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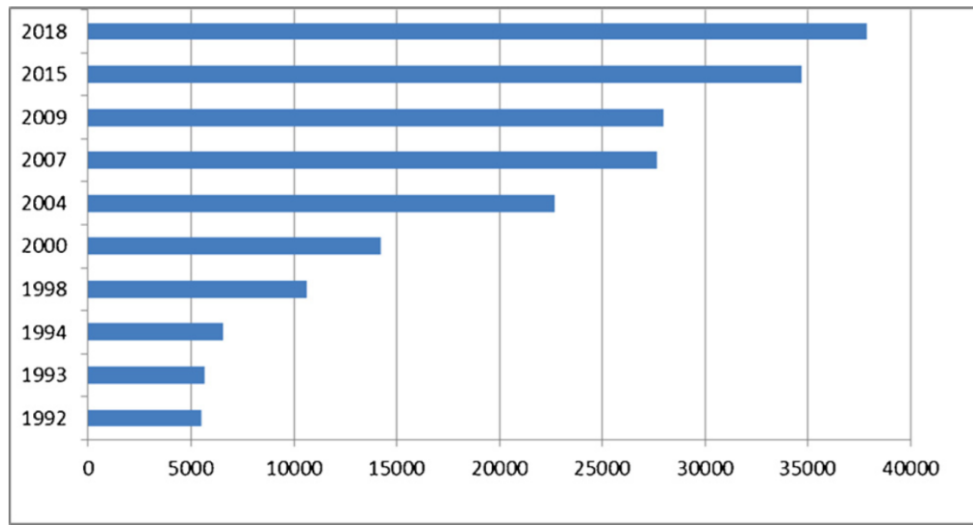
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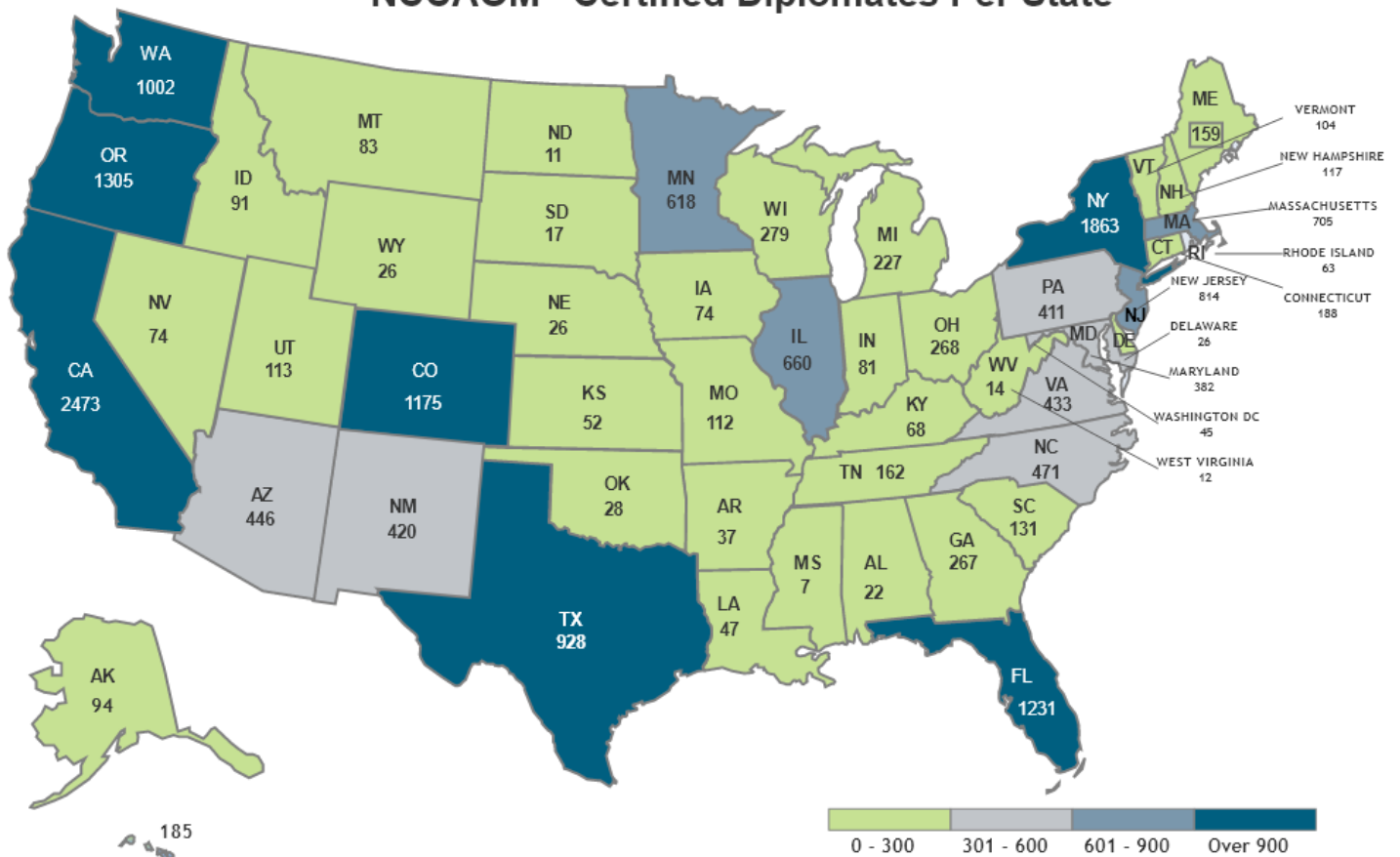
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APPENDIX A

Historical Growth of Numbers of Acupuncturists and Current Count Certified of Diplomates



NCCAOM[®] Certified Diplomates Per State

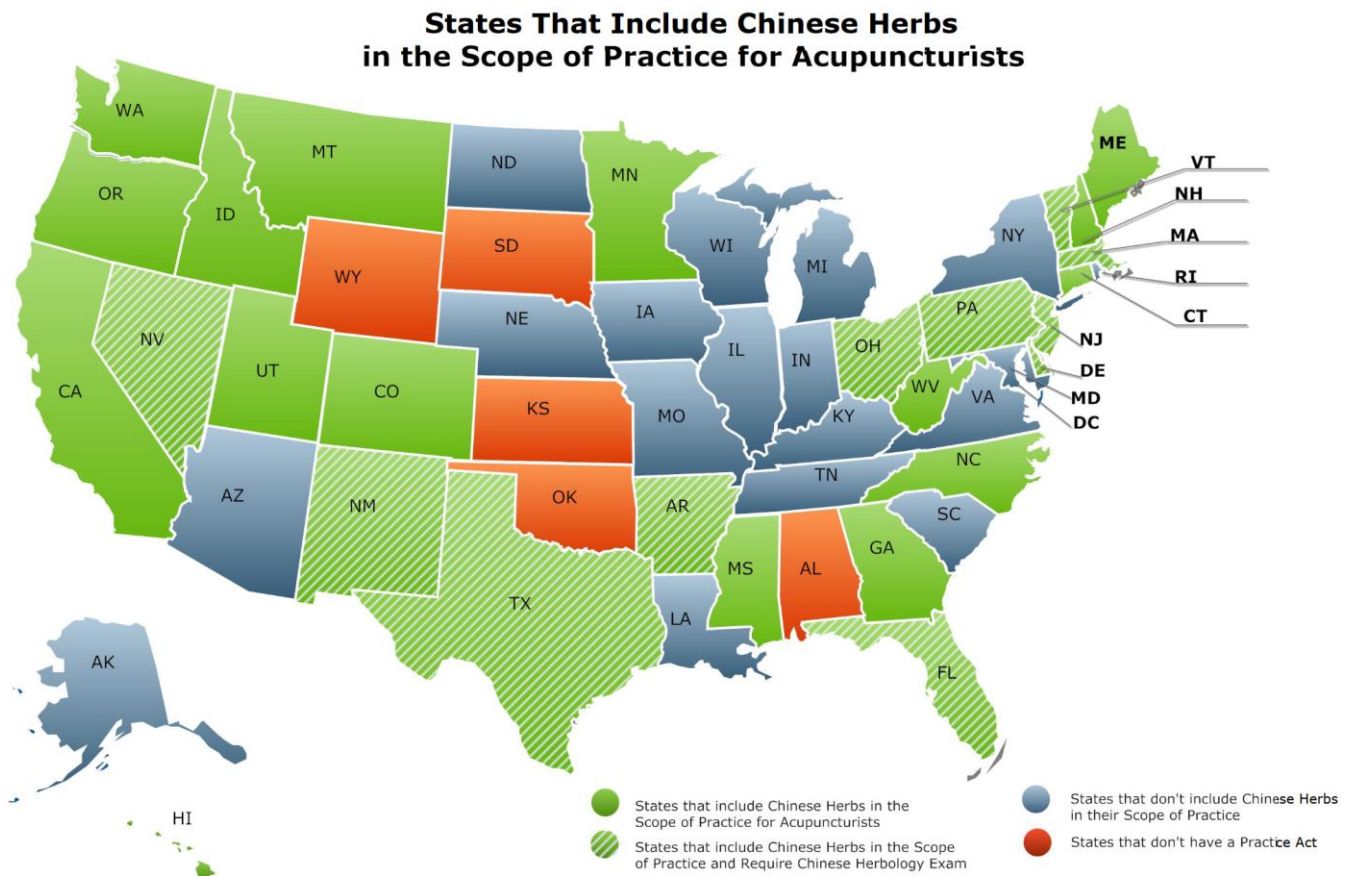


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APPENDIX B

States That Include Chinese Herbs in the Scope of Practice for Acupuncturists



APPENDIX C

ACAOM COMPREHENSIVE STANDARDS AND CRITERIA

Standard 7 – Program of Study

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Criterion 7.01: PROGRAM LEVEL

INSTITUTIONAL COMPONENTS

There are no institutional components for this criterion.

PROGRAMMATIC COMPONENTS

ALL PROGRAMS

The program must:

- A. be appropriate to an institution of higher education offering a graduate-level professional degree in

acupuncture.

- B. be sufficiently rigorous in breadth and depth, and appropriate to graduate professional education and training for practitioners in the acupuncture profession.
- C. employ policies and procedures that ensure reliable and accurate assignment of credit hours and conform to commonly accepted practice in higher education.
- D. ensure that the sequencing, duration, nature and content of all didactic, practical, and clinical training courses are appropriately integrated and consistent with program purpose, goals, and expected student learning outcomes.
- E. show evidence that it has developed appropriate course prerequisites and that students have completed all prerequisites prior to enrollment in a course.
- F. demonstrate that institutional commitment, the level of instruction, supervision, oversight, and opportunities for graduates, are comparable for:
 - 1. each language track of programs taught in multiple languages.
 - 2. each location for programs taught at multiple locations.
 - 3. all methods of educational delivery (i.e., distance education).

Criterion 7.02: MINIMUM PROGRAM LENGTH, CREDITS AND HOURS

Related Policies:

[ACAOM Glossary;](#)

References:

INSTITUTIONAL COMPONENTS

There are no institutional components for this criterion.

PROGRAMMATIC COMPONENTS

MASTER'S LEVEL PROGRAMS

These credit requirements are over and above the 60 semester credits required for admission to the professional master's level program and must meet ACAOM credit related definitions.

- A. Professional **acupuncture programs** must:
 - 1. be at least three (3) academic years in length
 - 2. be a minimum of 105 semester credits of instruction, including at least:
 - a. 705 clock (contact) hours of instruction in Oriental medical theory, diagnosis and treatment techniques in acupuncture, and related studies.
 - b. 660 clock hours of instruction in clinical training, comprised of at least 150 hours in clinical observation and 500 clock hours of instruction in clinical internship.
 - c. 450 clock hours of instruction in biomedical clinical sciences.
 - d. 90 clock hours of instruction in counseling, communication, ethics and practice management.
- B. Professional **acupuncture programs with a Chinese herbal medicine specialization** must:
 - 1. be at least four (4) academic years in length
 - 2. be a minimum of 146 semester credits of instruction, including at least:

- a. 705 clock hours of instruction in Oriental medical theory, diagnosis and treatment techniques in acupuncture, and related studies.
 - b. 450 clock hours of instruction in didactic AOM-related herbal studies.
 - c. 870 clock hours of instruction in integrated acupuncture and herbal clinical training, comprised of at least 150 hours in clinical observation and 700 clock hours of instruction in clinical internship.
 - d. 510 clock hours of instruction in biomedical clinical sciences.
 - e. 90 clock hours of instruction in counseling, communication, ethics, and practice management.
- C. Professional **Chinese herbal medicine certificate programs** must be a minimum of 41 semester credits of instruction, including at least:
- 1. 450 clock hours of instruction in didactic AOM-related herbal studies.
 - 2. 210 clock hours of instruction in clinical training, comprised of at least 200 clock hours of instruction in herbal clinical internship training.
 - 3. 60 clock hours of instruction in related biomedical clinical sciences.

PROFESSIONAL DOCTORAL [DAc] PROGRAMS

These credit requirements are over and above the 90 semester credits required for admission to the professional doctoral program and must meet ACAOM credit-related definitions.

- A. Professional doctoral programs in **acupuncture** must:
- 1. be at least four (4) academic years in length
 - 2. be a minimum of 121 semester credits of instruction and include at least:
 - a. 705 clock (contact) hours of instruction in Oriental medical theory, diagnosis and treatment techniques in acupuncture, and related studies.
 - b. 790 clock hours of instruction in clinical training, comprised of at least 150 hours in clinical observation and 500 clock hours of instruction in clinical internship.
 - c. 450 clock hours of instruction in biomedical clinical sciences.
 - d. 90 clock hours of instruction in counseling, communication, ethics and practice management.
 - 3. meet or exceed all existing ACAOM standards and criteria required for master's level acupuncture programs, in addition to meeting the professional doctoral standards, criteria, and professional competencies defined in this document.
- B. Professional doctoral programs in **acupuncture with a Chinese herbal medicine specialization** must:
- 1. be at least four (4) academic years in length
 - 2. be a minimum of 162 semester credits of instruction and include at least:
 - a. 705 clock hours of instruction in Oriental medical theory, diagnosis and treatment techniques in acupuncture, and related studies.
 - b. 450 clock hours of instruction in didactic AOM-related herbal studies.
 - c. 1,000 clock hours of instruction in integrated acupuncture and herbal clinical training, comprised of at least 150 hours in clinical observation and 700 clock hours of instruction in clinical internship.
 - d. 510 clock hours of instruction in biomedical clinical sciences.
 - e. 90 clock hours of instruction in counseling, communication, ethics, and practice management.

3. meet or exceed all existing ACAOM standards and criteria required for master's level acupuncture programs with a Chinese herbal medicine specialization, in addition to meeting the professional doctoral standards, criteria, and professional competencies defined in this document.

C. Professional doctoral degree completion tracks must:

1. be a minimum of 16 semester credits of instruction (accounting for a minimum of 300 clock hours of instruction) and include a minimum of 130 clock hours of instruction of demonstrated clinical experience that leads to the development of professional competencies in the systems-based medicine domain outlined in *Criterion 7.04: Professional Competencies*.
2. meet or exceed all existing ACAOM standards and criteria for accreditation required for master's level acupuncture programs, in addition to meeting the professional doctoral standards, criteria, and professional competencies defined in this document.

ADVANCED PRACTICE DOCTORAL [DAOM] PROGRAMS

These hour requirements are over and above the requirements for admission to the advanced practice doctoral program.

- D. Advanced practice doctoral programs must be a minimum of 1,200 clock hours of instruction and include a minimum of 650 clock hours of instruction of demonstrated clinical experience (such as observation, internship, externship, clinical tutorials, case study composition, case study presentation, scholarly writing for publication, clinical pedagogy/supervision, etc.). The demonstrated clinical experience must include of a minimum of 200 clock hours of instruction of clinical training, as defined in [ACAOM's Glossary](#).

Criterion 7.03: MAXIMUM PROGRAM LENGTH, CREDITS AND HOURS

Related Policies:

References:

INSTITUTIONAL COMPONENTS

There are no institutional components for this criterion.

PROGRAMMATIC COMPONENTS

ALL PROGRAMS

The program must implement a written policy establishing a maximum time frame in which a student must complete the program, which must be a period that is no longer than 200 percent of the published length of the educational program.

