

OREGON MEDICAL BOARD

ACUPUNCTURE ADVISORY COMMITTEE

Meeting – September 21, 2007

The Acupuncture Advisory Committee of the Oregon Medical Board (OMB or “Board”) held a regular bi-annual meeting Friday, September 21, 2007, at the OMB office, 1500 S.W. First Ave., Suite 620, Portland. The meeting was called to order by Malvin Finkelstein, LAc, Chair, at 12:10 p.m. A quorum was present, consisting of the following members:

MEMBERS PRESENT

Malvin Finkelstein, LAc, Chair
Sarojini S. Budden, MD, Board Liaison
Ellen Goldsmith, LAc, LMT
Gene G. Hong, MD
Diane Miller, MD
Debra L. Mulrooney, LAc

STAFF PRESENT

Kathleen Haley, JD, Executive Director
Jennifer Lannigan, Licensing Coordinator
Michele Provinsal, Acupuncture Licensing Specialist
Gary Stafford, Chief Investigator

GUESTS

Natalie Arndt, LAc, Liaison to the Executive Board of the Oregon Acupuncture Association
Siamik Shirazi, LAc, President, Acupuncture and Oriental Medicine Society of Oregon

Agenda

Working Lunch

EXECUTIVE SESSION:

Update on Acupuncturists Currently Under Board Investigation
– Gary Stafford, Chief Investigator

Review Application for Licensure of Client 35135

PUBLIC SESSION:

Discussion item – Is a Rule Needed to Address Multiple Failures of NCCAOM Certification?

Approve Acupuncture Advisory Committee Minutes of the March 23, 2007 Meeting

Approval of Acupuncturist as Clinical Supervisor

Approval of Visiting Acupuncturists

Gene Hong, MD, First Term Ending 10/16/07 – Reappointment

Discussion Item – Standards for Re-entry to Practice

Final Review of Administrative Rules:

 OAR 847-070-0018 Use of Name

 OAR 847-070-0022 Documents to be Submitted for Licensure

 OAR 847-070-0036 Limited License, Special

 OAR 847-070-0037 Limited License, Postgraduate

 OAR 847-070-0050 Acupuncture Advisory Committee

OAA Code of Ethics – Final Version

Announcement of Next FAOMRA Meeting in Portland, October 18-19, 2007

Is Acu-injection Therapy within the Scope of Practice of Acupuncturists?

Public Comment Session

Approval of Future Meeting Dates

Malvin Finkelstein, LAc, Chair, called the meeting to order at 12:10 p.m.

Members present voted unanimously to pass the following motions and recommendations unless otherwise noted.

Working Lunch

EXECUTIVE SESSION:

Update on Acupuncturists Currently Under Board Investigation

 – Gary Stafford, Chief Investigator

Review Application for Licensure of Client 35135

PUBLIC SESSION:

Review Application for Licensure of Client 35135

Executive Session

It was moved and seconded that:

The Acupuncture Advisory Committee recommends the Oregon Medical Board approve Client 35135 as an acupuncturist in the State of Oregon.

Discussion item – Is a Rule Needed to Address Multiple Failures of NCCAOM Certification?

It was moved and seconded that:

The Acupuncture Advisory Committee recommends the Oregon Medical Board draft rules consistent with NCCAOM standard of five lifetime attempts to pass the national certifying exam.

NOTE 10/12/07: The Board amended the lifetime attempts to pass the national certifying exam to four.

The Committee directed staff that applicants who have failed the exam on multiple occasions do not need to be reviewed at Committee meetings unless there are other issues associated with the application requiring Committee review.

ACTION PLAN: Draft rule instituting a lifetime limit of four attempts to pass the national certifying exam, to be reviewed at the next Committee meeting.

Welcome to Sarojini S. Budden, MD

Malvin Finkelstein, LAc, welcomed Sarojini S. Budden, MD, to the Acupuncture Advisory Committee as the new Board Liaison.

Approve Acupuncture Advisory Committee Minutes of the March 23, 2007 Meeting

It was moved and seconded that:

The Acupuncture Advisory Committee recommends the Oregon Medical Board approve the minutes of the March 23, 2007 meeting.

Approval of Acupuncturist as Clinical Supervisor

SVE, Charles Harold, AC00712

It was moved and seconded that:

The Acupuncture Advisory Committee recommends the Oregon Medical Board approve the above acupuncturist as a Clinical Supervisor.

Approval of Visiting Acupuncturists

Visiting Acupuncturist	Shellie Goldstein, LAc, New York License #AC000224
Program Description	Oregon College of Oriental Medicine Doctoral Degree Program
Dates	May 5-6, 2007
Name of Responsible Oregon Acupuncturist	Laura Santi, LAc, AC00248

Visiting Acupuncturist	Wei Chieh Young, LAc, California License #AC781
Program Description	Oregon College of Oriental Medicine Doctoral Degree Program
Dates	July 13-16, 2007
Name of Responsible Oregon Acupuncturist	Zhaozue Lu, D.Med. & Ph.D. (P.R. China), LAc, AC00794

Visiting Acupuncturist	Wei Liu, LAc, Minnesota License #1085
Program Description	Oregon College of Oriental Medicine Doctoral Degree Program
Dates	July 20-23, 2007
Name of Responsible Oregon Acupuncturist	Zhaozue Lu, D.Med. & Ph.D. (P.R. China), LAc, AC00794

Visiting Acupuncturist	Xindong Ma, LAc, OMD, Washington License #00000614
Program Description	Oregon College of Oriental Medicine Doctoral Degree Program
Dates	August 10-13, 2007
Name of Responsible Oregon Acupuncturist	Zhaozue Lu, D.Med. & Ph.D. (P.R. China), LAc, AC00794

Visiting Acupuncturist	Frank Dong Lai He, LAc, California License AC5585
Program Description	National College of Natural Medicine Classical Chinese Medicine Program
Dates	August 25-26, 2007
Name of Responsible Oregon Acupuncturist	Melody Short, LAc, AC00906

Visiting Acupuncturist	Li Jin, LAc, Washington License AC00000609
Program Description	Oregon College of Oriental Medicine Doctoral Degree Program
Dates	September 29-October 1, 2007
Name of Responsible Oregon Acupuncturist	Zhaozue Lu, D.Med. & Ph.D. (P.R. China), LAc, AC00794

It was moved and seconded that:

The Acupuncture Advisory Committee recommends the Oregon Medical Board approve the above as visiting acupuncturists.

Gene Hong, MD, First Term Ending 10/16/07 – Reappointment

It was moved and seconded that:

The Acupuncture Advisory Committee recommends the Oregon Medical Board appoint Gene Hong, MD, to a second term on the Acupuncture Advisory Committee.

