NCBAHM Route 4 Pathway & Clinical Supervisor Workgroup

September 2, 2026, 3:00PM
Videoconference

Join ZoomGov Meeting	669 254 5252
Meeting ID: 165 609 3458	Meeting ID: 165 609 3458
Passcode: meG9Bx4c+G	Passcode: 0496204420

The public is invited to attend all portions of this meeting and may participate by providing comment during the public comment period (item #5).

1. Call to Order and Roll Call (3:00-3:10PM)

Workgroup Members:

Lisa Tongel, LAc, OMB Acupuncture Advisory Committee, **Workgroup Chair**
Danielle Reghi, DACM, LAc, Oregon Association of Acupuncturists
Travis Kern, MAcOM, DiplOM, LAc, Practicing Acupuncturist
Mia Neuse, LAc, Practicing Acupuncturist
Sara Biegelsen, LAc, Educator/Practicing Acupuncturist
Rebecca Groebner, DAc, LAc, Educator/Practicing Acupuncturist
Jen Kearns, DAOM, LAc, Educator/Practicing Acupuncturist
Michelle "Jersey" Rivers, MSOM, DiplOM, LAc, Educator/Practicing Acupuncturist (IL)
Connor Michael Toth, Current Acupuncture Student

Absent by Prior Notification:

Dongcheng Li, LAc, OMB Acupuncture Advisory Committee

Meeting overview:

- This workgroup has been formed to gather input from those who will be directly impacted and from those with knowledge and expertise to review whether:
  - Acupuncture clinical supervisors may satisfy the experience requirement through a treatment volume standard, as an alternative to the five-year experience requirement, and
  - NCBAHM Route 4 Pathway meets the standards to qualify for acupuncture licensure in Oregon, and
- The workgroup's role is advisory, and consensus is not necessary. While the workgroup may make recommendations, the OMB retains decision making authority.
- Open, honest, and respectful communication is expected at all times.
- This is a public meeting, and all portions will be held in public session and recorded.

- The public is invited to attend the meeting and may provide comment during the designated comment period. Members of the public will otherwise be muted.
- Additional opportunities for public input will be provided when the draft rules are prepared and submitted to the Secretary of State.

2. Introductions (Workgroup Members) & Charter Review (3:10-3:30PM)

3. Clinical Supervisor Review Request Discussion (3:30-3:50PM)

4. NCBAHM Route 4 Pathway Request Discussion (3:50-4:20PM)

5. Public Comment (4:20-4:40PM)

We welcome public feedback. Any member of the public may provide comments at this time. OMB staff will call on public participants may raise their hand to indicate the desire to comment. Please limit comments to three (3) minutes and state your name and organization (if applicable). Additional written comments may be submitted to elizabeth.ross@omb.oregon.gov.

6. Closing Discussion (4:40-5:00PM)

- Workgroup members may provide closing thoughts and summary of the discussion.
- Workgroup members and the public may submit additional written comments to Elizabeth Ross, elizabeth.ross@omb.oregon.gov.
- Updates will be posted on the workgroup's website.
- Next Workgroup Meeting: Wednesday, October 7, 2026, 3-5PM

Materials: The materials below are provided as a starting point for discussion to facilitate meaningful dialogue among Workgroup members and public comment.

Agenda Subject to Change: So that the Workgroup makes the best use of meeting time, agenda items may be reviewed out of order. The agenda is subject to change without additional notification. Posted times are provided as an estimate.

Questions about the workgroup, email Elizabeth Ross, Legislative & Policy Analyst, ***elizabeth.ross@omb.oregon.gov****.*

For information on attending meetings or to request accommodations, contact Gretchen Kingham, Executive Assistant, ***gretchen.kingham@omb.oregon.gov*** *or 971-673-2700.*

NCBAHM Route 4 & Clinical Supervisor Workgroup Charter

Purpose

1. To evaluate and provide a recommendation on whether the National Certification Board for Acupuncture and Herbal Medicine (NCBAHM) Route 4 Pathway meets the standards required to qualify for acupuncture licensure in Oregon. If applicable, also provide draft rule language for consideration.
2. To evaluate and provide a recommendation on whether acupuncture clinical supervisors may satisfy the experience requirement through a treatment volume standard, a minimum of 5,000 treatments across at least 250 patients, as an alternative to the current five years of experience requirement. If applicable, also provide draft rule language for consideration.