Criterion 7.04: PROFESSIONAL COMPETENCIES

Related Policies:

References:

[CCAOM Clean Needle Technique Manual](#)

ALL PROGRAMS

The program must adopt and implement a curriculum that reflects the attainment of the program learning

outcomes and the achievement of all relevant required professional competencies, as outlined by this criterion.

MASTER'S LEVEL PROGRAMS

Master's level program learning outcomes must address and lead to the development of all professional competencies designated as master's level, as outlined by this criterion.

Learning outcomes for **Chinese herbal medicine specializations** and **Chinese herbal medicine certificate programs** must address and lead to the development of all professional competencies designated as master's level as outlined by this criterion, with the exception of specified components of Patient Care Domain 6.

**Note that many of the competencies may be addressed via education completed in master's level programs prior to or concurrent with enrollment in the Chinese herbal medicine certificate program, and not within the program curriculum itself.*

PROFESSIONAL DOCTORAL [DAc] PROGRAMS

Professional doctoral program learning outcomes must address and lead to the development of all professional competencies designated as master's level by this criterion; and all professional competencies designated as professional doctoral level professional competencies, as outlined by this criterion.

Professional doctoral degree completion tracks must address each of the domains and related professional competencies identified as professional doctoral level:

- Patient Care Domain 8: Advanced Diagnostic Studies
- Systems-Based Medicine Domain 2: Patient Care Systems
- Systems-Based Medicine Domain 3: Collaborative Care

Professional Development Domain 2: Formulating and Implementing Plans for Individual Professional Development

- Professional Development Domain 3: Incorporating Scholarship, Research and Evidence- Based Medicine/Evidence-Informed Practice into Patient Care

ADVANCED PRACTICE DOCTORAL [DAOM] PROGRAMS

Advanced practice doctoral program learning outcomes must address and lead to the development of all professional competencies designated as advanced practice doctoral level professional competencies, as outlined by this criterion under the following domains:

- Patient Care Domain 1: Foundational Knowledge
- Patient Care Domain 4: AOM Diagnosis (applied with qualitatively advanced competence beyond master's-level)
- Patient Care Domain 6: AOM Treatment (applied with qualitatively advanced competence beyond master's-level)
- Patient Care Domain 8: Advanced Diagnostic Studies
- Systems-Based Medicine Domain 3: Collaborative Care
- Professional Development Domain 3: Incorporating Scholarship, Research and Evidence- Based

PATIENT CARE COMPETENCIES

Definitions and Rationale

Critical thinking is the cognitive process of objectively analyzing and evaluating propositions that have been offered as true. It includes reflecting upon the specific meaning of statements, examining evidence, and reasoning to form a judgment. Acupuncture practitioners use critical thinking to improve the likelihood of desirable patient outcomes. Critical thinking also involves evaluating the decision-making process, including the reasoning that went into conclusions and the factors considered in making a decision concerning patient care. The development of critical thinking skills is an essential precursor of professional judgment.

Professional judgment involves the application of professional knowledge and experience to define objectives, solve problems, establish guidelines, evaluate the work of others, interpret results, provide advice or recommendations, assess recommendations of others, and other matters which have an element of latitude in decision-making.

Diagnostic studies consist of comprehensive evaluations for formulating an AOM diagnosis. Acupuncture practitioners are expected to be able to review, understand, and communicate about diagnostic studies pursuant to AOM principles and theory.

AOM Diagnosis is the act of collecting and analyzing relevant clinical information to inform AOM treatment, and the decision reached by such analysis.

Case management is a process of managing the patient's care, including treatment, follow-up, referral and collaboration.

AOM treatment may include, but is not limited to: the use of AOM clinical procedures to stimulate specific locations via mechanical, electrical, magnetic, thermal, laser, photon, or wave-generating means; needle insertion (e.g., acupuncture, dry-needling); moxibustion and localized heat therapy; therapeutic blood withdrawal; cupping; scraping/gua sha; manual therapy (e.g., bodywork, tui na, shiatsu); therapeutic exercise (e.g., taiji, qigong); nutritional counseling; lifestyle recommendations; and internal and/or external herbal therapy.

Emergency Management is employing inpatient and outpatient services to prevent the death or serious health impairment of the recipient.

Patient Care Domain 1: FOUNDATIONAL KNOWLEDGE

Master's Level Competencies

The student must demonstrate the ability to acquire and utilize the knowledge of AOM basic principles, modes of diagnosis, and treatment strategies in the care of patients.

Advanced Practice Doctoral Level Competencies

The student must demonstrate the ability to:

- A. make and defend judgments based on comprehensive, in-depth knowledge of AOM principles, modes of diagnosis, and treatment strategies in the care of patients.

- B. interpret historical cultural perspectives and use them to clarify essential concepts represented in the classical texts of AOM.
- C. demonstrate relevant Chinese language terminology skills sufficient to clarify essential concepts represented in the classical texts of AOM.

Patient Care Domain 2: CRITICAL THINKING/PROFESSIONAL JUDGMENT

Master's Level Competencies

The student must demonstrate the ability to:

- A. engage in good judgment that relies on knowledge and experience, is sensitive to context, and is self-correcting.
- B. apply critical thinking skills, professional judgment, and cultural sensitivity to patient health care concerns.
- C. document and support AOM treatment choices.
- D. identify, locate, and assess appropriate sources of information to support professional judgment and the analysis of clinical courses of action.

Patient Care Domain 3: HISTORY TAKING AND PHYSICAL EXAMINATION

Master's Level Competencies

The student must demonstrate the ability to:

- A. provide a comfortable, safe environment for history taking and the patient examination.
- B. conduct a history and physical examination with appropriate documentation.
- C. recognize clinical signs and symptoms that warrant referral to, or collaborative care, with other health professionals.

Patient Care Domain 4: AOM DIAGNOSIS

Master's Level Competencies

The student must demonstrate the ability to:

- A. collect and organize relevant data to facilitate the development of an AOM diagnosis.
- B. access relevant resources such as classical and modern literature, research literature, and clinical experience in arriving at an AOM diagnosis.
- C. formulate an AOM diagnosis pursuant to AOM principles and theory.
- D. describe and apply the biomedical pathophysiological process responsible for the patient's clinical presentation.
- E. integrate relevant physical exam findings, laboratory, and diagnostic tests and procedures into an AOM diagnosis.
- F. explain the subjective and objective findings that warrant consultation with or referral to other health care providers.

Advanced Practice Doctoral Level Competencies

The student must demonstrate the ability to:

- A. apply all master's-level professional competencies of *Patient Care Domain 4: AOM Diagnosis* in core and concentration areas with competence that is qualitatively advanced beyond entry-level.

- B. appraise and apply in-depth knowledge of AOM principles and theory to formulate a comprehensive AOM diagnosis.

Patient Care Domain 5: CASE MANAGEMENT

Master's Level Competencies

The student must demonstrate the ability to:

- A. describe the role of the patient in successful treatment outcomes.
- B. demonstrate cultural competence in case management.
- C. employ a comprehensive process for the care of patients.
- D. collaborate with the patient to develop short, medium, and long-term treatment plans.
- E. modify plans consistent with changes in the patient's condition.
- F. assess patient outcomes.
- G. communicate with other health care providers to determine an appropriate plan of care.
- H. manage inappropriate patient behavior.
- I. educate patients about behaviors and lifestyle choices that create a balanced life and promote health and wellness.
- J. provide a report of findings and health care plan to the patient.
- K. create reports and professional correspondence relevant to the care of patients.
- L. identify a range of referral resources and the modalities they employ.
- M. use information systems in case management.

Patient Care Domain 6: AOM TREATMENT

Master's Level Competencies

The student must demonstrate the ability to:

- A. describe the fundamental theory underlying the application of AOM treatment.
- B. describe the principles and methods of AOM treatment and its related clinical procedures.
- C. accurately and appropriately locate acupuncture points. (not relevant to Chinese herbal medicine programs)
- D. articulate acupuncture point functions and the decision-making process for point selection. (not relevant to Chinese herbal medicine programs)
- E. administer AOM treatment and use AOM treatment equipment consistent with relevant recognized safety guidelines, including the best practices for acupuncture needles safety and related procedures described in the *Clean Needle Technique (CNT) Manual* (see

CCAOM Clean Needle Technique Manual specifically referenced and incorporated herein), and OSHA protocols.

- F. recognize potential adverse events for each clinical procedure, including, but not limited to, healthcare associated infections.
- G. describe safety considerations and guidelines to prevent adverse events for each clinical procedure.
- H. describe state and federal regulations relevant to the practice of acupuncture and herbal medicine, if applicable, including scope of practice, vendor compliance with manufacturing standards, and appropriate mechanisms for the reporting of serious adverse events.
- I. describe and demonstrate appropriate patient draping and positioning to optimize AOM treatment and maintain the patient's dignity.

- J. employ health, cleanliness, and safety practices to reduce transmission of diseases through hygienic methods.
- K. describe and employ appropriate cleaning and pathogen reduction techniques in healthcare and professional practice locations.
- L. recognize ethical issues and evaluate appropriate actions when administering an AOM treatment.
- M. For programs with Chinese herbal medicine specialization and Chinese herbal medicine certificate programs, in addition to the above competencies, the student must:
 - 1. describe the fundamental theory underlying the use of herbs, natural products and formulations.
 - 2. accurately articulate properties and functions of herbs and natural products in the materia medica.
 - 3. recognize obsolete or restricted herbs and natural products (i.e., endangered species, restricted or toxic substances) and identify appropriate alternatives for said substances.
 - 4. accurately articulate properties, functions, principles, dosages and ingredients of traditional formulations.
 - 5. compose and revise formulations of appropriately dosed herbs and natural products based on traditional practice and patient assessment.
 - 6. safely and effectively administer herbs and natural products, formulations, and prepared products (i.e., dietary supplements).
 - 7. evaluate the efficacy of appropriately administered herbs, natural products, and formulations through the identification and review of current research.
 - 8. recall elementary concepts of botany and common chemical constituents of herbs and natural products.
 - 9. appraise potential toxicity, side effects, contraindications, and pharmaceutical interactions for herbs and natural products, formulas and prepared products.
 - 10. describe state and federal regulations relevant to the practice of Oriental medicine, including scope of practice, vendor compliance with manufacturing standards, and appropriate mechanisms for the reporting of serious adverse events.
 - 11. describe the various forms of formulation preparation.
 - 12. describe dispensary practices that provide quality assurance, including product storage, facility management, preparation practices, product tracking, and record-keeping,
 - 13. recognize ethical issues and evaluate appropriate actions when administering herbs and natural products.

Advanced Practice Doctoral Competencies

The student must demonstrate the ability to administer AOM treatment, including Chinese herbal medicine as applicable, in core and concentration areas with competence that is qualitatively advanced beyond entry-level.

Patient Care Domain 7: EMERGENCY MANAGEMENT

Master's Level Competencies

The student must demonstrate the ability to:

- A. identify subjective and objective findings that indicate urgent referral.
- B. identify risk factors and findings that suggest medical conditions requiring referral.
- C. implement key emergency first-aid procedures, including CPR.
- D. describe the legal implications of inappropriate emergency management.
- E. describe correct emergency management documentation and follow-up procedures.
- F. develop an emergency management plan for private office and multi-disciplinary settings.

Patient Care Domain 8: ADVANCED DIAGNOSTIC STUDIES

Professional and Advanced Practice Doctoral Level Competencies

The student must demonstrate the ability to:

- A. describe the relevant laws and regulations, including scope of practice, that may govern or limit conducting diagnostic studies.
- B. explain the clinical indications, risks, and benefits for diagnostic procedures.
- C. outline the principles and applications of equipment utilized for diagnostic imaging, laboratory, and other relevant diagnostic tools.
- D. assess written diagnostic reports, including the range of values that distinguish normal from abnormal findings, as relevant to patient care and communication with other health care providers.
- E. review findings from relevant diagnostic studies with objective and subjective findings from the assessment of the patient.
- F. communicate effectively with other health care providers regarding the results of diagnostic studies.

SYSTEMS-BASED MEDICINE COMPETENCIES

Definitions and Rationale

Systems-based medicine is the description of the organization, practice, and components of medicine in terms of the whole medical system, including medical theories, standards of care, regulatory requirements, business practices, and policy. Medical systems are described in terms of the relationship between individuals and whole systems. Individual and collective systems may be expressed in terms of: self-and-other, self-and-collective, and between collectives. More specifically, the systems view may be seen in terms of medical theories, but also in the areas of business practices and policy development. Acupuncture practitioners must be able to deliver and coordinate care within healthcare systems, provide collaborative care such as that found in team-based and multi-disciplinary health care settings, and engage other health care professionals regarding the appropriate use of AOM. Note that a critical component of AOM practice in integrative practice settings includes the competencies necessary to educate other health care professionals regarding the appropriate use of AOM. This requires practitioners to possess the attitudes, knowledge, and skills to communicate with other health care providers in appropriate, readily understandable terms.

Systems-Based Medicine Domain 1: EDUCATION AND COMMUNICATION

Master's Level Competencies

The student must demonstrate the ability to:

- A. summarize the applicability of AOM to diseases and syndromes in the biomedical model.
- B. communicate with other health care professionals in their own terms.
- C. demonstrate knowledge of other health care disciplines.
- D. discuss AOM in terms of relevant scientific theories.
- E. articulate expected clinical outcomes of AOM from a biomedical perspective.
- F. translate, explain and discuss AOM terminology for effective communication.
- G. demonstrate AOM techniques and discuss their relevance in multi-disciplinary settings.
- H. access relevant and appropriate information from a wide variety of sources to support the education of colleagues.
- I. describe and discuss the clinical scope of AOM in an informed, authoritative, and appropriate manner.

Systems-Based Medicine Domain 2: PATIENT CARE SYSTEMS

Professional Doctoral Level Competencies

The student must demonstrate the ability to:

- A. guide a patient into health care systems, e.g., homeless care, elder care, and family services.
- B. identify, describe, and assess possible solutions to healthcare disparities due to socioeconomic factors.
- C. describe the role of acupuncture professionals within current health care systems and the impact of that role on patient care.
- D. employ patient care in the context of relevant health care systems.
- E. differentiate between models of care and treatment modalities.

Systems-Based Medicine Domain 3: COLLABORATIVE CARE

Professional and Advanced Practice Doctoral Level Competencies

The student must demonstrate the ability to:

- A. recognize the impact that organizational culture and established systems have on patient care.
- B. interact appropriately and skillfully with other members of the health care team and within that health care system.
- C. describe the prevailing and emerging organization, structure and responsibilities of the health care team.
- D. discuss, in the appropriate context, the patient's condition using vocabulary and concepts common to other members of the health care team.
- E. articulate the importance of supporting and participating in professional activities and organizations.
- F. compare and contrast common medical models.

PROFESSIONAL DEVELOPMENT COMPETENCIES

Definitions and Rationale

Professional development is a process for continued development of individual practitioners that enables them to expand their knowledge base and fulfill their potential to better meet the needs of patients. Scholarship is a systematic pursuit of a topic in the form of an objective, rational inquiry that involves critical analysis.

Evidence-based medicine is the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients¹. Evidence-based medicine includes sophisticated methods of evidence collection, analysis, and integration. Evidence-informed practice is based on the principle that the development and implementation of interventions is informed by the most current, relevant, and reliable evidence about the effectiveness. Acupuncture practitioners should understand the purpose and process of evidence-based medicine and evidence-informed practice, and be able to appraise and apply the evidence, then reflect on their practice. Scholarly research in source and contemporary works in the field of Oriental medicine constitutes an important evidentiary resource in support of clinical practice.

Acupuncture practitioners must have a comprehensive knowledge of ethics and practice management to succeed in professional practice.

Professional Development Domain 1: EDUCATION AND COMMUNICATION

Master's Level Competencies

The student must demonstrate the ability to:

- A. apply data and information concerning confidentiality and HIPAA, informed consent, scope of practice, professional conduct, malpractice and liability insurance, requirements of third-party payers, OSHA, professional development, other applicable legal standards to improve practice management, and records management systems.
- B. develop risk management and quality assurance programs.
- C. practice ethically and behave with integrity in professional settings.
- D. articulate the strengths and weaknesses of multiple practice and business models, and create and implement:
 1. practice/office policies and procedures.
 2. business/professional plans designed to support success in professional practice.
 3. marketing/outreach plans designed to support success in professional practice.
- E. describe and apply a variety of billing and collection systems.
- F. demonstrate use of electronic health records and electronic medical records systems.