Abstaining: Gene Hong, MD

Discussion Item – Standards for Re-entry to Practice

Exhibit A

Malvin Finkelstein, LAc, Chair, presented a summary of materials provided to the Committee on this subject (see Exhibit A).

The Committee discussed practices in other states and other specialties regarding re-entry to practice for practitioners who have been out of practice for a period of time. It was noted that different standards should be applied to acupuncturists who have practiced for several years prior to their period of inactivity versus those who do not begin practicing for several years after graduating from their program.

Gene Hong, MD, commented on his experience as both a physician and a physician acupuncturist. In the acupuncture component of his practice, he indicated he would feel comfortable practicing acupuncture after 5 years of not practicing; however, with his internal medicine practice, he would be very uncomfortable even prescribing medications after a year out of practice, as the standard of care changes so rapidly.

Gene Hong, MD, moved and it was seconded that:

The Acupuncture Advisory Committee recommends the Oregon Medical Board amend OAR 847-070-0019(2) and 847-070-0045(4) to change the allowable length of time out of practice from 12 months to four years and adhere to the NCCAOM requirements for continuing education units.

NOTE 10/12/2007: The Board tabled this motion to allow staff time to poll other states regarding re-entry standards.

ACTION PLAN: Staff to poll the Acupuncture Boards of other states regarding their re-entry practices and add discussion of findings as an agenda item for the next Committee meeting.

The Committee noted that the current mentorship guidelines require almost as many clinical hours (500) as are required to graduate from an accredited program (660), which seems excessive. Kathleen Haley, JD, recommended that the Committee review previously approved mentorships.

ACTION PLAN: Staff to provide a summary of past Board decisions regarding approved mentorships for review at the next Committee meeting.

Final Review of Administrative Rules:

Exhibit B

OAR 847-070-0018 Use of Name

OAR 847-070-0022 Documents to be Submitted for Licensure

OAR 847-070-0036 Limited License, Special

OAR 847-070-0037 Limited License, Postgraduate

OAR 847-070-0050 Acupuncture Advisory Committee

It was moved and seconded that:

The Acupuncture Advisory Committee recommends the Oregon Medical Board approve the amendments to the above rules in OAR Chapter 847 Division -070.

OAA Code of Ethics – Final Version

Exhibit C

The Committee again commented on the thoroughness of the Oregon Acupuncture Association's Code of Ethics and that the document ties in NCCAOM rules and brings consistency surrounding ethics and practice. Malvin Finkelstein, LAc, thanked the Oregon Acupuncture Association Ethics Committee for their work on the document.

Recommendations from the Committee for changes to the document are as follows:

- **1.2(e)** Add "laws" so that compliance will be with laws and regulations.
- **1.2(h)** and **1.4(b)** Specify if "practitioner" in these sections is referencing the acupuncturist or another health practitioner.
- **1.3(c)** Replace the last sentence with "For the protection of the patient and the practitioner, it is advisable when dealing with intimate areas of the body to offer a chaperone."
- **1.5(b)** Replace with "Practitioners shall touch patients only in accordance with standard clinical procedures as defined by the scope of practice."
- **1.6(a)** Replace "shall" with "should."

Announcement of Next FAOMRA Meeting in Portland, October 18-19, 2007

Malvin Finkelstein, LAc, encouraged members and Board staff to attend all or some of the Federation of Acupuncture and Oriental Medicine Regulatory Agencies (FAOMRA) meeting.

Is Acu-injection Therapy within the Scope of Practice of Acupuncturists?

Acu-injection therapy is the use of a hypodermic needle to inject Chinese herbs and homeopathic remedies. The Committee determined that acu-injection therapy does not fall within the scope of practice for acupuncturists in Oregon.

Public Comment Session

Natalie Arndt, LAc, Liaison to the Executive Board of the Oregon Acupuncture Association (OAA), addressed the Committee with the following:

- The issue of remembering skills in acupuncture is the safety of the points. For practitioners who had been in practice for a shorter period of time prior to a period of non-practice, this skill would be much easier to forget.

- The recommendations of the Committee regarding the OAA Code of Ethics will be taken to the OAA Ethics Committee. Any revisions will then be forwarded to the Board. An attempt will be made to have the revised document submitted prior to the October 11-12, 2007 Board meeting.
- The Board looked at acu-injection therapy when revising the scope of practice of acupuncturists many years ago. It was decided at that time that it should not be included as part of the scope of practice for acupuncturists.

Siamik Shirazi, LAc, President, Acupuncture and Oriental Medicine Society of Oregon, addressed the Committee with the following:

- The use of a chaperone is a decision that should be made by both the patient and practitioner.
- It is not simple to state fees ahead of time due to the variance in time and complexity of procedures.
- Additional encouragement to Committee members and staff to attend the FAOMRA meeting.

Approval of Future Meeting Dates

March 14, 2008, 12:00 p.m.

The meeting was adjourned at 1:50 p.m.

Standards for Re-entry to Practice

September 5, 2007

Submitted by Malvin Finkelstein,

L.Ac, Dipl. O.M., chair of OBME Acupuncture Advisory Committee

History

In October, 2005, OBME rules and regs were amended for new applicants and for current licensees who apply for active status after being inactive for a period of time. These amendments added wording for applicants and licensees that:

- a) Set a limit of 12 months of being out of practice
- b) Included a series of remediations for those individuals

847-070-0019

Interview and Examination

(2) If there is reasonable cause to question the qualifications of an applicant, or if an applicant has not practiced as an acupuncturist for a period of twelve (12) or more consecutive months prior to application for Oregon licensure, the Board in its discretion may require the applicant to do one or more of the following:

- (a) Pass the N.C.C.A.O.M. Acupuncture Certification Examinations.
- (b) Pass an evaluation which may be written, oral, practical, or any combination thereof.
- (c) Provide documentation of current N.C.C.A.O.M. Acupuncture certification.
- (d) Document 15 hours of continuing education acceptable to the Board for every year the applicant has ceased practice prior to application for Oregon licensure. Continuing education that meets N.C.C.A.O.M.'s recertification requirements would qualify as Board approved continuing education.
- (e) As a condition of licensure, practice under a Board approved mentor for a specified period of time.

847-070-0045

Inactive Registration, and Reactivation from Inactive to Active

(4) If a licensed acupuncturist in this state ceases to practice for a period of 12 or more consecutive months, the Board in its discretion may require the acupuncturist to do one or more of the following:

- (a) Pass the N.C.C.A.O.M. Acupuncture Certification Examinations.