Members

The Workgroup will include persons with subject matter expertise and individuals who will likely be affected by the proposed rules. OMB staff will ensure the Workgroup includes a diversity of experiences and perspectives. Administrative support will be provided by OMB staff. The Workgroup may consist of:

- 1-2 members of the OMB's Acupuncture Advisory Committee
- 1 representative of the Oregon Association of Acupuncturists
- 1-2 practicing acupuncturists
- 1 acupuncture educator
- 1-2 current acupuncture students (who may use Route 4)
- 1 current acupuncture clinical supervisor
- 1 consumer member who is not an acupuncturist

Scope

The Workgroup will review materials, discuss, and draft rule language (if applicable). The Workgroup is advisory, and consensus is not necessary; the Oregon Medical Board retains final decision-making authority.

Meetings

Public meetings will be held in late Summer and Fall 2026. Meetings will be subject to public meetings law, including public notice, public records, and public access. The meetings will be held via Zoom. Dates and times are subject to change.

Objective

The Workgroup recommendation(s) and any draft rules will be reviewed by the OMB's Acupuncture Advisory Committee in December 2026, and at Oregon Medical Board meeting in January 2027.

MEMORANDUM

SUBJECT: Clinical Supervisor Experience Requirement
DATE: August 25, 2026

In 2026, the Oregon Medical Board received a request to amend OAR 847-070-0017(1) to expand the potential pool of acupuncture clinical supervisors by satisfying the experience requirement through a treatment volume standard, a minimum of 5,000 treatments across at least 250 patients, as an alternative to the current five years of experience requirement.

Since at least since 1993, OAR 847-070-0017(1) has required clinical supervisors in Oregon to have practiced as an acupuncturist for at least five years.

Currently neither the Accreditation Commission for Acupuncture and Herbal Medicine (ACAHM) nor the National Certification Board for Acupuncture and Herbal Medicine (NCBAHM) require an overall five-year requirement for supervisors/preceptors.

For the NCBAHM[1] Apprenticeship Training pathway, a preceptor must have practiced on a minimum of 100 different patients performing a minimum of 500 treatments during each of the five consecutive years immediately prior to becoming a preceptor, or over their career practiced on a minimum of 250 different patients for a minimum of 5,000 treatments.

Acupuncture clinical supervisor requirements are set individually by each state's acupuncture licensing board, for example experience requirements for clinical supervisors include:

- Washington[2] requires two years of relevant current work experience or teaching experience in acupuncture.
- Georgia[3] requires a minimum of four years active licensed clinical practice.
- Idaho[4] requires a current acupuncture license without restriction for a minimum of five years.

The workgroup will evaluate whether acupuncture clinical supervisors may satisfy the experience requirement through a treatment volume standard (as an alternative to five years of experience) and, if applicable, provide draft rule language for consideration.

[1] NCBAHM (NCCAOM) Certification Handbook, January 2024, page 17
[2] WAC 246-803-230 Clinical training
[3] GA Code § 43-34-64, Georgia Rule 360-6-.05
[4] Idaho Application for Acupuncture Trainee Supervision Application

Oregon Medical Board, OAR 847-070-0017 Clinical Training

(1) A clinical supervisor must meet the following requirements:

(a) Be an actively licensed Oregon acupuncturist **who has practiced as an acupuncturist for a period of at least five years**, and is in good standing with the Board; or

(b) Be an actively licensed Oregon physician who is in good standing with the Board, who has been **practicing acupuncture for a period of at least five years**, and has passed the examination for acupuncture; or

(c) Be an acupuncturist or physician licensed, registered, or certified by another jurisdiction, who is in good standing with such jurisdiction, who has been **practicing acupuncture for a period of a least five years** and has passed a qualifying examination for acupuncture, or been certified in acupuncture by the National Certification Board for Acupuncture and Herbal Medicine (NCBAHM) through its Credentials Documentation Examination. If a portion of those five or more years was prior to licensing, registration, or certification, then prior practice must be documented to the Board's satisfaction. The NCBAHM Certification Standards for Documentation will be used. All clinical supervisors under this section are subject to Board approval.