Professional Development Domain 2: FORMULATING AND IMPLEMENTING PLANS FOR INDIVIDUAL PROFESSIONAL DEVELOPMENT

Professional Doctoral Level Competencies

The student must demonstrate the ability to:

- A. identify and remediate areas of professional weakness.
- B. propose improvement methods in the analysis of practice for the purpose of developing a program of learning on a lifelong basis.
- C. identify sources of ongoing professional development, education, and research, both classical and contemporary.
- D. describe emerging technology systems for information access and management.
- E. assess professional development needs and use available professional development resources to respond to changes in the local, state, regional, and national health care environment.

Professional Development Domain 3: INCORPORATING SCHOLARSHIP, RESEARCH AND EVIDENCE-BASED MEDICINE/EVIDENCE-INFORMED PRACTICE INTO PATIENT CARE

Professional and Advanced Practice Doctoral Level Competencies

The student must demonstrate the ability to:

- A. describe evidence-based medicine and evidence-informed practice; and differentiate between the two.
- B. describe data collection methods to facilitate information dissemination in the field.
- C. assess research, including hypothesis, design, and methods, both qualitative and quantitative.
- D. describe the role and purposes of outcomes research.
- E. modify treatment plans and protocols using new information from current quantitative and qualitative research.
- F. use evidence-based medicine and/or evidence-informed practice to improve the patient care process.

Criterion 7.05: CLINICAL TRAINING

PROGRAMMATIC COMPONENTS

MASTER'S LEVEL AND PROFESSIONAL DOCTORAL [DAc] PROGRAMS

- A. The clinical internship must be conducted in a clinical internship location (see [ACAOM Glossary](#)).
- B. The clinical training must provide sufficient patient contacts to fulfill the professional competencies expected of program graduates.
 1. An **acupuncture program** must ensure that the clinical internship training, conducted under the supervision of program approved supervisors, consists of at least 250 treatments of student-delivered patient care where student interns conduct patient interviews, perform diagnosis and treatment planning, perform appropriate acupuncture and/or related medicine treatments, and follow-up on patients' responses to treatment.
 2. An **acupuncture program with a Chinese herbal medicine specialization** must ensure that the clinical internship training, conducted under the supervision of program approved supervisors, consists of at least 350 treatments of student-delivered patient care where student interns conduct patient interviews, perform diagnosis and treatment planning, perform appropriate acupuncture and/or herbal medicine treatments, and follow-up on patients' responses to treatment.
 3. A **Chinese herbal medicine certificate program** must ensure that the clinical internship training, conducted under the supervision of program approved supervisors, consists of at least 100 treatments of student-delivered patient care where student interns conduct patient interviews, perform diagnosis and treatment planning, administer appropriate herbal medicine treatments, and follow-up on patients' responses to treatment.

Clinical training must place students in internship settings with an adequate number and variety of supervisors; and must provide a wide range of educational experiences.

- A. The program must incorporate two or more stages or levels of clinical training, which must be associated with clearly defined outcomes that describe the achievement of competency.

MASTER'S LEVEL AND PROFESSIONAL DOCTORAL [DAc] ACUPUNCTURE PROGRAMS **ONLY**

The program must ensure that each student fulfills at least 150 hours observing acupuncturists and senior student interns performing AOM therapies in a clinical setting. At least 60 clock of hours clinical observation must include patient diagnosis and treatment performed exclusively by experienced practitioners that have all necessary state authority to perform the AOM therapies and associated faculty duties.

PROFESSIONAL DOCTORAL [DAc] PROGRAMS **ONLY**

As part of its clinical training, the DAc program must provide opportunities for interns to engage in collaborative interactions with other medical providers in appropriate clinical settings.

ADVANCED PRACTICE DOCTORAL [DAOM] PROGRAMS **ONLY**

- A. The program must offer a concentration in at least one clinical specialty area and/or AOM- related (see [ACAOM Glossary](#)) modality.
- B. The program must provide in-depth, advanced clinical training in the defined concentration(s) that leads to development of clinical expertise beyond entry-level.
- C. The program must provide in-depth didactic and practical training in the area(s) of concentration sufficient to support the clinical experience.
- D. As part of its clinical training, the program must provide opportunities for interns to engage in collaborative interactions with other medical providers in appropriate clinical settings.
- E. The clinical curriculum of the doctoral program must provide the student opportunities for assuming in-depth professional responsibilities and demonstrating professional role modeling. This may include supervised: teaching assignments, participation in administration of services, quality assurance activities, clinical research activities, and supervision responsibilities.
- F. The clinical program must promote the integration of practice and scholarly inquiry.

Criterion 7.06: SYLLABI

Related Policies:

References:

INSTITUTIONAL COMPONENTS

There are no institutional components for this criterion.

PROGRAMMATIC COMPONENTS

ALL PROGRAMS

- A. A syllabus must be prepared for each program course or major unit of instruction including clinical instruction.
- B. Syllabi must be:
 - 1. maintained in the program's curriculum files;
 - 2. distributed to each student in the course/clinical experience; and
 - 3. available to all faculty.
- C. Syllabi must contain all required information needed for a student to successfully complete the requirements of the course, including at minimum:
 - 1. the course description;
 - 2. learning outcomes described in measurable terms;
 - 3. prerequisites for enrolling in the course;
 - 4. an outline of the content of the course and didactic and clinical instruction in enough detail to permit the student to see its full scope;
 - 5. schedule of deadlines for course requirements (e.g., papers, projects, examinations);
 - 6. method(s) of instruction;
 - 7. assessment and grading methods;
 - 8. type of grading system used;
 - 9. attendance policy;
 - 10. procedure for accommodations request;

11. required and recommended reading; and
12. credit hours granted, including expected out of class study time and specific out of class requirements.

Criterion 7.07: CONTINUING EDUCATION

Related Policies:

References:

INSTITUTIONAL COMPONENTS

For institutional offerings of continuing education and/or special instructional activities, provision for such activities must include an adequate administrative structure, a sound financial base, and appropriate facilities.

PROGRAMMATIC COMPONENTS

ALL PROGRAMS

Continuing education activities or hours must be non-credit bearing and cannot be converted into academic credits for any purpose.

Criterion 7.08: CLINICAL RESEARCH PROJECTS

Related Policies:

References:

INSTITUTIONAL COMPONENTS

There are no institutional components for this criterion.

PROGRAMMATIC COMPONENTS

ADVANCED PRACTICE DOCTORAL [DAOM] PROGRAMS ONLY

- A. The doctoral program must require students to demonstrate the achievement of professional competencies under the *Professional Development Domain* as outlined in *criterion 7.04* by completing an acceptable clinically oriented research project. The project must demonstrate the necessary knowledge and skills for designing and critiquing approaches to systematic inquiry and the use of qualitative and/or quantitative methods. Clinical research projects may include, but are not limited to:
 1. Theoretical analyses
 2. Surveys or analyses of archival data
 3. Outcomes research
 4. Systematic, qualitative investigations
 5. Public policy issues
 6. Case studies
 7. Evaluative research
 8. Interpretive translation research
 9. Educational research - professional and patient

- A. The products from clinical research projects must meet academic form and style standards suitable for peer-reviewed professional publications.
- B. The program must develop a comprehensive, faculty committee-based review process for the clinical research projects that includes, at a minimum, evaluation of:
 - 1. the research interest, ethical issues, and methods of addressing such in the research,
 - 2. data gathering methods,
 - 3. progress toward completion, and
 - 4. final project content, format, and delivery.

APPENDIX D

Fact Sheet: Meeting National Standards through its Examinations and Certification Process



Meeting National Standards through its Examinations and Certification Process

This fact sheet is prepared for NCCAOM stakeholders to become more familiar with the NCCAOM examination system, certification process and the organization's long standing partnership with state regulatory boards/agencies for the regulation of acupuncture and Oriental medicine (AOM) throughout the United States. For additional questions, please contact Dr. Kory Ward-Cook, Chief Executive Officer at kwardcook@thenccaom.org.

Q (1). Are there national standards for the practice of acupuncture and Oriental medicine?

A. Yes. Since 1982 the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) and the NCCAOM has established national standards leading to programmatic accreditation and certification, respectively. There are over 60 accredited programs for AOM in the USA and the NCCAOM currently provides examinations for licensure as an acupuncturist in 44 states plus the District of Columbia. Every acupuncture regulatory board in the U.S. except California accepts the NCCAOM certification examinations as a measure of competency for an acupuncturist to ensure the safe and effective practice of AOM. More information on NCCAOM certification standards can be found in the [2018 NCCAOM® Certification Handbook](#).

Q (2). Does this mean that the NCCAOM provides the national examination(s) for the practice of AOM?

A. Yes, 98% of the states that regulate AOM require NCCAOM examinations or full certification as a prerequisite for licensure. All of the states, except California, that regulate AOM require NCCAOM examinations or certification. There are six states; Oklahoma, Kansas, Alabama, South Dakota, North Dakota and Wyoming that currently do not have an AOM practice act. NCCAOM is currently working with Kansas, Wyoming, South Dakota and Alabama on the creation of legislation to regulate AOM in those states. Please see the [Map of States that Accept NCCAOM Exams](#). Currently, California is the only state that administers its own licensure examination. This means that AOM practitioners who pass the NCCAOM required examinations and/or become NCCAOM certified in Acupuncture or Oriental Medicine (and have also met state specific requirements) can enjoy reciprocity in all states that regulate acupuncture except for California. Please note that applicants for licensure may have to complete additional requirements in some states in addition to achieving NCCAOM certification or passing NCCAOM examinations. It is advised that applicants for licensure check with the state agency that regulates acupuncture in the state they wish to practice to ensure that they have met all state designated requirements. For more information, please visit the [NCCAOM website](#) for a listing of state exam requirements and state regulatory contact information.

Q (3). How does the NCCAOM examination process meet the criteria of a national exam for the practice of AOM?

A. The content of NCCAOM's examinations is linked to extensive role delineation studies (also known as a job, practice, or occupational analysis studies) which are conducted minimally every five years. NCCAOM's previous job task analysis surveys represent the only nationally verified job analysis regarding the practice of acupuncture, Chinese herbology, Oriental medicine and Asian bodywork therapy. The [Executive Summary of the 2017 Job Analysis Report is the most](#) recently published survey, which represents AOM practitioners from all states in the U.S. including California. Currently, at least one-third of all newly certified acupuncturists in California also take the NCCAOM certification exams.

Q (4). Has the NCCAOM national examination system ever been legally challenged?

A. No. The assurance of long-standing defensibility of NCCAOM's examinations is one of the multiple reasons why 98% of the states in the U.S. that regulate acupuncturists use the NCCAOM national examination system as a prerequisite for licensure. Legal action has never been brought against the NCCAOM with regard to its examinations; therefore, states who adopt the NCCAOM examinations as one of the prerequisites to licensure as an acupuncturist rely on the NCCAOM for legal defensibility of the exam or exams used for licensure. NCCAOM Acupuncture, Oriental Medicine and Chinese Herbology certification programs for the AOM profession are accredited by the [Institute for Credentialing Excellence's \(ICE\) National Commission for Certifying Agencies \(NCCA\)](#). This means that the NCCAOM examination development and certification processes for each of its certification programs have met all the essential elements of a nationally accredited certification program.

Q (5). What are the other reasons, besides legal defensibility, why the states in the U.S. that regulate acupuncturists use the NCCAOM national examination system and how are NCCAOM examinations administered?

A. There are multiple reasons for the AOM regulatory boards in the U.S. to use the NCCAOM examinations as a prerequisite for licensure. The NCCAOM examinations are administered in highly secure professional test centers, around the U.S. and throughout the world. These professional test centers are identical and are owned and operated by [Pearson VUE®](#). Candidate identity is confirmed by means of palm vein readings and photo identifications. Tight internal test administration processes, which include camera surveillance of each test taker, prevent cheating during the examination process. The NCCAOM also administers computer adaptive tests (CAT) which not only improve examination reliability, but also further reduces the potential for cheating (memorizing test questions) by minimizing test question exposure since every examinee receives a unique set of examination questions based on the test specification requirements and the tester's response to each new test item on the exam. The CAT administrative model is not only a more reliable measure of competency, but also it is a very desirable administrative test model for candidates since each examination completed by the test taker can be scored in real time, and thus a preliminary "pass" or "fail" screen" is generated once the test taker completes the examination. The NCCAOM follows up with an internal quality control procedure; however, and the final test results are sent to the examinee within 5 to 10 business days. The NCCAOM generates official exam results reports which are sent directly the state regulatory boards upon the examinee's request. The CAT exam administration model, therefore, allows for year-round testing with a location convenient to examinees. The 2018 [NCCAOM® Certification Handbook](#) and the 2018 [NCCAOM Candidate Preparation Handbooks](#) provide more detailed information about the examination development and administration process.

The NCCAOM is also assisted by [Schroeder Measurement Technologies \(SMT®\)](#), a national research and psychometric services corporation that conducts professional competency assessment research, and provides examination development services and scoring of examinations for a number of credentialing programs nationwide. The NCCAOM has demonstrated over the last 30 years with its issuance of over 33,000 certificates of certification that it is well equipped to handle the challenges associated with the development and administration of a credible, valid and legally defensible examination system for the acupuncture and Oriental medicine profession.

Q (6). How does NCCAOM establish itself as a national standard setting organization and how does this benefit the states?

A. NCCAOM partners with state regulatory boards when they are developing a practice act for AOM. The NCCAOM also works with the legislature and regulatory agency staff to establish regulation that includes a national assessment tool that effectively measures the knowledge, skills and abilities required to safely and effectively practice AOM. States recognize and accept the ACAOM and NCCAOM national standards of education and competence as established

requirements for the growing profession of acupuncture and Oriental medicine. The AOM state regulatory boards rely on these national standards to protect their consumers from the unsafe practice of AOM by unqualified practitioners. Each of the 47 states plus the District of Columbia that [require the NCCAOM examinations](#) for AOM practitioners as a measure of competency to practice safely and effectively recognize the financial and administrative benefits of requiring the NCCAOM certification or passing of the examinations as a prerequisite for licensure of acupuncturists. This is due to the fact that all examination development and administration costs, as well as legal defensibility, are assumed by the NCCAOM.

The NCCAOM offers each of the state regulatory boards that accept its examination system the security of having all of its certification programs and its examinations nationally accredited.

NCCAOM's certification programs (Acupuncture, Oriental Medicine, Chinese Herbology, and Asian Bodywork Therapy) are accredited by the National Commission for Certifying Agencies (NCCA). Accreditation assures that NCCAOM's examinations are psychometrically validated for content and construct. All regulatory boards that rely on the NCCAOM examinations enjoy the advantages of state-of-the-art examination development and administration security and lessened legal liability. Refer to Q (5) above for more details.

The NCCAOM's highest priority is its commitment to the public to ensure the safe practice of acupuncture and this is manifested through its mission, which is *to promote nationally recognized standards of competency and safety in acupuncture and Oriental medicine for the purpose of protecting the public*. As such, NCCAOM fulfills its mission by 1) establishing national standards of competency for the safe and effective practice of acupuncture; 2) evaluating each applicants qualifications through a robust eligibility process; 3) assessing candidates for certification based valid, reliable and legally defensible examinations; and 4) requiring candidates for certification and Diplomates to adhere to the [NCCAOM® Code of Ethics](#), as well as 5) ensuring that certified practitioners maintain their competency to practice through a mandated recertification process in which certificant holders must provide documentation of professional development activities.

Q (7). How can a national examination system such as the NCCAOM satisfy the variety of practice acts and scopes of practice for each state that regulates AOM?

A. NCCAOM's modular examination system allows each state to adopt the exams that are tailored to its AOM practice act requirements, statutes, rules and regulations. NCCAOM offers four exams for the AOM profession: Acupuncture with Point Location, Foundations of Oriental Medicine, Biomedicine and Chinese Herbology. States either require all or a portion of these examinations depending on their practice act and whether their state accepts the practice of Chinese herbology. Candidates that successfully pass each of the required exams have then demonstrated competency in each of the core areas of AOM. These candidates can then move onto completing the other licensing requirements as requested by the state. As always, the NCCAOM does have a process for offering unique examinations, if requested by a state regulatory board.

