, agencies, or authorities.	
206. Knowledge of the characteristics of infectious diseases and mechanisms of disease transmission.	
207. Knowledge of sterilization procedures for treatment of instruments and equipment.	
208. Knowledge of procedures and standards for storage of equipment after sterilization.	
209. Knowledge of Centers for Disease Control guidelines for treating patients with communicable diseases.	
210. Knowledge of Centers for Disease Control guidelines for preventing cross-contamination or spread of pathogens.	
211. Knowledge of Centers for Disease Control guidelines for reporting incidents of infectious and other diseases.	
212. Knowledge of California Department of Public Health regulations for reporting incidents of infectious and other diseases.	
213. Knowledge of the impact of inserting needles into skin that is inflamed, irritated, diseased, or broken.	
214. Knowledge of the risks of infectious diseases in the practitioner and patient environment.	
215. Knowledge of standards and procedures for the Clean Needle Technique.	
216. Knowledge of the methods for isolating used needles.	
217. Knowledge of California Occupational Safety and Health Administration requirements for disposal of contaminated materials.	
218. Knowledge of laws regulating practice techniques for California-licensed acupuncturists.	
219. Knowledge of ethical standards for professional conduct in an acupuncture practice setting.	

Acupuncture OAQ

25. COMMENTS

Please enter any comments you have regarding this survey. Your comments will not be connected with your demographic information or utilized for anything other than improving the questionnaire process.

Acupuncture OAQ

26. FINISHED

THANK YOU FOR COMPLETING THIS SURVEY QUESTIONNAIRE.