(2) Board approved clinical supervisors, acupuncturists or physicians may supervise no more than two acupuncture students in an informal private clinical setting.

(3) An “acupuncture student” is an individual:

(a) Enrolled in a school approved to offer credit for post-secondary clinical education in Oregon; or

(b) A practitioner licensed to practice acupuncture in another state or foreign country who is enrolled in clinical training provided by a clinical supervisor approved by the Oregon Medical Board.

(4) An acupuncture student must comply with OAR 847-070-0005 to 847-070-0055.

(5) An acupuncture student may not perform any act that constitutes the practice of medicine or the practice of acupuncture, except under direct supervision of a person approved by the Board as a clinical supervisor to provide clinical training as described in this rule.

Statutory/Other Authority: ORS 677.265
Statutes/Other Implemented: ORS 677.060(3)

Acupuncture Advisory Review Request Form

Revised 12/2023

Please complete the following form to request review of an acupuncture practice topic for the Oregon Medical Board's Acupuncture Advisory Committee. Your proposal will be reviewed by OMB staff with assistance by the Committee's chair. If we have questions concerning the requested review, we will follow up with you for additional information.

You will receive confirmation of your request and whether the request will be reviewed by the Acupuncture Advisory Committee. Please note the Acupuncture Advisory Committee meets the first week in June and December. Requests should be submitted at least one month prior to a meeting for consideration.

Please provide as much information as you can to inform the review process, you may leave questions blank if not applicable or you do not know the answer.

1. What topic would you like the Acupuncture Advisory Committee to review? Please note any acupuncture rules that you are proposing be reviewed.

   847-070-0017 Clinical Training, the requirements for an L.Ac to be a supervisor of acupuncture students. Currently the requirements for an L.Ac. to be a supervisor of acupuncture students is to have 5 years' experience, be in good standing with the OMB, and submit a letter asking to supervise. There is no minimum number of treatments required. I would like to request on behalf of ORCCA to change that requirement to 5 years' experience OR a minimum of 5,000 treatments with a minimum of 250 different patients (plus be in good standing, submit a letter, etc)

2. Why is this review needed?

   It's always been difficult for our school to find enough clinical supervisors with appropriate experience and expertise. We've always had a catch-22; there aren't enough community acupuncturists, so we started a school to train more, but to train community acupuncturists, we need supervisors with 5 years' experience. There isn't a lack of acupuncturists with 5 years' experience in Portland, but there IS a lack of acupuncturists with 5 years' experience in community acupuncture who are available to supervise our students (and not, say, running their own clinics)

3. What are the advantages or benefits? Is there a patient benefit?

   The 5 years' experience for clinical supervisors is not a requirement from ACAHM (the accrediting body for acupuncture schools) or from NCBAHM (the certifying body for acupuncturists). In fact, NCBAHM changed their requirement for clinical preceptorship from 5 years' experience to the following:

   Minimum Preceptor's Clinical Practice Requirements – U.S. and International

4. What are the disadvantages or risks? Is there potential for harm?

   I can't think of any disadvantages or potential for harm. Allowing clinical supervisors to be approved according to this request ensures that clinical supervisors have real-world experience in clinical settings, while the current requirement in theory could allow someone to become a supervisor who has seen very few patients while maintaining their licensure. It also aligns Oregon's requirements with NCBAHM's.

5. Who else might be affected by the review? How will they be affected?

   The other acupuncture school in Oregon, NUNM, would be affected in the same way as ORCCA: they would have an opportunity to recruit clinical supervisors with fewer calendar years' experience but documented patient contacts.