Q (8). What is the difference between states that require the NCCAOM examinations and states that require full NCCAOM certification as a prerequisite for licensure?

A. The value of NCCAOM's certification and its examinations is demonstrated by its acceptance in 28 states that require full certification (or passing of all required NCCAOM exams for Certification in Acupuncture) as a prerequisite for licensing acupuncturists. More and more state licensing agencies are now recognizing the importance of relying on the NCCAOM's robust certification process to ensure that the licensed acupuncturists in their state have met and **will continue to meet** the necessary requirements to practice acupuncture and Oriental Medicine safely and effectively. States that require full certification by the NCCAOM as indicated on this [map](#) will best ensure that licensed AOM

practitioners in their state meet recognized national standards of competence and safety in the AOM profession as set forth by the NCCAOM and have maintained their certification in good standing via the NCCAOM recertification process.

Q (9). How do we know that every candidate who sits for the NCCAOM exams is qualified to take the exams?

A. NCCAOM has developed an in-depth process to verify each applicant's education and training to make sure that each candidate has met ACAOM's academic standards and professional competencies as set forth by [the ACAOM Accreditation Manual](#) as well as other requirements such as the Council of Colleges for Acupuncture and Oriental Medicine's [\(CCAOM\) Clean Needle Technique course](#), if applicable for the particular certification program. The eligibility qualification process includes a thorough verification of educational transcripts for domestic and foreign-educated applicants. All candidates must meet the same nationally-set requirements in order to become eligible to sit for the NCCAOM exams. NCCAOM requires all internationally educated applicants to first have their academic transcript authenticated through [International Consultants of Delaware](#) (ICD).

Q (10). Can candidates take the NCCAOM exams in their own state and are their exam sites secure?

A. Candidates for the NCCAOM examination(s) can schedule and take their examinations as soon as they are approved to test by the NCCAOM, any day, year-round at over 230 locations throughout the U.S. and abroad to include exam sites in Europe, Canada and Asia. NCCAOM examinations are offered in a computer adaptive format, which minimizes testing error as mentioned in Q. (5) of this fact sheet. In addition, computer adaptive testing (CAT) provides candidates with a preliminary pass/fail screen after completion of the examination giving them a preliminary indication of how they performed on the examination. The NCCAOM is able to offer these premier exam administration services because it is assisted in its examination administration by [Pearson VUE](#), one of the leading testing services in the United States and the world. In addition, candidates are ensured a safe and secure examination site thanks to Pearson VUE's state-of-the-art security systems, which has virtually eliminated cheating by test-takers. Since contracting with Pearson VUE, the NCCAOM has had zero incidents of cheating or examination compromise owing to the extremely secure system that exist at the Pearson VUE Professional Test Centers

Q (11). What about candidates who wish to take the exams in another language?

A. The AOM certification examinations are available in three languages: English, Chinese and Korean. Please check with the [NCCAOM website](#) for specific administration dates. To date there have been no challenges to the translation of the NCCAOM foreign language examinations. The NCCAOM takes great pride in the proper translation of its examinations. In fact, the NCCAOM has a separate Translation Exam Development Committee who provides the quality control checks for the exams translated by a third party vendor. In 2011, the NCCAOM's psychometrician and CEO were invited to make a national presentation, at the Institute for Credentialing Excellence's (ICE) national conference, about how our organization provides the translation and equating of the translated examination items so that fairness of testing in the foreign languages can be assured.

Q (12). Are there nationally recognized continued competency (recertification) requirements for the AOM profession?

A. NCCAOM has an extensive and highly developed recertification process that emphasizes core competency maintenance and the demonstration of professional development. Core knowledge and skills in safety, professional ethics and CPR are absolute requirements of the recertification process. The NCCAOM recertification program relies heavily on its own [professional development activity \(PDA\) program](#) which has its own unique continuing education approval standards. NCCAOM requires its Diplomates to document 60 PDA points (1 PDA point is equivalent to 1 hour of active learning) every four years. For more information see [NCCAOM Recertification Handbook](#). The NCCAOM Certification Services Department reviews every application for renewal of certification and verifies each piece of documentation for each application. In addition, NCCAOM staff also performs internal quality audits to assure

compliance. Turnaround time for processing a recertification application is 4-6 weeks. More and more states are recognizing NCCAOM's recertification program and accept or require all continuing education courses to be an approved PDA course. This way a state regulatory board can rely on the NCCAOM's services to ensure the continued competency of existing licensees and to alleviate the financial and administrative burden to their state and their licensees.

Q (13). What about the practitioners who cross the boundaries of safe and/or ethical practice? Each state has its own disciplinary procedure, but how can we ensure that these practitioners do not move from state to state without recognition?

A. One of the most important functions of the NCCAOM is to establish and enforce the standards of ethical practice for the AOM profession as stated in the mission of the organization.

By partnering with the states to discipline certified practitioners who have violated the [NCCAOM® Code of Ethics](#) and preventing them from moving to another state that might be unaware of their violations, the NCCAOM's Professional Ethics and Disciplinary Committee (PEDC) has the authority to evaluate complaints against Diplomates (from states, patients, or other practitioners), issue decisions and impose sanctions. This action allows states that require NCCAOM certification to further protect their consumers from the unsafe practice of acupuncture since acupuncturists who have been disciplined by the NCCAOM for ethical and/or criminal violations cannot renew their license to practice acupuncture until those sanctions have been lifted by the NCCAOM.

The NCCAOM® Code of Ethics and related disciplinary process is the only one of its kind in the AOM profession. The disciplinary process allows individuals to report professional misconduct directly to the NCCAOM. The PEDC and NCCAOM staff continuously meets its policy of the reviewing and determining cases within 60-90 days of the initial complaint. This disciplinary procedure ensures that states will be fully apprised of any disciplinary action taken against a NCCAOM certified practitioner and the public will be also be readily informed.

REFERENCE APPENDIX E

Fact Sheet: on Acupuncture Certification



The NCCAOM® Certification in Acupuncture

About Acupuncture

- The practice of acupuncture in the United States incorporates medical traditions from China, Japan, Korea, and other countries.¹ Acupuncture is one of the essential elements of Oriental medicine and the oldest, most commonly used medical procedure in the world. Originating in China more than 3,000 years ago, the practice of Oriental medicine includes acupuncture, electro-acupuncture, cupping, manual therapies such as acupressure, moxibustion, exercises such as *tai chi* or *qi gong*, as well as Chinese herbal preparations and dietary therapy.¹
- Acupuncture is the stimulation of specific points on the body, by insertion of very fine, sterile, stainless steel needles to elicit a predictable physiological response. This stimulus may also be administered to the points using mild electrical stimulation (with or without needles), pressure techniques with the hands (acupressure) or the application of heat by various methods.
- Acupuncturists assess a patient's syndrome or pattern of disharmony by using a set of diagnostic skills that involve four areas; questioning, palpation, visual inspection, and olfactory-auditory data collection. An acupuncturist determines the necessary treatment principle and strategy to prompt the patient back to functional harmony by discriminating the exact pattern of the body's physiological response to pathogenic factors.
- The acupuncturist's skill at determining the appropriate points to treat is based upon his/her ability to accurately distinguish the presenting pattern, knowledge of correct points to address that pattern and knowledge of the proper type of stimulus for each point. This possession of this knowledge and skills is the key distinction between a professional, certified acupuncturist and other health care providers who employ acupuncture only as a modality (stimulating points for their general effect without adjusting their choice of points to the specific patient's need).

Use of Acupuncture

- The Institute of Medicine identified 79 systematic reviews of acupuncture placing acupuncture third in usage among all complementary and alternative (CAM) therapies.²
- Acupuncture has been shown to provide generalized oxygenation and increased blood flow to specific areas of treatment. It also aids production of cortisone and other anti-inflammatory secretions and can increase the internal production of endorphins, the body's natural painkillers. In addition, a 2010 study from the University of Rochester in New York found that acupuncture can help relieve pain by triggering a natural pain-killing chemical called adenosine.³
- A recent study of acupuncture — the most rigorous and detailed analysis of the treatment to date — found that it can ease migraines and arthritis and other forms of chronic pain. The researchers, who [published their results in Archives of Internal Medicine](#), found that acupuncture outperformed sham treatments and standard care when used by people suffering from osteoarthritis, migraines and chronic back, neck and shoulder pain.⁴

- A 2006 patient survey from the Alternative Medicine Integration Group based in Florida, found that 94% of study patients being treated by CAM therapies (including acupuncture) agreed that the program treatment helped reduce levels of pain.⁵
- The World Health Organization recognizes acupuncture and Oriental medicine as effective for over 43 common ailments including:⁶

Respiratory Disorders Sinusitis, Rhinitis

Common cold Tonsillitis
Sore throat Hay fever Bronchitis
Bronchial Asthma

Disorders of the Eyes Acute

conjunctivitis Myopia in children
Cataracts without complications Central
retinitis

Mental- Emotional Disorders

Anxiety Depression Stress
Insomnia Addictions Weight
control

Musculo-skeletal Disorders

Frozen shoulder, tennis elbow
Low back pain
Osteoarthritis and joint pains
Stiff neck
Tendinitis
Bursitis
Sprains
Injuries from auto accidents
Chronic fatigue syndrome
Fibromyalgia

Gastro-intestinal Disorders

Acute and chronic gastritis
Hyperacidity
Hiccoughs
Acute uncomplicated duodenal ulcer
Chronic duodenal ulcer (pain relief)
Acute and chronic colitis
Acute bacillary dysentery
Constipation
Diarrhea
Paralytic ileus

Neurological Disorders

Headache and Migraine
Dizziness
Trigeminal neuralgia
Facial palsy (within 3-6 months)
Paresis following stroke
Peripheral neuropathies
Meniere's disease
Neurogenic bladder dysfunction
Nocturnal enuresis
Intercostal neuralgia
Sciatica

Disorders of the Mouth

Toothache
Post extraction pain
Gingivitis
Acute and chronic pharyngitis

Ear Disorders

Ringling in ears
Deafness
Meniere's disease
Earache

Reproductive System Disorders

Infertility
Premenstrual syndrome (PMS)
Irregular Menses
Menstrual cramps
Pelvic inflammatory disease (PID)
Menopausal symptoms
Morning sickness
Urinary incontinence
Impotence

Is use of acupuncture growing?

- The American Hospital Association's *Health Forum 2007 Complementary and Alternative Medicine Survey of Hospitals* found that 35% of the hospitals offering complementary medicine provide acupuncture as an outpatient service to the patients. Additionally, acupuncture is represented as one of the top six modalities in both outpatient and inpatient settings amongst those hospitals.⁷
- In the United States and abroad, the use of acupuncture and Oriental medicine is gaining widespread acceptance. In the United States there is an estimated 33,000 certified or licensed acupuncturists.
- In the past two decades, acupuncture has grown in popularity in the United States. The *2007 National Health Interview Survey* conducted by the National Center for Complementary and Alternative Medicine (NCCAM) of the National Institutes of Health (NIH) stated that acupuncture is being widely practiced by thousands of practitioners for relief or prevention of pain and for various other health conditions.
- According to the *2007 National Health Interview Survey*, the largest and most comprehensive survey of CAM use by American adults to date, acupuncture use has increased between 2002 and 2007 among adults. In 2007, almost 4 out of 10 adults had used CAM therapy in the past 12 months. Acupuncture is one of the CAM therapies that have seen an increase in usage during this time period.²

Identifying a Qualified Acupuncturist

How do I find a qualified acupuncturist?

Look for a **Diplomate of Acupuncture (NCCAOM)[®]** or **Diplomate of Oriental Medicine (NCCAOM)[®]** by going to the [NCCAOM[®] Find a Practitioner](http://www.nccaom.org) directory at www.nccaom.org. Oriental medicine includes the practice of acupuncture, Chinese herbology and Asian bodywork therapy.

The additional designation of **licensed acupuncturist (L.Ac.)** is awarded by a state regulatory board. The NCCAOM website provides a table with state regulatory requirements and contact information.

Currently, 47 states, plus the District of Columbia, require NCCAOM certification or the passing of the NCCAOM examinations as a requirement for licensure to practice acupuncture. Each state board has a unique set of requirements for licensure. State rules and regulations are subject to change; therefore, one should always confirm current requirements for licensure with the appropriate state board. More information on state requirements is available at www.nccaom.org.

What training does an NCCAOM Diplomate of Acupuncture have?

Comprehensive training in traditional differential diagnosis and proper treatment methods require that a Diplomate of Acupuncture (NCCAOM)[®] completes three to four academic years of education at the master's degree level in an acupuncture program accredited by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) or has completed an international education program which is substantially equivalent to ACAOM standards. ACAOM is the only accrediting body recognized by the United States Department of Education as the authority for quality education and training in acupuncture and Oriental medicine. In addition to graduation from an ACAOM accredited program, a Diplomate of Acupuncture (NCCAOM) must demonstrate professional competency by passing NCCAOM certification examinations in Foundations of Oriental Medicine, Acupuncture, and Biomedicine as well as meet other NCCAOM certification requirements. The NCCAOM Diplomate training and competency verification is in sharp contrast to the acupuncture training of other healthcare professionals such as chiropractors or registered nurses or even medical doctors who typically receive 100-300 hours of abbreviated training. These other healthcare professionals provide

acupuncture by treating a more limited number of points.⁸ Certified (and licensed) acupuncturists are also trained in standard medical history gathering, safety, ethics, common pharmaceuticals and supplements, and recognition of when to refer patients to other health care professionals or consult with other medical practitioners.

NCCAOM and its Diplomates

The National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) is widely accepted as the most influential leader in the field of acupuncture and Oriental medicine. Over 33,000 NCCAOM certifications have been issued since 1982. The NCCAOM, established in 1982, is a non-profit organization whose mission is *to establish, assess, and promote recognized standards of competence and safety in acupuncture and Oriental medicine for the protection and benefit of the public*. NCCAOM Acupuncture, Oriental Medicine and Chinese herbology certification programs are accredited by the National Commission for Certifying Agencies (NCCA) of the Institute for Credentialing Excellence (ICE)⁹. For more information on the NCCAOM, please visit the website at www.nccaom.org.

The following NCCAOM certifications carry the above NCCA accreditation seal:

Diplomate of Acupuncture (NCCAOM)[®] Diplomate of Chinese Herbology (NCCAOM)[®] Diplomate of Oriental Medicine (NCCAOM)[®]

Contact Information

NCCAOM

2025 M Street NW, Suite 800

Washington DC, 20036

Ph: (888) 381-1140, Fax: (202) 381-1141

www.nccaom.org

Email: publicrelations@thenccaom.org

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APPENDIX F

Fact Sheet: on Oriental Medicine Certification



The NCCAOM® Certification in Oriental Medicine

About Oriental Medicine

- Oriental medicine which includes the practice of acupuncture, Chinese herbology and Asian bodywork therapy (ABT) is a comprehensive health care system encompassing a variety of traditional healthcare therapies that have been used for more than 3,000 years to diagnose and treat illness, prevent disease and improve well-being.

About Acupuncture

- Acupuncture is one of the essential elements of Oriental medicine. It is one of the oldest, most commonly used healing practices in the world, originating in China more than 3,000 years ago.¹
- The term acupuncture describes a family of procedures involving stimulation of anatomical points on the body by a variety of techniques. American practices of acupuncture incorporate medical traditions from China, Japan, Korea, and other countries. The acupuncture technique that has been most studied scientifically involves the insertion of the skin with thin, solid, metallic needles that are manipulated by the hands or by electrical stimulation.¹
- According to the 2007 National Health Interview Survey - the largest and most comprehensive survey of complementary and alternative medicine (CAM) use by American adults to date - acupuncture use has increased between 2002 and 2007 among adults. In 2007, almost 4 out of 10 adults had used CAM therapy in the past 12 months. Acupuncture is one of the CAM therapies that have seen an increase usage during this time period.²

About Herbal Medicine

- Chinese herbal medicine is one of the main modalities within the scope of Oriental medicine. Chinese herbology includes use substances such as plants, roots, minerals and more. Chinese herbology was developed as an integral part of Chinese medicine and is used to re-harmonize imbalances in the body.³
- The World Health Organization (WHO) defines herbal medicines to include herbs, herbal materials, herbal preparations and finished herbal products that contain as active ingredients parts of plants, or other plant materials, or combinations.⁴
- Chinese formulas are comprised of herbs designed for each individual patient. This special formulation is crucial because these formulas must be delicately composed for the purpose of achieving balance in each disharmonious state of being.