- (b) Pass an evaluation which may be written, oral, practical, or any combination thereof.
- (c) Provide documentation of current N.C.C.A.O.M. Acupuncture certification.
- (d) Document 15 hours of continuing education acceptable to the Board for every year the applicant has ceased practice prior to application for Oregon licensure. Continuing education that meets N.C.C.A.O.M.'s recertification requirements would qualify as Board approved continuing education.
- (e) As a condition of licensure, practice under a Board approved mentor for a specified period of time.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.759

Hist.: ME 24-1987, f. & ef. 10-29-87; ME 6-1993, f. & cert. ef. 4-22-93; ME 10-1996, f. & cert. ef. 10-29-96; BME 16-1999, f. & cert. ef. 10-28-99; BME 12-2005, f. & cert. ef. 10-12-05

Since that time, this has been applied to a number of applicants. There are a variety of questions and problems with the current procedures.

Questions include:

- 1) How much time out of practice requires some proof of practice capability?
- 2) What is required to ascertain practice capability?
- 3) Is the practice of acupuncture in Oregon more similar to
 - a) The practice of medicine in Oregon or
 - b) The practice of acupuncture in the 41 states that license acupuncture and other CAM healthcare fields in Oregon such as NDs and DCs.

Problems with the 12 month out of practice limit:

- 1) Not national standard
- 2) Not standard of comparable CAM professions (DC, ND)
- 3) Applies to applicant or licensee on pregnancy leave

Problem with use of mentorship:

Inconsistent application and excessive amount of months and hours

Twelve month out of practice limit:

1) Not National Standard

The BME has utilized the national standard in testing (use of the NCCAOM exam and certification process) since the late 1980's. Oregon stopped administering any portion of the exam in the early 1990's. Reasons for this include the acknowledgement that

NCCAOM (the National Certification Commission for Acupuncture and Oriental Medicine), which is accredited by the National Commission for Certifying Agencies (NCCA) of the National Organization for Competence Assurance (NOCA) is the only recognized national standard for certification in acupuncture. This is in part because NCCAOM has been offering a series of psychometrically sound examinations since 1985. NCCAOM employs nationally known testing organizations, psychometricians and a broad base of its professional members to provide input on all aspects of their certification programs. At present, 40 of the 41 states that regulate acupuncture require the NCCAOM examinations and/or NCCAOM certification for licensure purposes. This means that over 97% of the states that regulate acupuncture require NCCAOM's examinations.

NCCAOM Diplomates are required to recertify every four years in order to maintain their certification status. Lapses in practice time are not considered to be relevant during the four year period in which they are currently certified. However, at the end of the four-year period, Diplomates must submit 60 professional development activity points in order to recertify along with the other requirements listed below:

- Be mentally and physically able to practice. 1
- Be free from alcohol and drug dependency. 1
- Be free from formal disciplinary action. 1,2

Inactive status can be applied for a maximum of 2 years. To return to active status, 60 PDAs (similar to CEU's, see Addendum 2 for details of this process) must be submitted. Inactive status cannot be renewed for an additional two years.

Lapsed status

To return to active status, PDAs for all of the prior years must be submitted.

If certification has lapsed for more than 8 years, the person is considered not certified or terminated, and must apply for national certification as a new applicant.

In summary, for NCCAOM Diplomates, which is the national standard for acupuncture:

- A) Active status is for 4 years
- B) Inactive status is for a maximum of 2 additional years for a total of 6 years
- C) To maintain or resume active status, PDAs are required.
- D) A Diplomate (certification holder) can be active for 4 years, inactive for 2 years and lapsed for up to 8 more years for a total 14 years before a new certification (and passing all current examinations) is required

2) Not Standard of comparable professions in Oregon

Oregon Chiropractors

For applicants or inactive licensees who are out of practice for more than 5 years, in addition to CEUs, they may require a National Board Special Purposes Exam that tests competency. This exam is also used for competency complaints. I have suggested to the

NCCAOM that they consider developing this type of exam in the future. This suggestion has been forwarded to their CEO and Board.

Oregon Naturopaths

There are no current regulations, but they are considering requiring a re-take of their National Certification Exam for applicants or inactive licensees who have been out of practice for over 10 years.

Summary

The practice of acupuncture and Oriental medicine is obviously different from the practice of western medicine in many respects and similar in others. One difference that may be applicable to this discussion is that western medicine changes very rapidly and huge amounts of information are continually being generated. This makes it very challenging for MDs to keep up with the changes and information. Being out of practice for short periods of time can be very difficult. This is very different for the practice of acupuncture where changes are much slower and information is also added much more slowly. In this respect, acupuncture is much more similar to chiropractic and naturopathic medicine. This is evidenced by the differing time periods that the various boards consider relevant for out of practice time (5-14 years for acupuncture, chiropractic and naturopathy and 1 year for western medicine).

Mentorship

Inconsistent application and excessive amount of months and hours

A) The current ACAOM (accreditation commission) clinical requirement for graduation from acupuncture school is 660 hours. Oregon has been requiring mentorship of up to 500 hours. This is too high for a post graduation requirement.

B) The attempts to correlate the required hours and months of mentorship with amount of time out of practice and level of need have not been systematic or consistent.

From ACAOM handbook:

The minimum length of the professional acupuncture curriculum must be at least three academic years (a minimum of 105 semester credits or 1905 hours). This must

be composed of at least:

- 47 semester credits (705 hours) in Oriental medical theory, diagnosis and treatment techniques in acupuncture and related studies,
- 22 semester credits (660 hours) in clinical training, and
- 30 semester credits (450 hours) in biomedical clinical sciences.
- 6 semester credits (90 hours) in counseling, communication, ethics and practice management.

The minimum length of the professional Oriental medicine curriculum must be at least four academic years (a minimum of 146 semester credits or 2625 hours).

This must be composed of at least:

- 47 semester credits (705 hours) in Oriental medical theory, diagnosis and treatment techniques in acupuncture and related studies,
- 30 semester credits (450 hours) in didactic Oriental herbal studies,
- 29 semester credits (870 hours) in integrated acupuncture and herbal clinical training,
- 34 semester credits (510 hours) in biomedical clinical sciences.
- 6 semester credits (90 hours) in counseling, communication, ethics and practice management.

Suggestions:

- 1) For all applicants and for inactive licensees applying for active status:

Continue to require active NCCAOM certification, which includes up to date PDAs (CEUs)

- 2) For applicants or inactive licensees applying for active status:

Change the time period that they can be out of practice (in ORS 847-070-0019 and ORS 847-070-0045):

From 1 year to 5 years.