6. Who might oppose the topic being reviewed? Why might they oppose it?

   I can't think of anyone who would oppose this because it seems like common sense.

Acupuncture Advisory Review Request Form

Revised 12/2023

7. Is this area currently being taught in acupuncture curriculum? Would an acupuncturist need additional training?

N/A

8. What are the financial impacts?

None

9. How do other state licensing boards view this topic?

I haven't conducted a review, but according to our contact at ACAHM (our accreditor), other state licensing boards have a variety of requirements for clinical supervisors in acupuncture schools. 5 years' experience is not an across-the-board requirement and some states do not have it.

10. What research or evidence is there on this topic? Include links or copies to research.

None that I know of.

Request for review made by:

Lisa Rohleder, L.Ac. [redacted] [redacted]

Full Name E-mail Phone

Oregon College of Community Acupuncture (formerly POCA Tech)

Organization (if applicable)

[redacted]

Street Address, City, State, Zip Code

E-mail request form to: shayne.nylund@omb.oregon.gov and elizabeth.ross@omb.oregon.gov

MEMORANDUM

SUBJECT:	NCBAHM Route 4, Apprenticeship Training
DATE:	August 25, 2026

In 2025, the Oregon Medical Board received a request to consider the National Certification Board for Acupuncture and Herbal Medicine (NCBAHM) Route 4 Pathway as an alternative qualification for acupuncture licensure in Oregon.

The Acupuncture Advisory Committee reviewed this information during three prior meetings and recommended forming a workgroup to evaluate and provide a recommendation on whether the NCBAHM Route 4 Pathway meets the standards required to qualify for acupuncture licensure in Oregon. If applicable, also provide draft rule language for consideration.

Route 4 Background

NCBAHM introduced the Route 4 pathway in 2007 as part of a broader effort to ensure inclusivity and recognize qualified practitioners who obtained their education and training outside of ACAHM-accredited institutions. The pathway was designed for individuals trained through a combination of formal instruction and supervised clinical apprenticeship, particularly those who began practicing acupuncture before accreditation standards became widespread in the United States. Route 4 provides a path to national certification for experienced practitioners who might not meet the eligibility criteria under more traditional academic routes, while maintaining the rigor and competency standards required for safe and effective practice.

To qualify to sit for the NCBAHM exams under Route 4, applicants must complete a three-year combination of formal education and apprenticeship training:

- **Apprenticeship Training:** maximum two years or no less than one year. One apprenticeship year is a minimum of 1,000 contact hours over a 12-month period, defined as clock hours that the apprentice spends under the direct supervision of the preceptor. Off-site supervision is not included.
- **Formal Education:** a minimum of one full year (635 hours) and no more than two full years (1,270 hours) of formal education from an accredited acupuncture degree program.

From 2020 through April 2026, NCBAHM reports that 25 applicants sat for its exams using the Route 4 pathway, fewer than 1 percent of all NCBAHM exam applicants during that period.

NCBAHM's Certification Handbook, which outlines all routes to certification, and NCBAHM's Route 4 specifications and workbook are provided below.

Other State Licensure Requirements

State acupuncture licensure requirements vary, but several states recognize NCBAHM Route 4 for licensure purposes:

- Idaho, Missouri, and Utah require only NCBAHM certification for licensure; they impose no additional education requirement and accept all NCBAHM routes. Idaho also requires completion of an acupuncture internship, pre-professional practice program, coordinated program, or other board-approved equivalent experience.
- The District of Columbia, Georgia, Illinois, and Vermont recognize NCBAHM Route 4 specifically.
- New Hampshire allows its Board to review and approve an applicant's combination of education and apprenticeship training for licensure.
- California allows approved educational and training programs to satisfy licensure requirements, with detailed program requirements that are independent of NCBAHM Route 4

OMB Qualifications Rule

OAR 847-070-0016 requires acupuncture licensure applicants to graduate from a program that meets the standards of the Accreditation Commission for Acupuncture and Herbal Medicine (ACAHM). Although NCBAHM Route 4 allows an individual to sit for the exams required for Oregon licensure, Route 4 applicants would not satisfy OMB's current rule requiring graduation from an ACAHM-accredited program.