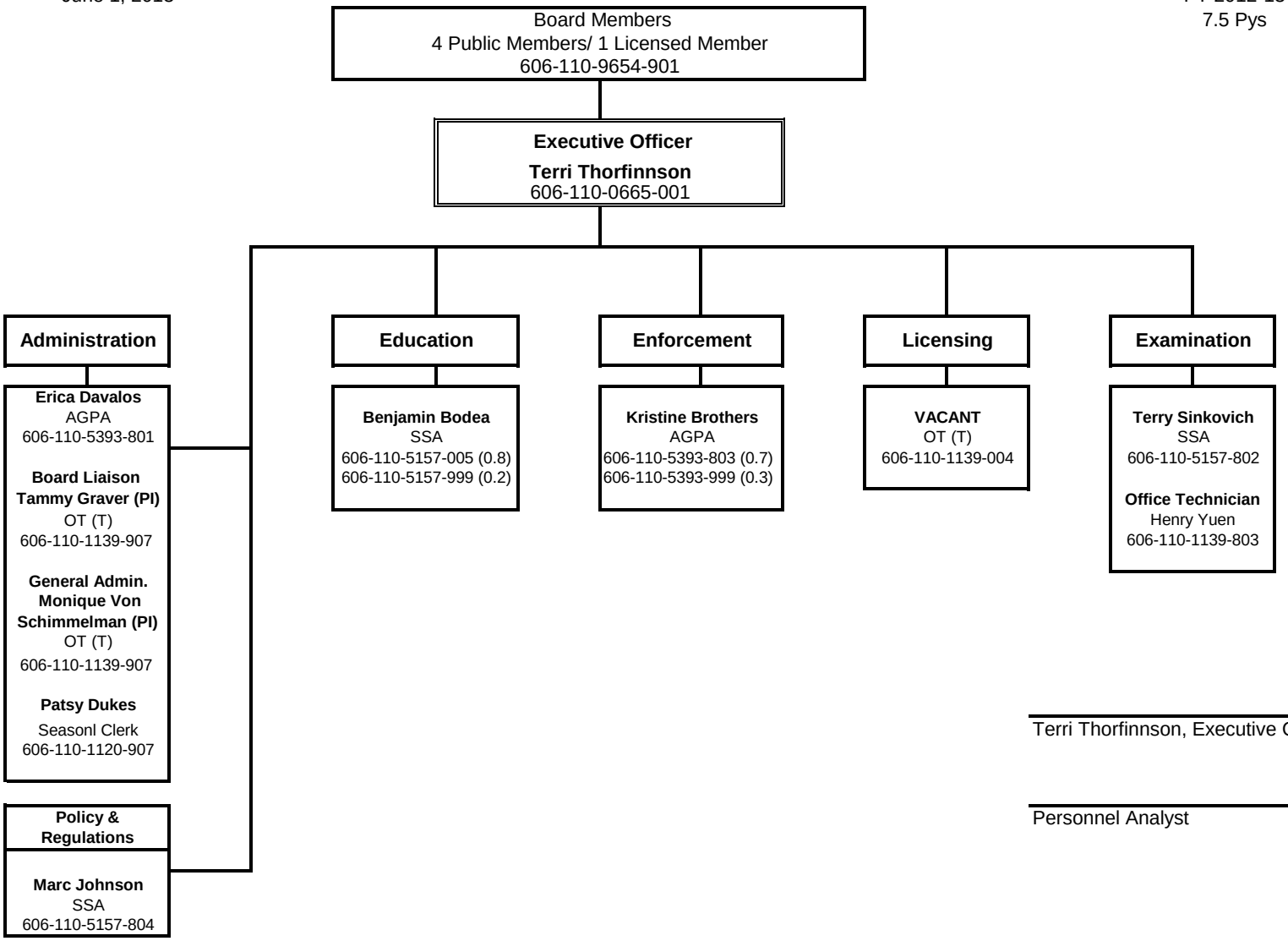
Attachment D

Department of Consumer Affairs

California Board of Acupuncture

June 1, 2013

FY 2012-13
7.5 Pys



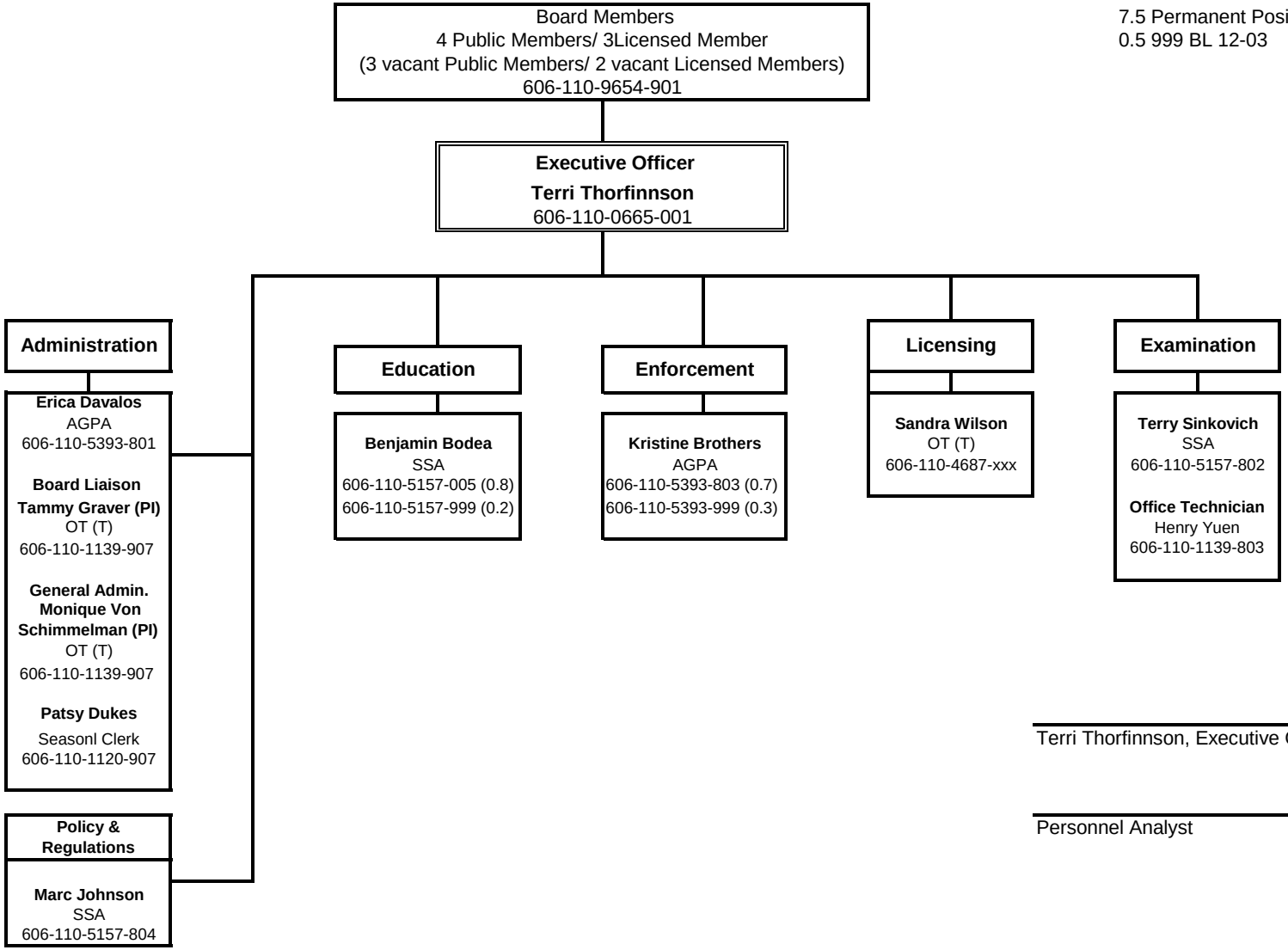
Terri Thorfinnson, Executive Officer

Personnel Analyst

Department of Consumer Affairs