About Asian Bodywork Therapy

- Asian bodywork therapy is the third branch of Oriental medicine that involves the treatment of the human body/mind/spirit, including the electromagnetic or energetic field, which surrounds, infuses and brings the body to life, by pressure and/or manipulation.⁵ ABT uses traditional Asian techniques and treatment strategies to

primarily affect and balance the energetic system for the purpose of treating the human body, emotions, mind, energy field and spirit for the promotion, maintenance and restoration of health. ⁵

- ABT is noninvasive and does not require the use of needles, which is the ideal therapy for children and those who are apprehensive about receiving acupuncture treatments. Many Asian medicine practitioners use acupressure and other ABT therapy methods instead of acupuncture for these patients with excellent results. ABT also does not require the patient to disrobe unlike Western massage, making it suitable for all cultures and religious backgrounds. ⁵

Oriental Medicine Can Relieve The Following Complaints

The WHO also recognizes acupuncture and Oriental medicine as effective for more than 43 common ailments including: ⁶

Respiratory Disorders Sinusitis, Rhinitis Common cold Tonsillitis	Disorders of the Eyes Acute conjunctivitis Myopia in children	Mental- Emotional Disorders Anxiety Depression Stress Insomnia Addictions Weight control
Sore throat Hay fever Bronchitis Bronchial Asthma	Cataracts without complications Central retinitis	
Musculo-skeletal Disorders	Gastro-intestinal Disorders	Neurological Disorders
Frozen shoulder, tennis elbow	Acute and chronic gastritis	Headache and Migraine
Low back pain	Hyperacidity	Dizziness
Osteoarthritis and joint pains	Hiccoughs	Trigeminal neuralgia
Stiff neck	Acute uncomplicated duodenal ulcer	Facial palsy (within 3-6 months)
Tendinitis	Chronic duodenal ulcer (pain relief)	Paresis following stroke
Bursitis	Acute and chronic colitis	Peripheral neuropathies
Sprains	Acute bacillary dysentery	Meniere’s disease
Injuries from auto accidents	Constipation	Neurogenic bladder dysfunction
Chronic fatigue syndrome	Diarrhea	Nocturnal enuresis
Fibromyalgia	Paralytic ileus	Intercostal neuralgia Sciatica
Disorders of the Mouth	Ear Disorders	Reproductive System Disorders
Toothache	Ringin g in ears	Infertility
Post extraction pain	Deafness	Premenstrual syndrome (PMS)
Gingivitis	Meniere’s disease	Irregular Menses
Acute and chronic pharyngitis	Earache	Menstrual cramps Pelvic inflammatory disease (PID)

Menopausal symptoms

Morning sickness

Urinary incontinence

Impotence

How widely is Oriental medicine being used in the U.S.?

In the United States, the use of Oriental medicine is gaining widespread acceptance, with more than 33,000 certified and/or licensed practitioners.

Are Oriental medicine and other complementary and alternative medicine programs being used in hospitals as well?

The 2007 American Hospital Association's Health Forum Complementary and Alternative Medicine (CAM) Survey of Hospitals found that 35 percent of the hospitals offering CAM provide acupuncture as an outpatient service to their patients. Additionally, acupuncture is represented as one of the top six modalities in both outpatient and inpatient settings amongst those hospitals. ⁷

Identifying a Qualified Oriental Medicine Practitioner

How do I find a qualified Oriental Medicine practitioner?

Look for a **Diplomate of Oriental Medicine (NCCAOM)**[®]. You can find a Diplomate of Oriental Medicine (NCCAOM)[®] or a Diplomate holding one or more other NCCAOM certifications by going to the [NCCAOM[®] Find a Practitioner](#) search engine at www.nccaom.org.

The additional designation of **licensed acupuncturist (L.Ac.)** is awarded by a state regulatory board. The NCCAOM website provides a table with state regulatory requirements and contact information. Currently, 47 states, plus the District of Columbia, require NCCAOM certification or the passing of the NCCAOM examination(s) as a requirement for licensure to practice Oriental medicine. Each state board has a unique set of requirements for licensure. State rules and regulations are subject to change; therefore, one should always confirm current requirements for licensure with the appropriate state board. More information on state requirements is available at www.nccaom.org.

What training does an NCCAOM Diplomate of Oriental Medicine have?

A Diplomate of Oriental Medicine (NCCAOM)[®] has completed four academic years of education at the master's degree level in an acupuncture and Chinese herbology program accredited by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) or has completed an international education program which is substantially equivalent to ACAOM standards. ACAOM is the only accrediting body recognized by the United States Department of Education as the authority for quality education and training in acupuncture and Oriental medicine. In addition to graduation from an ACAOM accredited program, a Diplomate of Oriental Medicine (NCCAOM)[®] must demonstrate professional competency by passing NCCAOM certification examinations in Foundations of Oriental Medicine, Acupuncture and Point Location, Chinese Herbology, and Biomedicine as well as meet other NCCAOM certification requirements. Generally, the NCCAOM Diplomate training and competency verification is in sharp contrast to the acupuncture training of other healthcare professionals such as chiropractors or registered nurses or even medical doctors who typically receive 100-300 hours of

abbreviated training.⁵ Certified (and licensed) acupuncturists and Oriental medicine practitioners are also trained in standard medical history gathering, safety, ethics, common pharmaceuticals and supplements, and recognition of when to refer patients to other healthcare professionals or consult with other medical practitioners.

NCCAOM and its Diplomates

The National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) is widely accepted as the most influential leader in the field of acupuncture and Oriental medicine. There are currently over 17,000 active NCCAOM Diplomates (NCCAOM certificate holders) practicing under an NCCAOM certification.

The NCCAOM, established in 1982, is a non-profit organization whose mission is *to establish, assess, and promote recognized standards of competence and safety in acupuncture and Oriental medicine for the protection and benefit of the public*. NCCAOM Acupuncture, Oriental Medicine and Chinese Herbology certification programs are accredited by the National Commission for Certifying Agencies (NCCA). NCCA's standards exceed the requirements set forth by the American Psychological Association and the United States Employment Opportunity Commission. As a requirement of accreditation the NCCAOM must submit annual reports to NCCA and must undergo a full reaccreditation every five years for each of its NCCA accredited programs. Additional information is available at <http://www.credentialingexcellence.org/>.

Contact Information

NCCAOM
2025 M Street NW, Suite 800
Washington DC, 20036
(888) 381-1140 (phone)
(202) 381-1141 (fax)
Email: publicrelations@thenccaom.org

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APPENDIX G

Fact Sheet: on National Standards



Meeting National Standards through its Examinations and Certification Process

This fact sheet is prepared for NCCAOM stakeholders to become more familiar with the NCCAOM examination system, certification process and the organization's long standing partnership with state regulatory boards/agencies for the regulation of acupuncture and Oriental medicine (AOM) throughout the United States. For additional questions, please contact Dr. Kory Ward-Cook, Chief Executive Officer at kwardcook@thenccaom.org.

Q (1). Are there national standards for the practice of acupuncture and Oriental medicine?

A. Yes. Since 1982 the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) and the NCCAOM has established national standards leading to programmatic accreditation and certification, respectively. There are over 60 accredited programs for AOM in the USA and the NCCAOM currently provides examinations for licensure as an acupuncturist in 44 states plus the District of Columbia. Every acupuncture regulatory board in the U.S. except California accepts the NCCAOM certification examinations as a measure of competency for an acupuncturist to ensure the safe and effective practice of AOM. More information on NCCAOM certification standards can be found in the [2018 NCCAOM® Certification Handbook](#).

Q (2). Does this mean that the NCCAOM provides the national examination(s) for the practice of AOM?

A. Yes, 98% of the states that regulate AOM require NCCAOM examinations or full certification as a prerequisite for licensure. All of the states, except California, that regulate AOM require NCCAOM examinations or certification. There are six states; Oklahoma, Kansas, Alabama, South Dakota, North Dakota and Wyoming that currently do not have an AOM practice act. NCCAOM is currently working with Kansas, Wyoming, South Dakota and Alabama on the creation of legislation to regulate AOM in those states. Please see the [Map of States that Accept NCCAOM Exams](#). Currently, California is the only state that administers its own licensure examination. This means that AOM practitioners who pass the NCCAOM required examinations and/or become NCCAOM certified in Acupuncture or Oriental Medicine (and have also met state specific requirements) can enjoy reciprocity in all states that regulate acupuncture except for California. Please note that applicants for licensure may have to complete additional requirements in some states in addition to achieving NCCAOM certification or passing NCCAOM examinations. It is advised that applicants for licensure check with the state agency that regulates acupuncture in the state they wish to practice to ensure that they have met all state designated requirements. For more information, please visit the [NCCAOM website](#) for a listing of state exam requirements and state regulatory contact information.

Q (3). How does the NCCAOM examination process meet the criteria of a national exam for the practice of AOM?

A. The content of NCCAOM’s examinations is linked to extensive role delineation studies (also known as a job, practice, or occupational analysis studies) which are conducted minimally every five years. NCCAOM’s previous job task analysis surveys represent the only nationally verified job analysis regarding the practice of acupuncture, Chinese herbology, Oriental medicine and Asian bodywork therapy. The [Executive Summary of the 2017 Job Analysis Report](#) is the most recently published survey, which represents AOM practitioners from all states in the U.S. including California. Currently, at least one-third of all newly certified acupuncturists in California also take the NCCAOM certification exams.

Q (4). Has the NCCAOM national examination system ever been legally challenged?

A. No. The assurance of long-standing defensibility of NCCAOM’s examinations is one of the multiple reasons why 98% of the states in the U.S. that regulate acupuncturists use the NCCAOM national examination system as a prerequisite for licensure. Legal action has never been brought against the NCCAOM with regard to its examinations; therefore, states who adopt the NCCAOM examinations as one of the prerequisites to licensure as an acupuncturist rely on the NCCAOM for legal defensibility of the exam or exams used for licensure. NCCAOM Acupuncture, Oriental Medicine and Chinese Herbology certification programs for the AOM profession are accredited by the [Institute for Credentialing Excellence’s \(ICE\) National Commission for Certifying Agencies \(NCCA\)](#). This means that the NCCAOM examination development and certification processes for each of its certification programs have met all the essential elements of a nationally accredited certification program.

Q (5). What are the other reasons, besides legal defensibility, why the states in the U.S. that regulate acupuncturists use the NCCAOM national examination system and how are NCCAOM examinations administered?

A. There are multiple reasons for the AOM regulatory boards in the U.S. to use the NCCAOM examinations as a prerequisite for licensure. The NCCAOM examinations are administered in highly secure professional test centers, around the U.S. and throughout the world. These professional test centers are identical and are owned and operated by [Pearson VUE®](#). Candidate identity is confirmed by means of palm vein readings and photo identifications. Tight internal test administration processes, which include camera surveillance of each test taker, prevent cheating during the examination process. The NCCAOM also administers computer adaptive tests (CAT) which not only improve examination reliability, but also further reduces the potential for cheating (memorizing test questions) by minimizing test question exposure since every examinee receives a unique set of examination questions based on the test specification requirements and the tester’s response to each new test item on the exam. The CAT administrative model is not only a more reliable measure of competency, but also it is a very desirable administrative test model for candidates since each examination completed by the test taker can be scored in real time, and thus a preliminary “pass” or “fail” screen” is generated once the test taker completes the examination. The NCCAOM follows up with an internal quality control procedure; however, and the final test results are sent to the examinee within 5 to 10 business days. The NCCAOM generates official exam results reports which are sent directly the state regulatory boards upon the examinee’s request. The CAT exam administration model, therefore, allows for year-round testing with a location convenient to examinees. The 2018 [NCCAOM® Certification Handbook](#) and the 2018 [NCCAOM Candidate Preparation Handbooks](#) provide more detailed information about the examination development and

administration process.

The NCCAOM is also assisted by [Schroeder Measurement Technologies \(SMT®\)](#), a national research and psychometric services corporation that conducts professional competency assessment research, and provides examination development services and scoring of examinations for a number of credentialing programs nationwide. The NCCAOM has demonstrated over the last 30 years with its issuance of over 33,000 certificates of certification that it is well equipped to handle the challenges associated with the development and administration of a credible, valid and legally defensible examination system for the acupuncture and Oriental medicine profession.

Q (6). How does NCCAOM establish itself as a national standard setting organization and how does this benefit the states?

A. NCCAOM partners with state regulatory boards when they are developing a practice act for AOM. The NCCAOM also works with the legislature and regulatory agency staff to establish regulation that includes a national assessment tool that effectively measures the knowledge, skills and abilities required to safely and effectively practice AOM. States recognize and accept the ACAOM and NCCAOM national standards of education and competence as established requirements for the growing profession of acupuncture and Oriental medicine. The AOM state regulatory boards rely on these national standards to protect their consumers from the unsafe practice of AOM by unqualified practitioners. Each of the 47 states plus the District of Columbia that [require the NCCAOM examinations](#) for AOM practitioners as a measure of competency to practice safely and effectively recognize the financial and administrative benefits of requiring the NCCAOM certification or passing of the examinations as a prerequisite for licensure of acupuncturists. This is due to the fact that all examination development and administration costs, as well as legal defensibility, are assumed by the NCCAOM.

The NCCAOM offers each of the state regulatory boards that accept its examination system the security of having all of its certification programs and its examinations nationally accredited.

NCCAOM's certification programs (Acupuncture, Oriental Medicine, Chinese Herbology, and Asian Bodywork Therapy) are accredited by the National Commission for Certifying Agencies (NCCA). Accreditation assures that NCCAOM's examinations are psychometrically validated for content and construct. All regulatory boards that rely on the NCCAOM examinations enjoy the advantages of state-of-the-art examination development and administration security and lessened legal liability. Refer to Q (5) above for more details.

The NCCAOM's highest priority is its commitment to the public to ensure the safe practice of acupuncture and this is manifested through its mission, which is *to promote nationally recognized standards of competency and safety in acupuncture and Oriental medicine for the purpose of protecting the public*. As such, NCCAOM fulfills its mission by 1) establishing national standards of competency for the safe and effective practice of acupuncture; 2) evaluating each applicants qualifications through a robust eligibility process; 3) assessing candidates for certification based valid, reliable and legally defensible examinations; and 4) requiring candidates for certification and Diplomates to adhere to the [NCCAOM® Code of Ethics](#), as well as 5) ensuring that certified practitioners maintain their competency to practice through a mandated recertification process in which certificant holders must provide documentation of professional development activities.

Q (7). How can a national examination system such as the NCCAOM satisfy the variety of practice acts and scopes of practice for each state that regulates AOM?

A. NCCAOM's modular examination system allows each state to adopt the exams that are tailored to its AOM practice act requirements, statutes, rules and regulations. NCCAOM offers four exams for the AOM profession: Acupuncture with Point Location, Foundations of Oriental Medicine, Biomedicine and Chinese Herbology. States either require all or a portion of these examinations depending on their practice act and whether their state accepts the practice of Chinese herbology. Candidates that successfully pass each of the required exams have then demonstrated competency in each of the core areas of AOM. These candidates can then move onto completing the other licensing requirements as requested by the state. As always, the NCCAOM does have a process for offering unique examinations, if requested by a state regulatory board.

Q (8). What is the difference between states that require the NCCAOM examinations and states that require full NCCAOM certification as a prerequisite for licensure?

A. The value of NCCAOM's certification and its examinations is demonstrated by its acceptance in 28 states that require full certification (or passing of all required NCCAOM exams for Certification in Acupuncture) as a prerequisite for licensing acupuncturists. More and more state licensing agencies are now recognizing the importance of relying on the NCCAOM's robust certification process to ensure that the licensed acupuncturists in their state have met and **will continue to meet** the necessary requirements to practice acupuncture and Oriental Medicine safely and effectively. States that require full certification by the NCCAOM as indicated on this [map](#) will best ensure that licensed AOM practitioners in their state meet recognized national standards of competence and safety in the AOM profession as set forth by the NCCAOM and have maintained their certification in good standing via the NCCAOM recertification process.