ORS 677.759 authorizes OMB to examine applicant qualifications and determine who may practice acupuncture in Oregon, and requires OMB to adopt rules governing acupuncture licensure.

The workgroup will evaluate whether the NCBAHM Route 4 Pathway meets the standards required for acupuncture licensure in Oregon and, if applicable, provide draft rule language for consideration.

States Allowing Apprenticeship for Licensure

District of Columbia Municipal Regulations 4702.2

In order to qualify for licensure, an applicant shall meet one of the following education requirements:
(a) Graduate from an acupuncture program, which meets the requirements of § 4702.5; or
(b) Complete either: (1) An acupuncture program in another country that is the equivalent of an acupuncture program pursuant to § 4702.5; or **(2) An apprenticeship program approved by NCCAOM**; and
(c) Successfully complete the Clean Needle Technique (CNT) course administered by the Council of Colleges of Acupuncture and Oriental Medicine (CCAOM).

Georgia Comp. R. & Regs. Rule 360-6-.03. Licensure Requirements for Acupuncture

(1) Each applicant for licensure as an acupuncturist must meet the requirements listed below. …
(e) Have successfully completed a degree in acupuncture or a formal course of study and training in acupuncture. The applicant shall submit documentation satisfactory to the board to show that such education or course of study and training was:

1. Completed at a school that is accredited by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) or other accrediting entity approved by the board; or
2. Completed by means of a program of acupuncture study and training that is substantially equivalent to the acupuncture education offered by an accredited school of acupuncture approved by the board.

Illinois Sec. 40. Application for licensure.

The Department may issue a license to an applicant who submits with the application proof of each of the following:
(1)(A) graduation from a school accredited by the Accreditation Commission for Acupuncture and Oriental Medicine or a similar accrediting body approved by the Department; or **(B) completion of a comprehensive educational program approved by the Department**; and
(2) …. for applications submitted on or after January 1, 2020, **demonstration of status as a Diplomate of Acupuncture or Diplomate of Oriental Medicine with the National Certification Commission for Acupuncture and Oriental Medicine** or a substantially equivalent credential as approved by the Department.

Vermont Administrative Rules for Licensed Acupuncturists 2.3 Qualifications for Licensure as an Acupuncturist

As set forth in the Acupuncturists Act, the basic qualifications for licensure are (1) completing a program in acupuncture and Oriental medicine, or (2) completing a training program, and (3) passing the examination.
A. Program in Acupuncture: ….. or
B. Training Program: Completion of a training program which must include earning a minimum of 40 points in any one of the following categories or combination of categories.
1. apprenticeship -- 10 points for each 1,000 documented contact hours, up to a maximum of 13.5 points per year.

a. An applicant must have completed an apprenticeship of at least 4,000 contact hours with a minimum of 250 student-performed treatments and complete the program in no less than three years and no more than six years.
b. Apprenticeship is defined as on-going work with a tutor or preceptor who assumes responsibility for the theoretical and practical education and training of the apprentice. "Contact hours" is the time the apprentice spends under the direct supervision of the preceptor. Off-site supervision is not included.
c. During the apprenticeship, the preceptor's practice must have included a minimum of 500 acupuncture patient visits with no less than 100 different patients per year during the program. Patient visits must be in general health care practice. Specialized limited practice such as smoking withdrawal, alcoholism, etc., may be included in the practice, but must be in addition to the basic 500 visits of general practice per year. After the first year, the apprentice must have been given increasing responsibilities in patient contact up to and including the final stage of complete diagnosis and treatment under the preceptor's supervision. This increasing responsibility must be documented through the Verification of Training form provided by the Office.
2. completed academic work -- five points for each half-semester (minimum of 250 hours) completed with at least a C or passing grade in the field of acupuncture or oriental medicine, up to a maximum of four periods or 20 points.
a. Ten (10) points may be earned for each full year (450 hours) of schooling.
b. An official transcript is required, showing academic and clinical work completed, the number of class hours for every class taken in the entire program, and the number of months in the program.
3. self-directed study -- 10 points for study equivalent to one year of full- time academic work in acupuncture and oriental medicine, for a maximum of two years or 20 points. Self directed study is limited to certified correspondence courses that are approved by the Director and that grant certificates of completion.