California Board of Acupuncture

FY 2013-14
7.5 Permanent Positions
0.5 999 BL 12-03



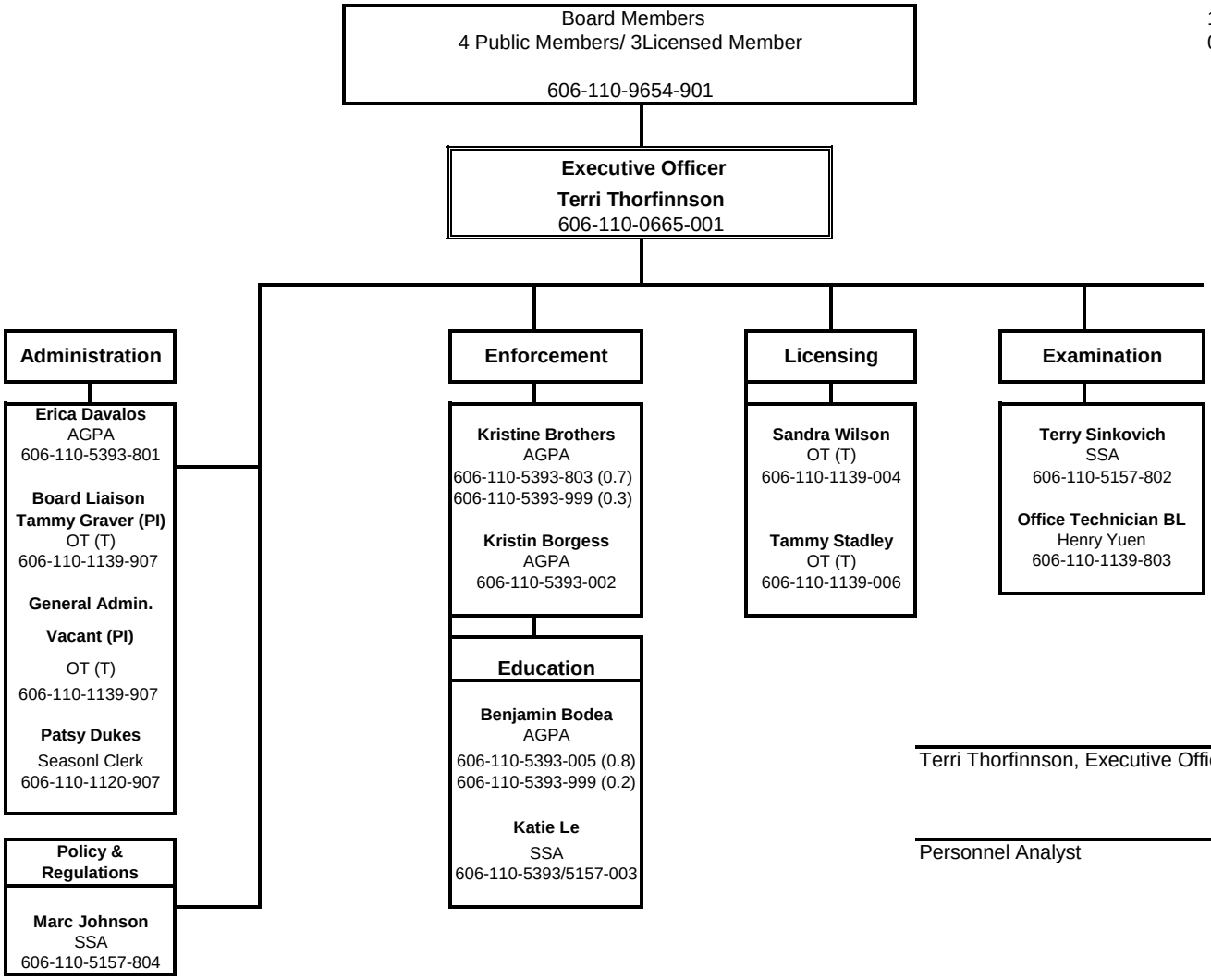
Terri Thorfinnson, Executive Officer

Personnel Analyst

Department of Consumer Affairs

California Board of Acupuncture

FY 2014-15
10.5 Authorized Positions
0.5 999 BL 12-03