Q (9). How do we know that every candidate who sits for the NCCAOM exams is qualified to take the exams?

A. NCCAOM has developed an in-depth process to verify each applicant's education and training to make sure that each candidate has met ACAOM's academic standards and professional competencies as set forth by [the ACAOM Accreditation Manual](#) as well as other requirements such as the Council of Colleges for Acupuncture and Oriental Medicine's [\(CCAOM\) Clean Needle Technique course](#), if applicable for the particular certification program. The eligibility qualification process includes a thorough verification of educational transcripts for domestic and foreign-educated applicants. All candidates must meet the same nationally-set requirements in order to become eligible to sit for the NCCAOM exams. NCCAOM requires all internationally educated applicants to first have their academic transcript authenticated through [International Consultants of Delaware](#) (ICD).

Q (10). Can candidates take the NCCAOM exams in their own state and are their exam sites secure?

A. Candidates for the NCCAOM examination(s) can schedule and take their examinations as soon as they are approved to test by the NCCAOM, any day, year-round at over 230 locations throughout the U.S. and abroad to include exam sites in Europe, Canada and Asia. NCCAOM examinations are offered in a computer adaptive format,

which minimizes testing error as mentioned in Q. (5) of this fact sheet. In addition, computer adaptive testing (CAT) provides candidates with a preliminary pass/fail screen after completion of the examination giving them a preliminary indication of how they performed on the examination. The NCCAOM is able to offer these premier exam administration services because it is assisted in its examination administration by [Pearson VUE](#), one of the leading testing services in the United States and the world. In addition, candidates are ensured a safe and secure examination site thanks to Pearson VUE's state-of-the-art security systems, which has virtually eliminated cheating by test-takers. Since contracting with Pearson VUE, the NCCAOM has had zero incidents of cheating or examination compromise owing to the extremely secure system that exist at the Pearson VUE Professional Test Centers

Q (11). What about candidates who wish to take the exams in another language?

A. The AOM certification examinations are available in three languages: English, Chinese and Korean. Please check with the [NCCAOM website](#) for specific administration dates. To date there have been no challenges to the translation of the NCCAOM foreign language examinations. The NCCAOM takes great pride in the proper translation of its examinations. In fact, the NCCAOM has a separate Translation Exam Development Committee who provides the quality control checks for the exams translated by a third party vendor. In 2011, the NCCAOM's psychometrician and CEO were invited to make a national presentation, at the Institute for Credentialing Excellence's (ICE) national conference, about how our organization provides the translation and equating of the translated examination items so that fairness of testing in the foreign languages can be assured.

Q (12). Are there nationally recognized continued competency (recertification) requirements for the AOM profession?

A. NCCAOM has an extensive and highly developed recertification process that emphasizes core competency maintenance and the demonstration of professional development. Core knowledge and skills in safety, professional ethics and CPR are absolute requirements of the recertification process. The NCCAOM recertification program relies heavily on its own [professional development activity \(PDA\) program](#) which has its own unique continuing education approval standards. NCCAOM requires its Diplomates to document 60 PDA points (1 PDA point is equivalent to 1 hour of active learning) every four years. For more information see [NCCAOM Recertification Handbook](#). The NCCAOM Certification Services Department reviews every application for renewal of certification and verifies each piece of documentation for each application. In addition, NCCAOM staff also performs internal quality audits to assure compliance. Turnaround time for processing a recertification application is 4-6 weeks. More and more states are recognizing NCCAOM's recertification program and accept or require all continuing education courses to be an approved PDA course. This way a state regulatory board can rely on the NCCAOM's services to ensure the continued competency of existing licensees and to alleviate the financial and administrative burden to their state and their licensees.

Q (13). What about the practitioners who cross the boundaries of safe and/or ethical practice? Each state has its own disciplinary procedure, but how can we ensure that these practitioners do not move from state to state without recognition?

A. One of the most important functions of the NCCAOM is to establish and enforce the standards of ethical practice for the AOM profession as stated in the mission of the organization.

By partnering with the states to discipline certified practitioners who have violated the [NCCAOM® Code of Ethics](#) and

preventing them from moving to another state that might be unaware of their violations, the NCCAOM's Professional Ethics and Disciplinary Committee (PEDC) has the authority to evaluate complaints against Diplomates (from states, patients, or other practitioners), issue decisions and impose sanctions. This action allows states that require NCCAOM certification to further protect their consumers from the unsafe practice of acupuncture since acupuncturists who have been disciplined by the NCCAOM for ethical and/or criminal violations cannot renew their license to practice acupuncture until those sanctions have been lifted by the NCCAOM.

The NCCAOM® Code of Ethics and related disciplinary process is the only one of its kind in the AOM profession. The disciplinary process allows individuals to report professional misconduct directly to the NCCAOM. The PEDC and NCCAOM staff continuously meets its policy of the reviewing and determining cases within 60-90 days of the initial complaint. This disciplinary procedure ensures that states will be fully apprised of any disciplinary action taken against a NCCAOM certified practitioner and the public will be also be readily informed.

APPENDIX H

Florida Statute and Administrative Code

FLORIDA ACUPUNCTURE STATUTORY DEFINITIONS

457.102 Definitions.—As used in this chapter:

- (1) “Acupuncture” means a form of primary health care, based on traditional Chinese medical concepts and modern oriental medical techniques, that employs acupuncture diagnosis and treatment, as well as adjunctive therapies and diagnostic techniques, for the promotion, maintenance, and restoration of health and the prevention of disease. Acupuncture shall include, but not be limited to, the insertion of acupuncture needles and the application of moxibustion to specific areas of the human body and the use of electroacupuncture, Qi Gong, oriental massage, herbal therapy, dietary guidelines, and other adjunctive therapies, as defined by board rule.
- (2) “Acupuncturist” means any person licensed as provided in this chapter to practice acupuncture as a primary health care provider.
- (3) “Board” means the Board of Acupuncture.
- (4) “License” means the document of authorization issued by the department for a person to engage in the practice of acupuncture.
- (5) “Department” means the Department of Health.
- (6) “Oriental medicine” means the use of acupuncture, electroacupuncture, Qi Gong, oriental massage, herbal therapy, dietary guidelines, and other adjunctive therapies.
- (7) “Prescriptive rights” means the prescription, administration, and use of needles and devices, restricted devices, and prescription devices that are used in the practice of acupuncture and oriental medicine.

FLORIDA ADMINISTRATIVE CODE

64B1-3.001 Definitions.

- (1) Acupuncture means a form of primary health care based on traditional Chinese medical concepts, that employs acupuncture diagnosis and treatment, as well as adjunctive therapies and diagnostic techniques, for the promotion, maintenance, and restoration of health and the prevention of disease. Acupuncture shall include but not be limited to the insertion of acupuncture needles and the application of moxibustion to specific areas of the human body.
- (2) Acupuncture shall include, but not be limited to:
 - (a) Auricular, hand, nose, face, foot and/or scalp acupuncture therapy;
 - (b) Stimulation to acupuncture points and channels by use of any of the following:
 1. Needles, moxibustion, cupping, thermal methods, magnets, gwa-sha scraping techniques, acupatches, and acuform,
 2. Manual stimulation including acutotement (which is defined as stimulation by an instrument that does not pierce the skin), massage, acupressure, reflexology, shiatsu, and tui-na,

3. Electrical stimulation including electro-acupuncture, percutaneous and transcutaneous electrical nerve stimulation,
4. Laser biostimulation in accordance with relevant federal law including Food and Drug Administration rules and regulations, providing written notice of such intended use together with proof of compliance with federal requirements are received by the Board of Acupuncture not less than 14 days prior to first time use.

(3) Acupuncture diagnostic techniques shall include but not be limited to the use of observation, listening, smelling, inquiring, palpation, pulses, tongue, physiognomy, five element correspondence, ryodoraku, akabani, German electro acupuncture, Kirlian photography, and thermography.

(4) The needles used in acupuncture shall be solid filiform instruments which shall include but not be limited to: dermal needles, plum blossom needles, press needles, prismatic needles and disposable lancets. The use of staples in the practice of acupuncture shall be prohibited.

(5) Adjunctive therapies shall include but not be limited to:

(a) Nutritional counseling and the recommendation of nonprescription substances which meet the Food and Drug Administration labeling requirements, as dietary supplements to promote health;

(b) Recommendation of breathing techniques and therapeutic exercises;

(c) Lifestyle and stress counseling;

(d) The recommendation of all homeopathic preparations approved by the Food and Drug Administration and the United States Homeopathic Pharmacopeia Committee; and,

(e) Herbology.

Rulemaking Authority 457.102, 457.104 FS. Law Implemented 457.102 FS. History—New 8-13-84, Amended 9-19-84, Formerly 21AA-3.01, Amended 12-14-87, 9-3-89, 5-30-91, 1-26-92, 2-27-92, Formerly 21AA-3.001, 61F1-3.001, 59M-3.001, Amended 9-6-06.

APPENDIX I

Illinois Statute and Rules

2018 Illinois – expanded scope that includes cupping, Asian body work, cold laser, etc., practitioners are also able to prescribe herbal remedies

2019 Illinois – new state law will require acupuncturists who want to practice Chinese herbology to take an ACAOM-accredited course and pass an additional board exam

<https://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1290&ChapterID=24>

(225 ILCS 2/10) Sec. 10. Definitions. As used in this Act:

"Acupuncture" means evaluation or treatment that is effected by stimulating certain body points by the insertion of pre-sterilized, single-use, disposable needles, unless medically contraindicated. "Acupuncture" includes, but is not limited to, stimulation that may be effected by the ***application of heat, including far infrared, or cold, electricity, electro or magnetic stimulation, cold laser, vibration, cupping, gua sha, manual pressure, or other methods, with or without the concurrent use of needles***, to prevent or modify the perception of pain, to normalize physiological functions, or for the treatment of diseases or dysfunctions of the body and includes the determination of a care regimen or treatment protocol according to traditional East Asian principles and activities referenced in Section 15 of this Act for which a written referral is not required. In accordance with this Section, the practice known as dry needling or intramuscular manual stimulation, or similar wording intended to describe such practice, is determined to be within the definition, scope, and practice of acupuncture. Acupuncture also includes evaluation or treatment in accordance with traditional and modern practices of East Asian medical theory, including, but not limited to, moxibustion, herbal medicinals, natural or dietary supplements, manual methods, exercise, and diet to prevent or modify the perception of pain, to normalize physiological functions, or for the treatment of diseases or dysfunctions of the body and includes activities referenced in Section 15 of this Act for which a written referral is not required. Acupuncture does not include radiology, electrosurgery, chiropractic technique, physical therapy, naprapathic technique, use or prescribing of any pharmaceuticals, or vaccines, or determination of a differential diagnosis. An acupuncturist licensed under this Act who is not also licensed as a physical therapist under the Illinois Physical Therapy Act shall not hold himself or herself out as being qualified to provide physical therapy or physiotherapy services.

"Acupuncturist" means a person who practices acupuncture in all its forms, including traditional and modern practices in both teachings and delivery, and who is licensed by the Department. An acupuncturist shall refer to a licensed physician or dentist any patient whose condition should, at the time of evaluation or treatment, be determined to be beyond the scope of practice of the acupuncturist.

(225 ILCS 2/16) Sec. 16. Chinese herbology; practice.

No person licensed under this Act may hold himself or herself out as being trained in Chinese herbology without proof of status as a Diplomat of Oriental Medicine certified by the National Certification Commission for Acupuncture and Oriental Medicine or a substantially equivalent status that is approved by the Department or proof that he or she has successfully completed the National Certification Commission for Acupuncture and Oriental Medicine Chinese Herbology

Examination or a substantially equivalent examination approved by the Department. A violation of this Section is subject to the disciplinary action described in Section 110.

(Source: P.A. 101-201, eff. 1-1-20.)

(225 ILCS 2/110) - Sec. 110. Grounds for disciplinary action.

(a) The Department may refuse to issue or to renew, place on probation, suspend, revoke or take other disciplinary or non-disciplinary action as deemed appropriate including the imposition of fines not to exceed \$10,000 for each violation, as the Department may deem proper, with regard to a license for any one or combination of the following causes:

(23) Holding himself or herself out as being trained in Chinese herbology without being able to provide the Department with proof of status as a Diplomate of Oriental Medicine certified by the National Certification Commission for Acupuncture and Oriental Medicine or a substantially equivalent status approved by the Department or proof that he or she has successfully completed the National Certification Commission for Acupuncture and Oriental Medicine Chinese Herbology Examination or a substantially equivalent examination approved by the Department.

APPENDIX J

New Mexico Acupuncture Statute

16.2.1.7 Definitions

B. (6) "Animal acupuncture" is acupuncture performed on any animal other than man. Animal acupuncture is authorized under the supervision of a doctor of veterinary medicine licensed in New Mexico and only under the guidelines of the rules of the New Mexico Veterinary Practice Act (61-14-1. to 61-14-20) and the rules of the New Mexico board of veterinary medicine (16.25.9.15 NMAC)

(13) "Authorized substances" are the specific substances defined in the four certification in 16.2.20 NMAC that are authorized according to 61-14A-8.1 of the act for prescription, administration, compounding and dispensing by a doctor of oriental medicine certified for a specific category of expanded practice as defined in 16.2.19 NMAC.

(14) "Bioidentical hormones" means compounds, or salt forms of those compounds, that have exactly the same chemical and molecular structure as hormones that are produced in the human body.

(15) "Biomedical diagnosis" is a diagnosis of a person's medical status based on the commonly agreed upon guidelines of conventional biomedicine as classified in the most current edition or revision of the international classification of diseases, ninth revision, clinical modification (ICD-9-CM).

(16) "Biomedicine" is the application of the principles of the natural sciences to clinical medicine

(26) "Doctor of oriental medicine" is a physician licensed to practice acupuncture and oriental medicine pursuant to the act and as such has responsibility for his or her patient as a primary care physician or independent specialty care physician

16.2.2.8 SCOPE OF PRACTICE: Pursuant to Section 61-14A-3 NMSA 1978, the practice of oriental medicine in New Mexico is a distinct system of primary health care with the goal of prevention, cure, or correction of any disease, illness, injury, pain or other physical or mental condition by controlling and regulating the flow and balance of energy, form and function to restore and maintain health. Oriental medicine includes all traditional and modern diagnostic, prescriptive and therapeutic methods utilized by practitioners of acupuncture and oriental medicine.

The scope of practice of doctors of oriental medicine shall include but is not limited to:

A. evaluation, management and treatment services;

B. diagnostic examination, testing and procedures;

C. the ordering of diagnostic imaging procedures and laboratory or other diagnostic tests;

D. the surgical procedures of acupuncture and other related procedures;

E. the stimulation of points, areas of the body or substances in the body using qi, needles, heat, cold, color, light, infrared and ultraviolet, lasers, sound, vibration, pressure, magnetism, electricity, electromagnetic energy, bleeding, suction, or other devices or means;

F. physical medicine modalities, procedures and devices;

G.therapeutic exercises, qi exercises, breathing techniques, meditation, and the use of biofeedback devices and other devices that utilize heat, cold, color, light, infrared and ultraviolet, lasers, sound, vibration, pressure, magnetism, electricity, electromagnetic energy and other means therapeutically;

H.dietary and nutritional counseling and the prescription or administration of food, beverages and dietary supplements therapeutically;I.counseling and education regarding physical, emotional and spiritual balance in lifestyle;

J.prescribing, administering, combining, providing, compounding and dispensing any non-injectable herbal medicine, homeopathic medicines, vitamins, minerals, enzymes, glandular products, natural substances, protomorphogens, live cell products, amino acids, dietary and nutritional supplements;cosmetics as they are defined in the New Mexico Drug, Device and Cosmetic Act and nonprescription drugs as they are defined in the Pharmacy Act;

K.the prescription or administration of devices, restricted devices and prescription devices as defined in the New Mexico Drug, Device and Cosmetic Act (Section 26-1-1 NMSA 1978) by a doctor of oriental medicine who meets the requirements of 16.2.2.9 NMAC.