New Hampshire Section 328-G:9 Licensure Required; Renewal; Reissuance; Continuing Education.
II. The board shall issue a license to any applicant who satisfies all of the following requirements: ….
(e)(1) Has earned a baccalaureate, registered nurse, or physician associate degree from an accredited institution, and has a current, valid license to practice acupuncture from another state whose requirements are substantially equal to or exceed the requirements of RSA 328-G:9, II; or
(2) Has successfully completed a post-secondary acupuncture college program which is approved by the Accreditation Commission for Acupuncture and Herbal Medicine ("ACAHM"), including its successors or predecessors, or the board; or
(3) Has successfully completed an apprenticeship program that, at the time of completion, was in compliance with certification standards set by NCCAOM, including its successors or predecessors. All applicants seeking licensure via apprenticeship route who have not graduated from an accredited acupuncture school must be able to meet all NCCAOM standards for certification or hold a valid license to practice acupuncture from another state whose requirements are substantially similar to or exceed the requirements of RSA 328-G:9, II.

California Code Business and Professions Code, DIVISION 2 - HEALING ARTS, CHAPTER 12 – Acupuncture, ARTICLE 2 - Certification Requirements

Section 4938. (a) The board shall issue a license to practice acupuncture to any person who makes an application and meets the following requirements:
(1) Is at least 18 years of age.
(2) Furnishes satisfactory evidence of completion of one of the following:
(A) (i) An approved educational and training program.
(ii) If an applicant began an educational and training program at a school or college that submitted a letter of intent to pursue accreditation to, or attained candidacy status from, the Accreditation Commission for Acupuncture and Herbal Medicine, or its successor entity, but the commission subsequently denied the school or college candidacy status or accreditation, respectively, the board may review and evaluate the educational training and clinical experience to determine whether to waive the requirements set forth in this subdivision with respect to that applicant.
(B) Satisfactory completion of a tutorial program in the practice of an acupuncturist that is approved by the board.
(C) In the case of an applicant who has completed education and training outside the United States, documented educational training and clinical experience that meets the standards established pursuant to Sections 4939 and 4941.
(3) Passes a written examination administered by the board that tests the applicant's ability, competency, and knowledge in the practice of an acupuncturist. The written examination shall be developed by the Office of Professional Examination Services of the Department of Consumer Affairs.
(4) Is not subject to denial pursuant to Division 1.5 (commencing with Section 475).
(5) Completes a clinical internship training program approved by the board. The clinical internship training program shall not exceed nine months in duration and shall be located in a clinic in this state that is an approved educational and training program. The length of the clinical internship shall depend upon the grades received in the examination and the clinical training already satisfactorily completed by the individual prior to taking the examination. The purpose of the clinical internship training program shall be to ensure a minimum level of clinical competence.
(b) Each applicant who qualifies for a license shall pay, as a condition precedent to its issuance and in addition to other fees required, the initial licensure fee.

Section 4940. **(a) The board shall establish standards for the approval of tutorial programs for education and training in the practice of acupuncture, that satisfy the requirements of Section 4938.** The board shall also establish standards for the approved supervising acupuncturists.
(b) An acupuncturist shall be approved to supervise a trainee, provided the supervisor meets the following conditions:
(1) Is licensed to practice acupuncture in this state and that license is current, valid, and has not been suspended or revoked or otherwise subject to disciplinary action.
(2) Has filed an application with the board.
(3) Files with the board the name of each trainee to be trained or employed and a training program satisfactory to the board.
(4) Does not train or employ more than two acupuncture trainees at any one time.
(5) Has at least 10 years of experience practicing as an acupuncturist and has been licensed in this state for at least five years.
(6) Is found by the board to have the knowledge necessary to educate and train the trainee in the practice of an acupuncturist.