- 3) For applicants or inactive licensees applying for active status:

- a) Utilize mentorships if they have been out of practice for more than 5 years

- b) Have a set formula that can apply to all applicants and licensees:

For each year out of practice past 5 years - 1 week (40 hours) of mentorship for every year of out of practice time.

- 4) For applicants or inactive licensees applying for active status:

For 10 years or more of “out of practice”:

Retake all or parts of the NCCAOM National Certification exams.

These changes will also make the process considerably simpler for applicants and OBME staff.

Addendum 1 – OBME rules and regs

847-070-0019

Interview and Examination

(1) In addition to all other requirements for licensure, an applicant may be required to appear before the Acupuncture Committee for a personal interview regarding information received in the application process. The interview shall be conducted during a regular meeting of the committee.

(2) If there is reasonable cause to question the qualifications of an applicant, or if an applicant has not practiced as an acupuncturist for a period of twelve (12) or more consecutive months prior to application for Oregon licensure, the Board in its discretion may require the applicant to do one or more of the following:

(a) Pass the N.C.C.A.O.M. Acupuncture Certification Examinations.

(b) Pass an evaluation which may be written, oral, practical, or any combination thereof.

(c) Provide documentation of current N.C.C.A.O.M. Acupuncture certification.

(d) Document 15 hours of continuing education acceptable to the Board for every year the applicant has ceased practice prior to application for Oregon licensure. Continuing education that meets N.C.C.A.O.M.'s recertification requirements would qualify as Board approved continuing education.

(e) As a condition of licensure, practice under a Board approved mentor for a specified period of time.

(3) An applicant shall be required to pass an open-book examination on the Medical Practice Act (ORS Chapter 677) and Oregon Administrative Rules (OAR chapter 847, division 070).

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.759

Hist.: BME 12-2005, f. & cert. ef. 10-12-05; BME 21-2006, f. & cert. ef. 10-23-06

847-070-0045

Inactive Registration, and Reactivation from Inactive to Active

(1) Any acupuncturist licensed in this state and registered under ORS 677.770 who changes location to some other state or country shall be listed by the Board as inactive.

(2) If the acupuncturist wishes to resume active status, the acupuncturist shall file an affidavit with the Board describing activities during the period of inactive status.

(3) If, in the judgment of the Board, the conduct of the acupuncturist has been such, during the period of inactive registration, that the acupuncturist would have been denied a license if applying for an initial license, the Board may deny active registration.

(4) If a licensed acupuncturist in this state ceases to practice for a period of 12 or more consecutive months, the Board in its discretion may require the acupuncturist to do one or more of the following:

(a) Pass the N.C.C.A.O.M. Acupuncture Certification Examinations.

(b) Pass an evaluation which may be written, oral, practical, or any combination thereof.

(c) Provide documentation of current N.C.C.A.O.M. Acupuncture certification.

(d) Document 15 hours of continuing education acceptable to the Board for every year the applicant has ceased practice prior to application for Oregon licensure. Continuing education that meets N.C.C.A.O.M.'s recertification requirements would qualify as Board approved continuing education.

(e) As a condition of licensure, practice under a Board approved mentor for a specified period of time.

Stat. Auth.: ORS 677.265

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Hist.: ME 24-1987, f. & ef. 10-29-87; ME 6-1993, f. & cert. ef. 4-22-93; ME 10-1996, f. & cert. ef. 10-29-96; BME 16-1999, f. & cert. ef. 10-28-99; BME 12-2005, f. & cert. ef. 10-12-05

Addendum 2 – NCCAOM Recertification Regulations

ACTIVE STATUS

Active status is a way for Diplomates to demonstrate certification maintenance in their profession. Active Diplomate status assures patients, employers, certifying agencies, and others of your commitment to upholding standards of competence. Active certification is valid for 4 years.

Active status entitles you to all of the benefits of certification. Recertification Requirements for Active Status:

- Earn a minimum of 60 Professional Development Activity (PDA) points within the previous 4 years (see the Professional Development Activity Requirements section on page 5 for a detailed explanation).
- Provide documentation verifying the 60 PDA points.
- Complete the Recertification Application (detach application from the handbook) and pay the appropriate recertification fee as outlined in the Fee Schedule on page 8.
- Be mentally and physically able to practice. 1
- Be free from alcohol and drug dependency. 1
- Be free from formal disciplinary action. 1,2

Recertification Glossary

Active Status:

- Recertifying within 90 days of certificate expiration.

Inactive Status:

- Cannot currently meet Active status requirements but intends to return to Active Status within 2 years.

Lapsed Status:

- Did not recertify within 90 days of certificate expiration.

PDA - Professional Development Activity:

- Educational experiences that meet NCCAOM criteria outlined in this handbook. 1 PDA Point is equivalent to 1 Continuing Education Unit (CEU).

1

If you have had legal or health-related issues, you must submit explanatory documentation as specified on the recertification application. The NCCAOM Review and Disciplinary Committee will review these documents confidentially and make a determination as to your eligibility for recertification.

2

*“Disciplinary action” includes but is not limited to (i) probation or parole for a criminal conviction that is related to health care practice or that indicates an inability to engage in safe and competent health care practice, (ii) final judgment for liability in a judicial or administrative proceeding based on allegations relating to professional competence or conduct, (iii) a limitation, **suspension, or revocation of a license to practice in any U.S. state or jurisdiction or action based on a violation of a federal or state law or regulation that relates to health care practice, or (iv) suspension or expulsion from an educational institution. Applicants and Diplomates are responsible for notifying the NCCAOM of any disciplinary action taken against them. The NCCAOM may also rely on any and all other sources of information regarding disciplinary actions to initiate an investigation.***

4

INACTIVE STATUS

Inactive status is available if you cannot currently meet Active recertification requirements but intend to in the future. **Inactive status is valid for 2 years.**

Diplomates may not apply for consecutive periods of Inactive certification; therefore, Diplomates must meet all requirements for Active certification upon the expiration of their Inactive certification. Diplomates who recertify as Inactive are not entitled to any of the benefits offered under Active status, except receipt of the Diplomat newsletters.

Inactive status entitles you to the following:

- The ability to return to Active status without having to provide additional PDA points and meet any new requirements set by the NCCAOM Board of Commissioners - **provided that you meet all current Active recertification requirements.**
- No reinstatement fees if applying for Active status.
- Release of NCCAOM exam results and certification status to state licensure boards for the fee of \$50.

Requirements for Inactive status:

- Complete the Recertification Application and pay the appropriate fee as outlined in the Fee Schedule.

Recertification Categories

LAPSED STATUS

Your recertification will begin the month of certification issuance when converting from Lapsed to Active status.