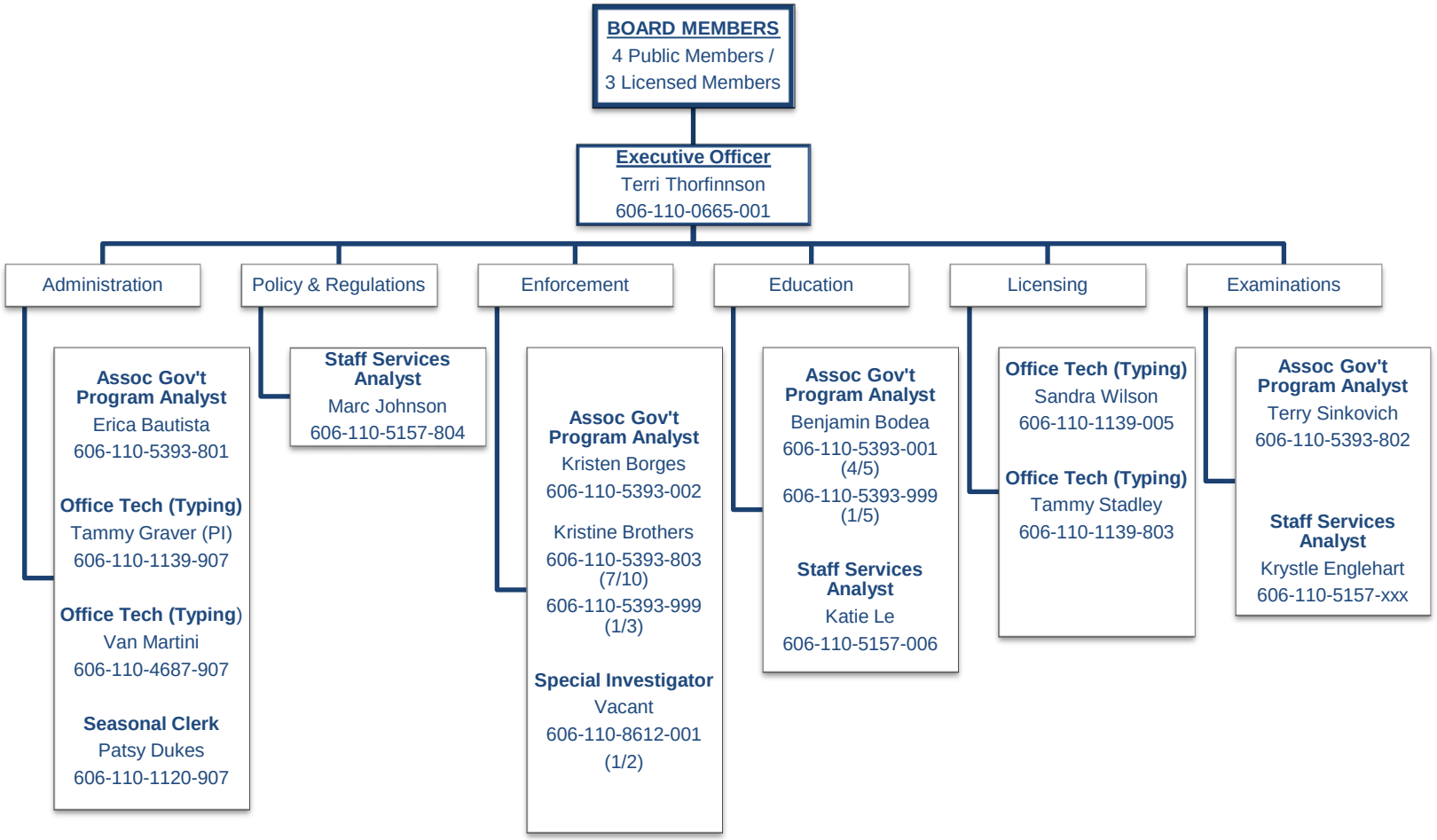
Terri Thorfinnson, Executive Officer

Personnel Analyst

Department of Consumer Affairs

California Board of Acupuncture

FY 2015/16
Authorized Positions: 10.5
BL 12-03 (999 Blanket): 0.5



Terri Thorfinnson, Executive Officer

Classification and Pay Analyst