States with NCBAHM Certification Only for Licensure, also allowing Route 4

Idaho 24.17.01 100. Qualifications for Licensure or Certification

01. Requirements for Licensure. Applicants for licensure must submit a complete application on a Board approved form, required fee, and official certified documentation of: (7-1-26)

a. **Certification from NCCAOM** or graduation from an approved full-time acupuncture program of at least one thousand seven hundred twenty-five (1,725) hours of entry-level acupuncture education which includes a minimum of one thousand (1000) hours of didactic course work and five hundred (500) clinical hours of practice; and

b. **Successful completion of an acupuncture internship, or other equivalent experience as approved by the Board.**

Missouri 20 CSR 2015-2.010 Application for Licensure

(3) An applicant for licensure **based upon certification by the National Commission for the Certification of Acupuncture and Oriental Medicine (NCCAOM)** shall be currently certified as a diplomate in acupuncture by NCCAOM. The applicant is responsible for authorizing NCCAOM to verify certification and notify the advisory committee.

(A) An applicant for licensure with a course of study from a school or program outside the United States may be considered in compliance with these rules if the applicant is certified as a diplomate in acupuncture by NCCAOM.

Utah 58-72-302. Qualifications for licensure

An applicant for licensure as an acupuncturist shall:

(3) meet the requirements for **current active certification in acupuncture under guidelines the National Certification Board for Acupuncture and Herbal Medicine (NCBAHM)** establishes as demonstrated through a current certificate or other appropriate documentation;

Oregon Medical Board, OAR 847-070-0016 Qualifications (Acupuncture)

(1) An applicant for licensure as an acupuncturist must have:

(a) Graduated from an acupuncture program that satisfies the standards of the Accreditation Commission for Acupuncture and Herbal Medicine (ACAHM), or its successor organization, or an equivalent accreditation body that are in effect at the time of the applicant's graduation. An acupuncture program may be established as having satisfied those standards by demonstration of one of the following:

(A) Accreditation, or candidacy for accreditation by ACAHM at the time of graduation from the acupuncture program; or

(B) Approval by a foreign government's Ministry of Education, or Ministry of Health, or equivalent foreign government agency at the time of graduation from the acupuncture program. Each applicant must submit their documents to a foreign credential equivalency service, which is approved by the National Certification Board for Acupuncture and Herbal Medicine (NCBAHM) for the purpose of establishing equivalency to the ACAHM accreditation standard. Acupuncture programs that wish to be considered equivalent to an ACAHM accredited program must also meet the curricular requirements of ACAHM in effect at the time of graduation.

(b) Current certification in acupuncture by the NCBAHM. An applicant will be deemed certified by the NCBAHM in Acupuncture if the applicant has passed the NCBAHM Acupuncture Certification Examinations or has been certified through the NCBAHM Credentials Documentation Examination.

(A) The applicant must pass three (3) NCBAHM Certification exam components: Biomedicine, Foundations of Oriental Medicine, and Acupuncture with Point Location.

(B) The applicant has no more than four attempts to pass each component of the NCBAHM Certification Exam listed in subsection (A) of this section. If the applicant does not pass each component of the NCBAHM Certification Exam within four attempts, the applicant is not eligible for licensure.

(C) An applicant who has passed each component of the NCBAHM Certification Exam but not within the four attempts required by this rule may request a waiver of this requirement if the applicant passed each component of the exam within five attempts and:

(i) Has obtained a Doctor of Acupuncture and Oriental Medicine degree; or

(ii) Experienced extenuating circumstances that do not indicate an inability to safely practice acupuncture as determined by the Board.