Certification is considered lapsed 91 days after the expiration date on your certificate. A Recertification Application for either Active or Inactive status must be received before the end of the 90-day grace period to avoid Lapsed status. Diplomates whose certification has lapsed are not entitled to any of the benefits offered under Active status. The NCCAOM will release exam results and certification status to state licensing boards for a fee of \$100. (Active status Diplomates pay \$25)

Moving from Lapsed to Active status:

- Complete the required Recertification Application.
- Provide documentation of 60 PDA points for the standard 4 year certification cycle.
- Complete 15 PDA points per year lapsed.

- Complete a 4-hour course in ethics or safety.
- Pay the recertification fee of \$200, plus \$50 for each year lapsed. (see Fee Schedule for details).

Please Note

Lapsed Diplomates cannot apply for Inactive status. A Diplomat whose certification has lapsed for more than 8 years is considered not certified, and must apply for national certification as a new applicant.

Professional Development Activity (PDA) Requirements

THE PDA POINT SYSTEM

The Professional Development Activity (PDA) point system has been designed to encourage professional development by awarding points to Diplomates for a wide range of educational activities. Diplomates applying for Active status must earn a minimum of 60 PDA points for each program in which they are certified during the 4-year period immediately preceding the expiration date(s) of their certificate(s). Please note: with the exception of points earned for supervised clinical experience and/or clinical supervision, points earned for one certification program may be used to satisfy the recertification requirements of the other NCCAOM programs.

CONTINUING EDUCATION

A minimum of 30 PDA points must be earned from continuing education, 15 of which must be in any of the 5 branches of Oriental medicine (Acupuncture, Chinese herbs, Chinese dietary therapy, Qigong (exercise), Asian bodywork therapy) and 4 of which must be in ethics or safety. Courses in CPR, First Aid, or herbal safety could satisfy the safety requirement. 1 point is granted for each hour of continuing education, including programs or courses that directly enhance a Diplomat's knowledge and/or practice of Oriental medicine.

Documentation Required: A certificate of completion or a notarized letter should document dates, locations of continuing education courses, number of hours, course title/content, instructor's name, and name of approving organization or governmental agency, if any. Brochures and other related information should be kept to establish appropriateness of content.

RESEARCH

A maximum of 20 PDA points may be awarded for documented research in acupuncture or Oriental medicine. The Diplomate must be the primary researcher, and the research must be funded (not self-funded).

Documentation Required: 1 PDA point is equal to 1 hour of research. A letter from the school, hospital or official agency funding the research is required. The letter must be accompanied by a copy of the published abstract showing your name as contributor.

PUBLICATIONS

A maximum of 30 PDA points may be awarded for publications. Diplomates may be awarded 30 PDA points for authoring a book that is over 300 pages in length, 15 PDA points for primary authorship in a peer-reviewed journal, or 10 points per article.

Documentation Required: Dates, titles, publishers ISBN numbers, abstracts and executive summaries should be documented by submitting a photocopy of the title pages of books. Copies of articles must be submitted, as well as the table of contents page that shows the date published.

TEACHING/LECTURING

A maximum of 20 PDA points may be awarded for teaching and lecturing.

Documentation Required: 1 PDA point is equal to 1 hour of teaching. Date(s), number of classroom hours, course title, and instructor's name is required on letterhead stationery from the providing organization, or listed on a school transcript.

SUPERVISED CLINICAL EXPERIENCE or CLINICAL SUPERVISION

A maximum of 10 PDA points may be awarded for completing a supervised clinical experience or clinical supervision. The clinical experience may include observation, case discussion, and/or supervised practice.

Documentation Required: 1 PDA point is equal to 1 hour of supervision. Supervision may include observation, case discussion, and/or supervised practice. A letter from the school documenting the internship or a letter from the senior practitioner who must be an active NCCAOM Diplomate for a minimum of 5 years prior to

undertaking supervision is required.

TAI CHI/QIGONG

A maximum of 10 PDA points may be awarded for Tai Chi and Qigong courses. 1 PDA point is equal to 1 hour of instruction.

Documentation Required: Date(s), number of hours, course title, and instructor's name is required on either an end-of-course certificate or letterhead stationery from the providing organization.

LANGUAGE

A maximum of 10 PDA points may be awarded for the study of a second language relevant to a practitioner's practice.

Documentation Required: 1 PDA point is equal to 1 hour of instruction. Date(s), number of hours, course title, and instructor's name is required on either an end-of-course certificate or on letterhead from the providing organization.

OREGON ADMINISTRATIVE RULES

CHAPTER 847, DIVISION 070 - BOARD OF MEDICAL EXAMINERS

PROPOSED RULES CHANGES – OCTOBER 2007

FINAL REVIEW BY THE BOARD

The proposed rules remove references to fees and requirements that are no longer required by the Board, update a reference to another rule within the Division to be consistent with the current numbering, specify that the Limited License, Postgraduate expires if the licensee fails the acupuncture certification examination given by the NCCAOM, and remove specifications for committee member term ending dates that are now in the past.

847-070-0018**Use of Name**

(1) Every acupuncturist licensed by this Board to practice acupuncture shall be licensed under the applicant's legal name and shall practice acupuncture under that legal name.

(2) When a name is changed, the following must be submitted so that the Board's records may reflect the new name:

(a) A signed change of name notification affidavit provided by this Board.

(b) A copy of the legal document showing the name change.

(c) The returned original Oregon engrossed certificate.

~~(d) The appropriate fees for the issuance of a new engrossed certificate.~~

847-070-0022**Documents to be Submitted for Licensure**

The documents submitted must be no larger than 8 ½" x 11". All documents will be retained by the Board as a permanent part of the application file. If original documents are larger than 8 ½" x 11", the copies must be reduced to the correct size with all wording and signatures clearly shown. The following documents are required for an applicant:

(1) Application Form: Completed formal application form provided by the Board. Each and every question must be answered with [full] dates, showing month[~~, day,~~] and year.

(2) Birth Certificate: A copy of birth certificate for proof of name and [~~birthdate, or~~] **birth date, and** a copy of Change of Name documentation, Marriage Certificate, or Divorce Decree if the applicant's name has been changed by court order, adoption, marriage, divorce, etc.

(3) Acupuncture School Diploma: A copy of a diploma showing graduation from an approved school of acupuncture, for those applicants who qualify under OAR 847-070-0016(1).

~~[(4) Military Separation Paper: A copy of Separation Paper (showing beginning and ending dates) for each term of Active Duty in the Armed Forces (Report of Separation – Form DD-214 or equivalent; Statement of Service, Verification of Status for USPHS), for the past ten (10) years only. A Discharge Certificate is not acceptable.]~~

~~[(5)]~~**(4)** Photograph: A close-up, finished, original photograph (passport quality), no smaller than 2" x 2" and no larger than 2 1/2" x 3", front view, head and shoulders (not profile), with features distinct, taken within 90 days preceding the filing of the application with the applicant's signature in ink and date taken on the photograph side.