16.2.2.10 SCOPE OF PRACTICE FOR EXPANDED PRACTICE:

A.In addition to the scope of practice for a licensed New Mexico doctor of oriental medicine, the scope of practice for those certified in expanded practice shall include certification in any or all of the following modules: basic injection therapy, injection therapy, intravenous therapy and bioidentical hormone therapy.practitioners previously certified as Rx1 extended prescriptive authority, will be certified for basic injection therapy and practitioners previously certified as Rx2 expanded prescriptive authority, will be certified for injection therapy, intravenous therapy and bioidentical hormone therapy.

B.The expanded practice shall include:

(1) the prescribing, administering, compounding and dispensing ofherbal medicines, homeopathic medicines, vitamins, minerals, amino acids, proteins, enzymes, carbohydrates, lipids, glandular products, natural substances, natural medicines, protomorphogens, live cell products, gerovital, dietary and nutritional supplements, cosmetics as they are defined in the New Mexico Drug, Device and Cosmetic Act (26-1-1 NMSA 1978) and nonprescription drugs as they are defined in the Pharmacy Act (61-11-1 NMSA 1978); and

(2) the prescribing, administering, compounding and dispensing of the following dangerous drugs or controlled substances as they are defined in the New Mexico Drug, Device and Cosmetic Act, the Controlled Substances Act (30-31-1 NMSA 1978) or the Pharmacy Act:

- (a) sterile water;
- (b) sterile saline;
- (c) sarapin or its generic;
- (d) caffeine;
- (e) procaine;
- (f) oxygen;
- (g) epinephrine;
- (h) vapocoolants;
- (i) bioidentical hormones; and

(j) biological products, including therapeutic serum.

C. When compounding drugs for their patients, doctors of oriental medicine certified for expanded practice and prescriptive authority shall comply with the compounding requirements for licensed health care professionals in the United States pharmacopeia and national formulary.

APPENDIX K

Maryland Animal Acupuncture Statute

To Practice Acupuncture on Animals, a Licensed Acupuncturist must:

- (1) Possess current certification for animal acupuncture from the Board;
- (2) Cooperate and consult with a veterinary practitioner by:
 - (a) Beginning acupuncture treatment on an animal only if the animal has been seen by a veterinary practitioner within the previous 14 days;
 - (b) Adhering to the terms and conditions of treatment decided by the veterinary practitioner, including the degree of communication and collaboration between the veterinary practitioner and the person practicing acupuncture;
 - (c) Reporting to the veterinary practitioner at the end of the animal's treatment or at monthly intervals at the discretion of the veterinary practitioner;
 - (d) Not working on an animal for which the person has not been appropriately trained in accordance with this regulation; and
 - (e) A person may not represent to the public that the person is an animal acupuncturist and may not practice acupuncture on animals unless the person is certified by the board to practice acupuncture on animals.

Educational Requirements

1. Applicants must show proof of having successfully completed a Board-approved specialty training program in animal acupuncture from a school accredited by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) or approved by the Maryland Higher Education Commission that consists of a minimum of 135 hours of theory and clinical training.
2. List the name & complete address of the animal acupuncture school, dates attended, and courses completed. Also list if the school is accredited by ACAOM or approved by the Maryland Higher Education Commission:
3. **TRANSCRIPTS SHOWING COMPLETION OF ANIMAL ACUPUNCTURE TRAINING MUST BE SENT DIRECTLY TO THE BOARD FROM THE SCHOOL** and must document the following:
 - a) At least 90 hours in diagnosis of energy dynamics and treatment of animals;
 - b) At least 15 hours in comparative functional anatomy and physiology of animals;
 - c) At least 15 hours in animal handling, restraints, and emergencies; and
 - d) At least 20 hours in introduction to animal diseases and zoonotics that require the immediate attention of a veterinary practitioner.

APPENDIX L

Washington State Acupuncture Statute

RCW [18.06.010](#)

Definitions.

The following terms in this chapter shall have the meanings set forth in this section unless the context clearly indicates otherwise:

(1) "Acupuncture" or "Eastern medicine" means a health care service utilizing acupuncture or Eastern medicine diagnosis and treatment to promote health and treat organic or functional disorders and includes the following:

(a) Acupuncture, including the use of acupuncture needles or lancets to directly and indirectly stimulate acupuncture points and meridians;

(b) Use of electrical, mechanical, or magnetic devices to stimulate acupuncture points and meridians;

(c) Moxibustion;

(d) Acupressure;

(e) Cupping;

(f) Dermal friction technique;

(g) Infra-red;

(h) Sonopuncture;

(i) Laserpuncture;

(j) Point injection therapy, as defined in rule by the department. Point injection therapy includes injection of substances, limited to saline, sterile water, herbs, minerals, vitamins in liquid form, and homeopathic and nutritional substances, consistent with the practice of acupuncture or Eastern medicine. Point injection therapy does not include injection of controlled substances contained in Schedules I through V of the uniform controlled substances act, chapter [69.50](#) RCW or steroids as defined in RCW [69.41.300](#);

(k) Dietary advice and health education based on acupuncture or Eastern medical theory, including the recommendation and sale of herbs, vitamins, minerals, and dietary and nutritional supplements;

(l) Breathing, relaxation, and Eastern exercise techniques;

(m) Qi gong;

(n) Eastern massage and Tui na, which is a method of Eastern bodywork, characterized by the kneading, pressing, rolling, shaking, and stretching of the body and does not include spinal manipulation; and

(o) Superficial heat and cold therapies.

(2) "Acupuncturist" or "acupuncture and Eastern medicine practitioner" means a person licensed under this chapter.

(3) "Department" means the department of health.

(4) "Secretary" means the secretary of health or the secretary's designee.

Nothing in this chapter requires individuals to be licensed as an acupuncturist or Eastern medicine practitioner in order to provide the techniques and services in subsection (1)(k) through (o) of this section or to sell herbal products. [[2019 c 308 § 2](#); [2016 c 97 § 1](#); [2010 c 286 § 2](#); [1995 c 323 § 4](#); [1992 c 110 § 1](#); [1991 c 3 § 4](#); [1985 c 326 § 1](#).]

NOTES:

Findings—2019 c 308: "The legislature finds that acupuncture and Eastern medicine is a holistic system of medicine that has developed through traditional medical practices in China, Japan, Korea, and the other East Asian countries.

The legislature finds that the practice of acupuncture has become mainstream in the health care system nationally and internationally. The legislature intends to align the professional title of acupuncture with state and

federal designations for the profession, defining it as a comprehensive system of medicine. For the purposes of this act, the term Eastern medicine is more inclusive of the broader system of medicine and can be used interchangeably with acupuncture.

The legislature does not intend to require persons currently licensed under this chapter to change the business name of their practice if otherwise in compliance with this chapter." [[2019 c 308 § 1.](#)]

APPENDIX M

Arkansas Acupuncture Statute

2017 Arkansas Code Title 17 - Professions, Occupations, and Businesses

Subtitle 3 - Medical Professions Chapter 102 - Acupuncturists

Subchapter 1 - General Provisions

§ 17-102-102. Definitions

Universal Citation: [AR Code § 17-102-102 \(2017\)](#)

- As used in this chapter:
 - (1) "Acupuncture" means the insertion, manipulation, and removal of needles from the body and the use of other modalities and procedures at specific locations on the body for the prevention, cure, or correction of a malady, illness, injury, pain, or other condition or disorder by controlling and regulating the flow and balance of energy and functioning of the patient to restore and maintain health, but acupuncture shall not be considered surgery;
 - (2) "Acupuncturist" means a person licensed under this chapter to practice acupuncture and related techniques in this state and includes the terms "licensed acupuncturist", "certified acupuncturist", "acupuncture practitioner", and "Oriental acupuncture practitioner";
 - (3) "Board" means the Arkansas State Board of Acupuncture and Related Techniques;
 - (4) "Chiropractic physician" means a person licensed under the Arkansas Chiropractic Practices Act, § 17-81-101 et seq.;
 - (5) "Moxibustion" means the use of heat on, or above, or on acupuncture needles, at specific locations on the body for the prevention, cure, or correction of a malady, illness, injury, pain, or other condition or disorder; and
 - (6)
 - (A) "**Related techniques**" means the distinct system of basic health care that uses all allied diagnostic and treatment techniques of acupuncture, Oriental, traditional, and modern, for the prevention or correction of a malady, illness, injury, pain, or other condition or disorder by controlling and regulating the flow and balance of energy and functioning of the patient to restore and maintain health.
 - (B) As used in this subdivision (6), "**related techniques**" include, but are not limited to, **acupuncture, moxibustion or other heating modalities, cupping, magnets, cold laser, electroacupuncture including electrodermal assessment, application of cold packs, ion pumping cord, lifestyle counseling, including general eating guidelines, tui na, massage incidental to acupuncture, breathing and exercising techniques, and the recommendation of Chinese herbal medicine lawfully and commercially available in the United States.** Provided, "related techniques", including, but not limited to, tui na, shall not involve manipulation, mobilization, or adjustment to the spine or extraspinal articulations.

APPENDIX N

Arizona Naturopathic Statute

"Physical examination" means an evaluation of the health of an individual's body using inspection, palpation, percussion, and auscultation to determine cause of illness or disease

8. "Approved school of naturopathic medicine" or "school of naturopathic medicine" means a school or college determined by the board to have an educational program that meets standards prescribed by the council on naturopathic medical education, or its successor agency, and that offers a course of study that, on successful completion, results in the awarding of the degree of doctor of naturopathic medicine and whose course of study is either of the following:

23. "Natural substance" means a homeopathic, botanical, nutritional or other supplement that does not require a prescription pursuant to federal law before it is prescribed, dispensed or otherwise furnished to a patient and that is prescribed by a physician who is licensed pursuant to this chapter to enhance health, prevent disease or treat a medical condition diagnosed by the physician.

25. "Naturopathic medicine" means medicine as taught in approved schools of naturopathic medicine and in clinical, internship, preceptorship and postdoctoral training programs approved by the board and practiced by a recipient of a degree of doctor of naturopathic medicine licensed pursuant to this chapter.

27. "Physician" means a doctor of naturopathic medicine who is licensed pursuant to this chapter.

28. "Practice of naturopathic medicine" means a medical system of diagnosing and treating diseases, injuries, ailments, infirmities and other conditions of the human mind and body, including by natural means, drugless methods, drugs, nonsurgical methods, devices, physical, electrical, hygienic and sanitary measures and all forms of physical agents and modalities.

30. "Specialist" means a physician who has successfully completed approved postdoctoral training, who is certified by a specialty board of examiners recognized by the board and who is certified by the board to practice the specialty pursuant to this chapter.

31. "Unprofessional conduct" includes the following, whether occurring in this state or elsewhere:

(a) Intentionally disclosing a professional secret or intentionally disclosing a privileged communication except as either of these may otherwise be required by law.

(b) Engaging in any dishonorable conduct reflecting unfavorably on the profession.

(c) Committing a felony, whether or not involving moral turpitude, or a misdemeanor involving moral turpitude. In either case conviction by any court of competent jurisdiction or a plea of no contest is conclusive evidence of the commission of the felony or misdemeanor.

(d) Habitual intemperance in the use of alcohol or any substance abuse.

(e) Engaging in the illegal use of any narcotic or hypnotic drugs, or illegal substances.

(f) Engaging in conduct that the board determines is gross malpractice, repeated malpractice or any malpractice resulting in the death of a patient.

- (g) Impersonating another doctor of naturopathic medicine or any other practitioner of the healing arts.
- (h) Falsely acting or assuming to act as a member, an employee or an authorized agent of the board.
- (i) Procuring or attempting to procure a license or a certificate pursuant to this chapter by fraud, by misrepresentation or by knowingly taking advantage of the mistake of another person or agency.
- (j) Having professional connection with or lending one's name to enhance or continue the activities of an illegal physician or an illegal practitioner of any healing art.
- (k) Representing that a manifestly incurable disease, injury, ailment or infirmity can be permanently cured, or falsely or fraudulently representing that a curable disease, injury, ailment or infirmity can be cured within a stated time.
- (l) Offering, undertaking or agreeing to cure or treat a disease, injury, ailment or infirmity by a secret means, method, treatment, medicine, substance, device or instrumentality.
- (m) Refusing to divulge to the board on demand the means, method, treatment, medicine, substance, device or instrumentality used in the treatment of a disease, injury, ailment or infirmity.
- (n) Giving or receiving, or aiding or abetting the giving or receiving of, rebates, either directly or indirectly.
- (o) Knowingly making any false or fraudulent statement, written or oral, in connection with the practice of naturopathic medicine or any naturopathic treatment method.
- (p) Engaging in immorality or misconduct that tends to discredit the naturopathic profession.
- (q) Having a license refused, revoked or suspended by any other state, district or territory of the United States or any other country, unless it can be shown that this action was not due to reasons that relate to the ability to safely and skillfully practice as a doctor of naturopathic medicine or to any act of unprofessional conduct in this paragraph.
- (r) Engaging in any conduct or practice that is contrary to recognized standards of ethics of the naturopathic profession, any conduct or practice that does or might constitute a danger to the health, welfare or safety of the patient or the public, or any conduct, practice or condition that does or might impair the ability to safely and skillfully practice as a doctor of naturopathic medicine.
- (s) Failing to observe any federal, state, county or municipal law relating to public health as a physician in this state.
- (t) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate this chapter or board rules.
- (u) Committing false, fraudulent, deceptive or misleading advertising or advertising the quality of a medical or health care service by a physician or by the physician's staff, employer or representative.
- (v) Failing or refusing to maintain adequate medical records on a patient or failing or refusing to make medical records in the physician's possession promptly available to another physician or health care provider who is licensed pursuant to chapter 7, 8, 13, 15, 17 or 29 of this title on request and receipt of proper authorization to do so from the patient, a minor patient's parent, the patient's legal guardian or the patient's authorized representative or failing to comply with title 12, chapter 13, article 7.1.

(w) Referring a patient to a diagnostic or treatment facility or prescribing goods and services without disclosing in writing to the patient that the physician has a pecuniary interest in the facility, goods or services to which the patient is referred or prescribed. This subdivision does not apply to a referral by one physician or practitioner to another physician or practitioner within a group of physicians or practitioners practicing together.

(x) Engaging in sexual intimacies with a patient in the course of direct treatment.

(y) Failing to dispense drugs and devices in compliance with article 4 of this chapter.

(z) Administering, dispensing or prescribing any drug or a device for other than an accepted therapeutic purpose.

(aa) Falsely representing or holding oneself out as being a specialist or representation by a doctor of naturopathic medicine or the doctor's staff, employer or representative that the doctor is boarded or board certified if this is not true or that standing is not current.

(bb) Delegating professional duties and responsibilities to a person if the person has not been approved or qualified by licensure or by certification to perform these duties or responsibilities.

(cc) Failing to appropriately supervise a naturopathic medical student, a nurse, a medical assistant, a health care provider or a technician who is employed by or assigned to the physician during the performance of delegated professional duties and responsibilities.

(dd) Using experimental forms of diagnosis or treatment without adequate informed consent of the patient or the patient's legal guardian and without conforming to experimental criteria, including protocols, detailed records, periodic analysis of results and periodic review by a medical peer review committee as approved by the United States food and drug administration or its successor agency.

(ee) Failing to furnish information in a timely manner to the board or investigators or representatives of the board if this information is legally requested by the board and failing to allow properly authorized board personnel on demand to examine and have access to documents, reports and records maintained by the physician that relate to the physician's medical practice or medically related activities.

(ff) Failing to report in writing to the board evidence that a person who is licensed, certified or registered pursuant to this chapter is or may be medically incompetent, guilty of unprofessional conduct or mentally or physically unable to safely practice or assist in the practice of naturopathic medicine.

(gg) Conducting or engaging in an internship, preceptorship or clinical training program in naturopathic medicine without being approved and registered by the board for that internship, preceptorship or clinical training program.

(hh) Signing a blank, undated or predated prescription form.

(ii) Engaging in conduct that the board determines is gross negligence, repeated negligence or negligence resulting in harm or death to a patient.

(jj) Knowingly making a false or misleading statement in oral testimony to the board on a form required by the board or in written correspondence to the board, including attachments to that correspondence.