~~[(6)]~~**(5)** A letter from the Dean of the applicant's program of acupuncture, for those applicants who qualify under OAR 847-070-0016(1).

~~[(7)]~~**(6)** A letter from the National Certification Commission for Acupuncture and Oriental Medicine (N.C.C.A.O.M.) verifying current certification in acupuncture by the N.C.C.A.O.M., for those applicants who qualify under OAR 847-070-0016(2).

~~[(8)]~~**(7)** A letter verifying licensure in good standing from the state or states of all prior and current health related licensure.

~~[(9)]~~**(8)** A letter from the Director or other official for practice and employment to include an evaluation of overall performance and specific beginning and ending dates of practice and employment, for the past five (5) years only. For acupuncturists who have been or are in solo practice, three reference letters from acupuncturists in the local treatment community who are familiar with the applicant's practice and who have known the applicant for more than six months.

847-070-0036

Limited License, Special

An applicant applying for a license to practice acupuncture may be issued a Limited License, Special until the next regularly scheduled Board meeting if the applicant meets the following criteria:

- (1) The applicant meets the qualifications of OAR 847-070-0015;
- (2) The applicant has satisfactorily completed an application as described in OAR 847-070-0015

~~(2)~~**(1)**.

- (3) The applicant has submitted the appropriate form and fee for a Limited License, Special.

847-070-0037

Limited License, Postgraduate

(1) An acupuncturist who meets all requirements for Oregon acupuncture licensure but has not yet passed the acupuncture certification examination given by the National Certification Commission on Acupuncture and Oriental Medicine (N.C.C.A.O.M.) may be issued a Limited License, Postgraduate for the purpose of obtaining clinical training in Oregon under the supervision of a Board approved clinical supervisor for a period of one year if the following criteria are met:

- (a) The application file is complete.

(b) Certification by the N.C.C.A.O.M. is pending.

~~(b)~~**(c)** The clinical supervisor approved to supervise the applicant meets the qualifications in OAR 847-070-0017 and is on-site and available to supervise at all times when the applicant is training.

~~(c)~~**(d)** The applicant has submitted the appropriate form and fee prior to being issued a Limited License, Postgraduate.

~~(d)~~**(2)** Any person obtaining clinical training under a Limited License, Postgraduate must identify themselves to patients as an acupuncture trainee and wear a name tag identifying themselves as a trainee.

~~(2)~~**(3)** A Limited License, Postgraduate may be granted for one year and may not be renewed.

(4) Upon receipt of verification that the applicant has passed the acupuncture certification examination given by the N.C.C.A.O.M., and if the applicant's application file is otherwise

satisfactorily complete, the applicant shall be scheduled for approval of permanent licensure.

(5) The Limited License, Postgraduate will automatically be canceled if the applicant fails the acupuncture certification examination given by the N.C.C.A.O.M..

847-070-0050

Acupuncture Advisory Committee

(1) There is established an Acupuncture Advisory Committee which shall consist of six members appointed by the Board of Medical Examiners for the State of Oregon. The Board shall appoint one of its members, two physicians, and three acupuncturists licensed by the board. The acupuncture members may be appointed from nominations of the Oregon Acupuncture Association, the Acupuncture and Oriental Medicine Society of Oregon, and other professional acupuncture organizations.

(2)~~(a)~~ The term of office of a member of the committee shall be four years and members may be reappointed to serve not more than two terms. Vacancies in the committee shall be filled by appointment by the board for the balance of the unexpired term and each member shall serve until a successor is appointed and qualified.

~~[(b) Notwithstanding the term of office specified in section (2)(a):~~

~~(i) One acupuncturist shall serve for a term ending June 30, 1997,~~

~~(ii) One acupuncturist and one physician member shall serve for a term ending June 30, 1998, and~~

~~(iii) One acupuncturist and one physician member shall serve for a term ending June 30, 1999.]~~

(3) The Board of Medical Examiners for the State of Oregon may remove any member from the committee.

Oregon Acupuncture Association Code of Ethics

(A modification of the national model)

Background

The OAA Ethics and Practice Standards Committee members researched many codes of ethics. They selected the AOM (Acupuncture and Oriental Medicine) Model Code that was developed by a joint effort of the two major AOM organizations, AAOM and the AOM Alliance. The committee made suggested modifications to suit the OAA, including some information specific to Oregon L.Acs and guidelines from the Oregon BME. It was brought to the membership at the April 8, 2006 membership meeting with feedback received. The committee consisting of Carol Griesmeyer, Roger Lore, Donna Stewart, Ella Roggow, Maggie Zadikov, and Liane Owens met on July 24, 2006 and further amended the text to reflect membership concerns and create a document that truly will represent our ethical, professional practice in the state of Oregon. Additional minor amendments based on input from the March 23, 2007 meeting of the Acupuncture Advisory Committee of the BME have also been made.

Definition of terms "Should, shall & must":

- "Should" implies recommendation
- "Shall" states legal requirement
- "Must" means a legal requirement with strong repercussions if not followed

Within the rules, the verbs "shall" and "must" are used in a mandatory sense, while the verb "should" or "may" is used in the sense that it is good practice and something that a practitioner should strive towards, but is not mandatory.

Code of Ethical Practice for Oregon Practitioners of Acupuncture and Oriental Medicine

Preamble

This document refers to the practice of Acupuncture and Oriental Medicine. It is not meant to supersede or conflict with any state or federal law. Practitioners shall be cognizant of applicable state laws and comply with them in all material respects.

Practitioner Responsibilities

A practitioner of Acupuncture and Oriental Medicine is a medical professional who is educated and trained to fulfill the high mission of healing, by assisting patients in maintenance and enhancement of their own health. To accomplish this result, the

47 practitioner shall maintain him or herself so as to best serve and to provide treatment
48 within the scope of practice.

49 The practitioner shall have the well being of the patient as the principal goal. The hallmark
50 of the practitioner is service and dedication to healing. The practitioner shall be mindful of
51 ethical duties toward the patient, the public, and the profession.

52 The following Code is set up in three parts:

- 53 1. Commitment to the Patient
- 54 2. Commitment to the Public
- 55 3. Commitment to the Profession.

56
57

58 COMMITMENT TO THE PATIENT

59

60 The primary duty of the practitioner is to the patient, whose best interests the practitioner
61 must always hold first and foremost. In this respect, the following duties arise:

62

63 Rule 1.1 Competence

64

65 (a) The practitioner shall be educated and trained to provide competent acupuncture and
66 Oriental Medicine (AOM) health care in partnership with the patient. The practitioner
67 shall limit his or her practice to those areas in which the practitioner has acquired
68 competence within the scope of practice of the practitioner's license.

69

70 (b) The practitioner shall maintain lifelong professional learning.

71

72 (c) When a practitioner determines that a matter is beyond his or her professional
73 competence and experience, the practitioner shall consult with or refer the patient to a
74 practitioner with more specialized experience in order to better serve the clinical needs of
75 the patient, in accordance with the provisions of Rule 1.4.

76

77 (d) The practitioner shall act in a way to protect and promote the safety or the health of the
78 patient following regulatory guidelines for blood-borne pathogens and use Universal
79 Precautions and shall follow precepts of Clean Needle Technique as defined by the
80 NCCAOM.

81

82 (e) A practitioner shall refrain from the practice of acupuncture when suffering from
83 physical or mental impairment that affects the ability to practice safely.

84

85 (f) The practitioner should engage a lifestyle of self-care that optimizes his or her ability to
86 care for patients.

87

88 Rule 1.2 Communication with Patients

89

90 (a) A practitioner shall competently perform an evaluation.

91

92 (b) A practitioner shall conduct an interview designed to obtain a **relevant** medical history
93 from the patient.

- 94
95 (c) A practitioner shall provide a report of findings with a treatment plan and advise the
96 patient about any treatment and its possible effects. The practitioner shall obtain, in
97 advance and in writing, informed consent to the practice of acupuncture as described.
98
99 (d) The practitioner shall not advise additional treatments when the practitioner, using
100 reasonable professional judgment, determines that the treatment is of no further value.
101
102 (e) The practitioner shall comply with all regulations regarding patient privacy and
103 security to the extent applicable.
104
105 (f) The practitioner shall continue to communicate with the patient during treatment
106 sessions about the purpose of the acupoints or other procedures, comfort level,
107 clarification and make changes according to patient response.
108
109 (g) Where a patient is under the care of another health practitioner, the practitioner shall
110 advise the patient whether in his or her professional judgment continued treatment by the
111 practitioner is advisable or appropriate while the patient is under the care of another
112 health care practitioner.
113
114 (h) If the practitioner is also licensed or educated and trained in some other health-care
115 modality, and if State law so permits, he or she may practice the other modality on a
116 patient, but only with the explicit informed consent of the patient, and in accordance with
117 State law concerning that other modality.
118
119 (i) The practitioner shall not misrepresent his or her academic or licensure credentials,
120 experience, or affiliations with any group or institutions.
121
122 (j) An acupuncturist shall clearly indicate that he/she is an acupuncturist to individuals
123 being treated. The acupuncturist shall wear a name tag with the designation
124 "Acupuncturist" thereon when practicing in a hospital or clinic setting where other health
125 care providers practice. Acupuncturists are not required to wear name tag in a private
126 practice setting.
127

128 **Rule 1.3 Confidentiality**

- 129
130 (a) The practitioner shall follow all applicable state and federal regulations regarding
131 patient confidentiality.
132
133 (b) The practitioner may have in attendance in the treatment room a person who is not on
134 the practitioner's staff, e.g., an intern, a visiting consultant, or a student observer, only
135 with the consent of the patient after the patient has been fully informed of who the person
136 is. The practitioner shall also ensure that the visitor is fully informed of the duty of
137 confidentiality concerning the identity of the patient, the diagnosis and the treatment. --
138 This does not apply to group treatment settings.
139

140 (c) Appropriate draping & positioning of patient so as to adequately perform treatment
141 but maintain patient's privacy and level of comfort shall be maintained throughout any
142 treatment session.

143 If the patient requests a chaperone, accommodations should be arranged or appropriate
144 referral to another practitioner shall be made.

145

146 **Rule 1.4 Referrals**

147

148 (a) When, in the professional judgment of the practitioner, it is for the well-being of the
149 patient to be diagnosed or treated by another practitioner, the patient should be referred to
150 another practitioner. The practitioner shall document in the patient's chart that a referral
151 has been made and to whom.

152

153 (b) Should the patient at any time suggest or inquire about the advisability of consulting
154 with, or seeking diagnosis or treatment from another health-care practitioner of any
155 modality, the practitioner shall furnish the patient with his or her professional judgment.

156

157 **Rule 1.5 Personal Relationships with Patients**

158

159 (a) A practitioner shall not undertake or evaluate a patient with whom the practitioner has
160 an ongoing immediate family or other close relationship unless the practitioner has
161 concluded that the relationship will not prevent the practitioner from being objective in
162 the evaluation and treatment of that patient. If the practitioner is not able to be sufficiently
163 objective, the practitioner shall refer the patient to another practitioner in accordance with
164 the provisions of Rule 1.4.

165

166 (b) A practitioner shall follow state rules and regulations regarding sexual conduct with
167 patients and touch patients only in accordance with standard clinical procedures as
168 defined by the scope of practice.

169

170 (c) A practitioner shall not enter into romantic or sexual relations of any type with a
171 patient or patient's significant other, caregiver, or immediate family member while the
172 practitioner-patient relationship continues or for a period of six months following the
173 conclusion of the practitioner-patient relationship.

174

175 **Rule 1.6 Fees**

176

177 (a) Before entering into a practitioner-patient relationship with a new patient, the
178 practitioner shall explain fully to the patient, preferably in writing, the fees expected for
179 service, and any payment policies, including when payment is expected, interest, if any,
180 that will be charged for delayed payment and credit card possibilities. If the practitioner
181 expects payment from the patient without waiting for the insurer (or government
182 program) to pay, the patient should be so advised before any treatment begins. If the
183 practitioner's fees change during the course of treatment, the practitioner or his or her
184 office staff shall advise the patient of that fact before rendering service under the new fee
185 schedule.