(kk) The failure of a physician who is the chief medical officer, the executive officer or the chief of staff of an internship, a preceptorship or a clinical training program to report in writing to the board that the privileges of a doctor of naturopathic medicine, a naturopathic medical student or a medical assistant have been denied, limited, revoked or suspended because that doctor's, student's or assistant's actions appear to indicate that the person is or may be

medically incompetent, is or may be guilty of unprofessional conduct or is or may be unable to safely engage or assist in the practice of naturopathic medicine.

(ll) Having action taken against a doctor of naturopathic medicine by a licensing or regulatory board in another jurisdiction due to that doctor's mental or physical inability to engage safely in the practice of naturopathic medicine or the doctor's medical incompetence or for unprofessional conduct as defined by that licensing or regulatory board and that corresponds directly or indirectly to an act of unprofessional conduct prescribed by this paragraph. The action taken may include refusing, denying, revoking or suspending a license, otherwise limiting, restricting or monitoring a licensee or placing a licensee on probation by that licensing or regulatory board.

(mm) Having sanctions imposed by an agency of the federal government, including restricting, suspending, limiting or removing a person from the practice of naturopathic medicine or restricting that person's ability to obtain financial remuneration.

(nn) Violating any formal order, probation, consent agreement or stipulation issued or entered into by the board pursuant to this chapter.

(oo) Refusing to submit to a body fluid examination pursuant to a board investigation of alleged substance abuse by a doctor of naturopathic medicine.

(pp) Charging a fee for services not rendered or dividing a professional fee for patient referrals among health care providers or health care institutions or between these providers and institutions or a contractual arrangement that has this effect.

(qq) Obtaining a fee by fraud, deceit or misrepresentation.

(rr) Charging or collecting a clearly excessive fee. In determining whether a fee is clearly excessive, the board shall consider the fee or range of fees customarily charged in this state for similar services, in light of modifying factors such as the time required, the complexity of the service and the skill required to perform the service properly. This subdivision does not apply if there is a clear written contract for a fixed fee between the physician and the patient that was entered into before the service was provided.

(ss) With the exception of heavy metal poisoning, using chelation therapy in the treatment of arteriosclerosis or as any other form of therapy without adequate informed patient consent and without conforming to generally accepted experimental criteria, including protocols, detailed records, periodic analysis of results and periodic review by a medical peer review committee.

(tt) Using a controlled substance unless it is prescribed by another physician for use during a prescribed course of treatment.

(uu) Prescribing, dispensing or administering anabolic androgenic steroids for other than therapeutic purposes.

(vv) Except in an emergency or urgent care situation, prescribing or dispensing a controlled substance to a member of the naturopathic physician's immediate family.

(ww) Prescribing, dispensing or furnishing a prescription medication or a prescription-only device as defined in section 32-1901 to a person unless the licensee first conducts a physical examination of that person or has previously established a doctor-patient relationship. The physical examination may be conducted during a real-time telemedicine encounter with audio and video capability unless the examination is for the purpose of obtaining a written certification from the physician for the purposes of title 36, chapter 28.1. This subdivision does not apply to:

(i) A licensee who provides temporary patient supervision on behalf of the patient's regular treating licensed health care professional.

(ii) An emergency medical situation as defined in section 41-1831.

(iii) Prescriptions written to prepare a patient for a medical examination.

(iv) Prescriptions written or prescription medications issued for use by a county or tribal public health department for immunization programs or emergency treatment or in response to an infectious disease investigation, a public health emergency, an infectious disease outbreak or an act of bioterrorism. For the purposes of this item, "bioterrorism" has the same meaning prescribed in section 36-781.

(v) Prescriptions written or antimicrobials dispensed to a contact as defined in section 36-661 who is believed to have had significant exposure risk as defined in section 36-661 with another person who has been diagnosed with a communicable disease as defined in section 36-661 by the prescribing or dispensing physician.

(vi) Prescriptions written by a licensee through a telemedicine program that is covered by the policies and procedures adopted by the administrator of a hospital or outpatient treatment center.

(xx) If medical treatment is considered experimental or investigational, failing to include in a patient's record a consent to treatment document that is signed by the patient or the patient's parent or legal guardian and that indicates that the patient or the patient's parent or legal guardian has been informed of the risk of any treatment to be provided and the expected cost of that treatment.

(yy) When issuing a written certification as defined in section 36-2801, failing or refusing to include in the adequate medical records of a patient a copy of all of the following:

(i) The medical records relied on by the physician to support the diagnosis or confirmed diagnosis of the patient's debilitating medical condition.

(ii) The written certification.

(iii) The patient's profile on the Arizona board of pharmacy controlled substances prescription monitoring program database.

(zz) Dispensing a schedule II controlled substance that is an opioid.

APPENDIX O

Laser Therapy Documentation and References

Laser Technology uses super-luminous and laser diodes to treat diseased or traumatized tissue with photons. These particles of energy are selectively absorbed by the cell membrane and intracellular molecules, initiating a cascade of complex physiological reactions, leading to the restoration of normal cell structure and function.

In the short term, the body produces and releases beta-endorphins to control the sensation of pain. Cortisol production is increased to combat the stress associated with the trauma or the disease process. Over the long term, ATP (adenosine triphosphate) production is increased resulting in improved cellular metabolism. DNA (deoxyribonucleic acid) production – the protein building block of tissue – is substantially increased. Neurotransmission is facilitated secondary to elevated levels of serotonin and acetylcholine. Mitochondrial activity is stimulated resulting in cell replication for the replacement, regeneration and repair of abnormal cells. The process results in the elimination of symptoms, including pain, and stimulates the body's immune system response, facilitating natural healing.

<https://bioflexlaser.com/science>

See also Letter to Acupuncture Board of Examiners by Margaret Naeser, MD, PhD, Lic.Ac. (Mass.)

Light-Emitting Diode (LED) and Laser Therapies

Naeser MA, Hamblin MR. 2011. Potential for transcranial laser or LED therapy to treat stroke, traumatic brain injury, and neurodegenerative disease. *Photomedicine and Laser Surgery* 29, 443-446. [PubMed](#)

Naeser MA, Saltmarche A, Kregel MH, Hamblin MR, Knight JA. 2011. Improved cognitive function after transcranial, light-emitting diode treatments in chronic, traumatic brain injury: two case reports. *Photomedicine and Laser Surgery* 29, 351-358. [PubMed](#)

Hashmi JT, Huang YY, Osmani BZ, Sharma SK, Naeser MA, Hamblin MR. 2010. Role of low-level laser therapy in neurorehabilitation. *Physical Medicine and Rehabilitation, Suppl. 2*, S292-S305. [PubMed](#)

Papers published on acupuncture or laser acupuncture to treat paralysis in stroke

Naeser MA, Alexander MP, Stiassny-Eder D, Galler V, Hobbs J, Bachman D. 1992. Real versus sham acupuncture in the treatment of paralysis in acute stroke patients: a CT lesion site study. *Journal of Neurologic Rehabilitation* 6, 163-173. [pdf](#)

Naeser MA, Alexander MP, Stiassny-Eder D, Galler V, Hobbs J, Bachman D. 1994. Acupuncture in the treatment of paralysis in chronic and acute stroke patients - improvement correlated with specific CT scan lesion sites. *Acupuncture & Electro-Therapeutics Research, Int. J.* 19, 227-249. [pdf](#)

Naeser MA, Alexander MP, Stiassny-Eder D, Lannin LN, Bachman D. 1994. Acupuncture in the treatment of hand paresis in chronic and acute stroke patients - improvement observed in all cases. *Clinical Rehabilitation* 8, 127-141. [pdf](#)

Naeser MA, Alexander MP, Stiassny-Eder D, Galler V, Hobbs J, Bachman D, Lannin LN. 1995. Laser acupuncture in the treatment of paralysis in stroke patients: a CT scan lesion site study. *American Journal of Acupuncture* 23, 13-28. [pdf](#)

Laser acupuncture and microamps TENS to treat pain in carpal tunnel syndrome

Branco K, Naeser MA. 1999. Carpal tunnel syndrome: clinical outcome after low-level laser acupuncture, microamps transcutaneous electrical nerve stimulation, and other alternative therapies - an open protocol study. *Journal of Alternative and Complementary Medicine* 5, 5-26. [pdf](#)

Naeser MA, Hahn KK, Lieberman BE, Branco KF. 2002. Carpal tunnel syndrome pain treated with low-level laser and microamperes transcutaneous electric nerve stimulation: a controlled study. *Archives of Physical Medicine and Rehabilitation* 83, 978-88. [pdf](#)

Naeser MA. 2006. Photobiomodulation of pain in carpal tunnel syndrome: review of seven laser therapy studies. *Photomedicine and Laser Surgery* 24, 101-110. [pdf](#)

Appendix P

Letter from Margaret Naeser PhD, L.Ac., DiplAc (NCCAOM)



Margaret Naeser, PhD, LAc, DiplAc (NCCAOM)
VA Boston Healthcare System (12-A)
150 So. Huntington Ave.
Boston, MA 02130



Pete Gonzalez
Executive Director
State of Arizona Acupuncture Board of Examiners
1400 West Washington, Suite #230
Phoenix, Arizona 85007

June 28, 2015

RE: Letter of support for inclusion of "Laser Acupuncture," in the Scope of Practice for Licensed Acupuncturists providing Acupuncture Treatments in Arizona

Dear Mr. Gonzalez:

It is a pleasure to write a strong and enthusiastic letter of support for the inclusion of Laser Acupuncture in the Scope of Practice for Licensed Acupuncturists providing Acupuncture Treatments in Arizona. By way of introduction, I should explain that I had received research funding in 1984, from the Robert Wood Johnson Foundation, to investigate whether acupuncture (or laser acupuncture) could be used to treat paralysis in acute or chronic stroke patients. I have authored three papers on the use of needle acupuncture to treat paralysis in stroke. These papers are available on my website: www.bu.edu/naeser/acupuncture

I have also authored one paper on the use of laser acupuncture to treat paralysis in stroke, Naeser et al., 1995. Overall, 66% of stroke patients (acute or chronic, even up to 6 years post-stroke) had benefit from a series of needle acupuncture or laser acupuncture treatments, post-stroke. These benefits included an increase of 11 to 28% in isolated active range of motion for knee flexion, knee extension and/or shoulder abduction. I will attach the .PDF for this laser acupuncture paper with this email:

Naeser MA, Alexander MP, Stiassny-Eder D, Galler V, Hobbs J, Bachman D, Lannin L: Laser Acupuncture in the Treatment of Paralysis in Stroke Patients: A CT Scan Lesion Site Study. *American Journal of Acupuncture*, 23(1):13-28, 1995.

For stroke patients who only had a weak and clumsy hand (hand paresis), 100% of these cases had significant benefit in finger strength and hand flexibility following laser acupuncture (even if the acupuncture treatments were initiated at 6 years post-stroke). I will attach a Naeser Laser HAND Treatment program, with photographs of the hand, before and after laser acupuncture: NaeserLaserHANDTxProgramNov15,2013.pdf

I have also prepared two invited reports for the FDA (1994) and NIH (1997) on this general topic. I will also attach these papers in .PDF:

Invited Reports for the FDA and NIH

Naeser MA. Acupuncture in the Treatment of Paralysis due to Central Nervous System Damage. In Proceedings of the Workshop on Acupuncture sponsored by the National Institutes of Health, Office of Alternative Medicine for the FDA regarding FDA labeling of Acupuncture Needles. Gaithersburg, MD, April 22, 1994. Also published as: Naeser MA Acupuncture in the Treatment of Paralysis due to Central Nervous System Damage. *J Altern Complem Med* 1996; 2(1):211-248. PMID: 939565

Naeser MA. Neurological Rehabilitation: Acupuncture **and Laser Acupuncture** to Treat Paralysis in Stroke and Other Paralytic Conditions and Pain in Carpal Tunnel Syndrome. Chapter in National Institutes of Health Consensus Development Conference on Acupuncture sponsored by the Office of Alternative Medicine and the Office of Medical Applications of Research. Bethesda, MD, Nov. 3-5, 1997: 93-109.

In 2002, I published the results from our controlled research study with sham vs. real **laser acupuncture to treat pain in Carpal Tunnel Syndrome**. This was published in the American Medical Association journal,

Archives of Physical Medicine and Rehabilitation (July, 2002). This study observed that the CTS cases treated with real laser acupuncture (but not sham) had a significant reduction in pain ($p < .0035$; 88% reduction in pain that had been present from 3 months to 2 years), following a series of laser acupuncture treatments.

Naeser MA, Hahn K-A K, Lieberman BE, Branco KF. Carpal Tunnel Syndrome Pain Treated with Low-Level Laser and Microamps TENS, A Controlled Study. Archives of Physical Medicine and Rehabilitation, 2002;83:978-988.

In 1999, I had co-authored a clinical study using laser acupuncture to treat a series of Carpal Tunnel Syndrome patients treated successfully by a Licensed Acupuncturist in Massachusetts, Kenneth Branco, LAc, Westport, MA. This paper is also provided in .PDF:

Branco K & Naeser MA: Carpal tunnel syndrome: Clinical outcome after low-level laser acupuncture, microamps transcutaneous electrical nerve stimulation, and other alternative therapies - an open protocol study. The Journal of Alternative and Complementary Medicine, 5(1): 5-26, 1999.

More recently, I have also co-authored a low-level light therapy paper, using red/near-infrared light-emitting diodes (LEDs), placed on the head, to improve cognition in chronic, traumatic brain injury (TBI). This PDF, as well as other recent papers with this LED technology are provided in .PDFs:

Naeser MA, Zafonte R, Krengel MH, Martin PI, Frazier JA, Hamblin MR, Knight JA, Meehan WP, Baker EH. Significant Improvements in Cognitive Performance Post-Transcranial, Red/Near-infrared Light-Emitting Diode Treatments in Chronic, Mild Traumatic Brain Injury: Open-Protocol Study. J of Neurotrauma 2014, 31:1008-1017.

Naeser MA, Saltmarche A, Krengel MH, Hamblin, MR, Knight, JA. Improved Cognitive Function After Transcranial, Light-Emitting Diode Treatments in Chronic, Traumatic Brain Injury: Two Case Reports. (2011). Photomedicine and Laser Surgery, 29(5): 351-358.

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The low-level laser therapies are particularly well suited for treatments with children. I will also attach a paper where laser acupuncture was used with children undergoing strabismus surgery, pre-surgery, to prevent nausea and vomiting, post-surgery (Schlager et al., 1998, British Journal of Anesthesiology): [LaserAcupuncture reduces vomiting in children post-surgery.pdf](#)

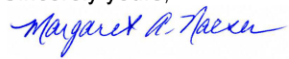
I will also attach a paper where low-level laser/LED therapy was used on the cheeks, in children undergoing chemotherapy for bone marrow transplants. The low-level laser/LED therapy prevented the development of mouth sores, mucositis (Whelan et al., 2002): [Whelaneta2002NASALEDPprevOralMucositisChemoTxCancer.pdf](#)

The use of these low-level laser/LED therapies is very safe. This is why, in part, I have recently received research grant funds from the Department of Veterans Affairs, to investigate whether real (vs. sham) red/near-infrared LEDs, can be applied to the head and into the nose (transcranial and intranasal LEDs) to improve cognition in Veterans who have developed Gulf War Illness, following exposures to neurotoxins when in Kuwait, 1990-91.

In summary, I believe that the Licensed Acupuncturists are particularly well suited to perform the painless, noninvasive, low-level laser therapies. They know the location of the acupuncture points, and they know the actions of those points when treated. The Board of Registration in Medicine in Massachusetts, Committee on Acupuncture, has included Laser Acupuncture in the Scope of Practice for Licensed Acupuncturists, since 1986. There have been no negative side effects or untoward events reported.

If you require further information, please do not hesitate to contact me.

Sincerely yours,



Margaret A. Naeser, PhD, LAc, DiplAc (NCCAOM)

VA Boston Healthcare System
Transcranial, Light-emitting Diode (LED) Therapy Research to improve Cognition in chronic, TBI and Gulf
War Illness
Neuroimaging/Aphasia Research

Research Professor of Neurology
Boston University School of Medicine

Office Phone: 857-364-4030

Office Fax: 617-739-8926

mnaeser@bu.edu

www.bu.edu/naeser/acupuncture