186

187 (b) The practitioner shall bill patients or their insurers or government payers only for
188 services actually rendered. Where an insurer or government payer requires that a code
189 number or name identify a service, the practitioner shall furnish that information.
190

191 **Rule 1.7 Practice Coverage**
192

193 (a) The practitioner shall act in good faith to make an arrangement with another
194 practitioner to be available for the practitioner's patients during those times when the
195 practitioner is unavailable due to emergencies or extended leave
196

197 **Rule 1.8 Insurance Coverage**
198

199 (b) At all times, the practitioner should have in force professional liability insurance in an
200 amount deemed by the practitioner to be reasonable, but in no event any less than any
201 minimum required by the state of licensure.
202

203 **Rule 1.9 Record Keeping**
204

205 (a) The practitioner shall maintain a file on every patient containing consent forms, records
206 of evaluation and treatments administered, regardless of whether compensation is given
207 or received for the services.
208

209 (b) Records shall be kept in a legible manner and should be kept for seven (7) years.
210

211 (c) All records shall be kept in a secure manner that is in accordance with state and federal
212 laws and regulations.
213

214 (d) Records shall be kept in English.
215

216 (e) Upon written request by the patient, the practitioner shall send a written report to the
217 patient and/or to any health-care practitioner that the patient designates. The written
218 request shall follow the requirements in Oregon state law. (See
219 www.leg.state.or.us/ors/192.html)
220

221 **Rule 1.10 Termination of Practice**
222

223 (a) Should the practitioner become impaired, physically or mentally, so as to threaten the
224 safety of his or her patients, he or she shall terminate practice as soon as practicable.
225

226 (b) When the practitioner determines that he or she will terminate his or her practice, the
227 practitioner shall give each current patient written notice as far in advance as is
228 practicable.
229

230 (c) When a practice is sold, the practitioner shall not attempt to obligate the patient to
231 continue treatment with the purchaser of the practice. If the patient has paid in advance
232 for treatment, upon sale of the practice, the patient shall be reimbursed or credit assigned.

233 Upon written authorization of the patient, the practitioner shall send the patient's file to
234 the practitioner of the patient's choice.

235
236

237 COMMITMENT TO THE PUBLIC

238

239 Rule 2.1 Advertisement and Promotion

240

241 (a) The practitioner may advertise his or her practice of Acupuncture and Oriental
242 Medicine. The advertisement shall be with integrity in all respects, setting forth honestly
243 the practitioner's credentials and experience.

244

245 (b) Practitioners shall follow state regulations regarding advertising.

246

247 Rule 2.2 License or Registration; Cooperation with Investigations

248

249 (a) When applying for licensure with a state or when registering with a state, the
250 practitioner shall set forth honestly and fully all information concerning his or her
251 education, experience, licensure in other states, discipline (if any) in other states or
252 professions, and any other matter requested. A violation of this duty is a violation of the
253 ethical duty of the practitioner even though in normal course it occurs before licensure is
254 granted.

255

256 (b) The practitioner shall advise the licensure authorities of the state of any material
257 change since the grant of licensure, including but not limited to any discipline received in
258 any other state, any crime of which the practitioner has been convicted, and of any
259 professional malpractice action which the practitioner has lost based on his or her action or
260 lack of action as a practitioner.

261

262 (c) The practitioner shall acquire the written consent of each patient before disclosing the
263 records of that patient during any inquiry. This is unless the request for disclosure shall be
264 accompanied by a duly authorized subpoena of a court or other governmental body. In
265 this case the practitioner shall advise the patient of this fact, if practicable in advance of
266 disclosure.

267

268 (d) The license that the practitioner receives is solely for his or her use. The practitioner
269 shall never allow anyone else to use his or her license or license number in any way for
270 any use.

271

272 Rule 2.3 Staff

273

274 (a) The practitioner may maintain a staff of non-practitioners that assist and aid the
275 practitioner in his or her practice. A non-licensure may not perform any act or service not
276 authorized by law.

277

278 (b) The practitioner's staff may have access to patient files and information as is necessary
279 and appropriate to the staff carrying out of their duties, in accordance with the state and
280 federal laws and regulations.

281
282 (c) A practitioner's staff shall be trained and educated in their duties regarding
283 confidentiality, state and local laws and regulations that relate to health and hygiene, and
284 shall be required to follow these laws and regulations.

285
286 **Rule 2.4 Non-discrimination**

287
288 (a) The practitioner shall not discriminate in hiring staff or in accepting patients on the
289 basis of race, religion, national origin, gender, or sexual orientation and shall always strive
290 to provide the highest quality of care for each patient. The practitioner shall attempt to
291 refer a patient with whom there is a language barrier to a situation where interpretive
292 services are available. This rule does not prevent the practitioner from requiring that any
293 applicant for a staff position fulfill bonafide job requirements.

294
295 **Rule 2.5 Pro-bono Service**

296
297 (a) As the recipient of a license from the state to practice a profession, the practitioner
298 should give some of his or her time to the diagnosis and treatment of persons who are not
299 fortunate enough to have funds, or third-party payers, to pay for treatment. Each
300 practitioner should determine the amount and the form of such service that he or she will
301 render.

302
303 **COMMITMENT TO THE PROFESSION**

304
305 **Rule 3.1 Admission to the Profession**

306
307 (a) When requested to provide a reference for admission to a school of Acupuncture or
308 Oriental Medicine or for licensure in this field, the practitioner shall furnish honest and
309 complete information.

310
311 **Rule 3.2 Aid to the Disciplinary Process**

312
313 (a) When requested by a relevant disciplinary authority concerning another practitioner,
314 or by another practitioner under investigation or charge, the practitioner shall cooperate
315 honestly and to the best of his or her ability.

316 **Rule 3.3 Reporting Professional Misconduct**

317 (a) When the practitioner becomes aware of the conduct of another practitioner that may
318 jeopardize the safety and well being of a patient the practitioner shall inform the
319 appropriate governmental authority.

320
321 (b) Practitioners shall not engage in frivolous claims against other practitioners.

322
323 **Rule 3.4 Aid to the Profession**

324
325 (a) The practitioner should assist, to the best of his or her ability, in the development of the
326 Acupuncture and Oriental Medicine profession, through local, state and national
327 professional organizations, through assisting in teaching and mentoring students, through
328 making appearances to promote the profession before civic, professional and school
329 groups, and **by** other means available to the practitioner and within the limitations of his
330 or her ability and interest. When called upon, the practitioner should participate in peer
331 review, in inspection and review of schools and colleges in the field, and in other service
332 that will aid the development of the profession, within the limitations of his or her ability
333 and interest.

334
335 (b) The practitioner, within the limitations of his or her ability and interest, should aid in
336 the compilation of clinical data in a meaningful manner and in the dissemination of that
337 data.

338
339 **Rule 3.5 Professional Conduct**

340
341 (a) The practitioner should treat a fellow acupuncturist with dignity and respect in regard
342 to his or her professional philosophy, even if disparate from the practitioner's own
343 philosophy. Except as is required in Rule 3.3, the practitioner should work through
344 appropriate professional organizations, or in a personal manner with another professional,
345 toward correcting what is considered to be unethical or otherwise inappropriate behavior
346 prior to addressing that behavior in a public forum, while maintaining his or her own
347 personal behavior so as to reflect well on the profession as a whole.

348
349
350 **End of Document**

DT 4/10/07, RL 7/3/07