(2) An applicant who does not meet the criteria in OAR 847-070-0016(1) must have the following qualifications:

(a) Five years of licensed clinical acupuncture practice in the United States. This practice must include a minimum of 500 acupuncture patient visits per year. Documentation must include:

(A) Two affidavits from office partners, clinic supervisors, accountants, or others approved by the Board, who have personal knowledge of the years of practice and number of patient visits per year; and

(B) Notarized copies of samples of appointment books, patient charts and financial records, or other documentation as required by the Board; and

(b) Practice as a licensed acupuncturist in the U.S. during five of the last seven years prior to application for Oregon licensure. Licensed practice includes clinical practice, clinical supervision, teaching, research, and other work as approved by the Board within the field of acupuncture and Traditional Eastern medicine. Documentation of this practice will be required and is subject to Board approval; and

(c) Successful completion of the ACAHM western medicine requirements in effect at the time of graduation from the acupuncture program, unless the applicant graduated from a non-accredited acupuncture program prior to 1989; and

(d) Current certification in acupuncture by the NCBAHM. An applicant will be deemed certified in Acupuncture by the NCBAHM if the applicant has passed the NCBAHM Acupuncture Certification Examinations or has been certified through the NCBAHM Credentials Documentation Examination.

(A) The applicant must pass three (3) NCBAHM Certification exam components: Biomedicine, Foundations of Oriental Medicine, and Acupuncture with Point Location.

(B) The applicant has no more than four attempts to pass each component of the NCBAHM Certification Exam listed in subsection (A) of this section. If the applicant does not pass each component of the NCBAHM Certification Exam within four attempts, the applicant is not eligible for licensure.

(C) An applicant who has passed each component of the NCBAHM Certification Exam but not within the four attempts required by this rule may request a waiver of this requirement if the applicant passed each component of the exam within five attempts and:

(i) Has obtained a Doctor of Acupuncture and Oriental Medicine degree; or

(ii) Experienced extenuating circumstances that do not indicate an inability to safely practice acupuncture as determined by the Board.

(3) An individual whose acupuncture training and diploma were obtained in a foreign country and who cannot document the requirements of subsections (1) or (2) of this rule because the required documentation is now unobtainable, may be considered eligible for licensure if it is established to the satisfaction of the Board that the applicant has equivalent skills and training and can document one year of training or supervised practice under a licensed acupuncturist in the United States.

(4) In addition to meeting the requirements in (1), (2) or (3) of this rule, all applicants for licensure must have the following qualifications:

(a) Licensure in good standing from the state or states of all prior and current health related licensure; and

(b) Have good moral character as those traits would relate to the applicant's ability properly engage in the practice of acupuncture; and

(c) Have the ability to communicate in the English language well enough to be understood by patients and physicians. This requirement is met if the applicant passes the NCBAHM written acupuncture examination in English, or if in a foreign language, must also have passed an English language proficiency examination:

(A) A Test of English as a Foreign Language (TOEFL) score of 500 or more for the written TOEFL exam, 173 or more for the computer based TOEFL exam, or 65 or more for the internet based TOFEL exam;

(B) A Test of Spoken English (TSE) score of 200 or more prior to July 1995, and a score of 50 or more after July 1995; or

(C) A Occupational English Test score of at least 350 for speaking and at least 300 for reading, writing, and listening on any OET health-related profession.

(d) An applicant who is certified through the NCBAHM Credentials Documentation Examination must also have passed an English proficiency examination described in subsection (c).

Statutory/Other Authority: ORS 677.265 & ORS 677.759
Statutes/Other Implemented: ORS 677.265, ORS 677.759 & ORS 677.780

ORS 677.759 License required; qualifications; effect of using certain terms; rules.

(1) No person shall practice acupuncture without first obtaining a license to practice medicine and surgery or a license to practice acupuncture from the Oregon Medical Board except as provided in subsection (2) of this section.

(2) Notwithstanding subsection (1) of this section, the board may issue a license to practice acupuncture to an individual licensed to practice acupuncture in another state or territory of the United States if the individual is licensed to practice medicine and surgery or acupuncture in the other state or territory. The board shall not issue such a license unless the requirements of the other state or territory are similar to the requirements of this state.

(3) **The board shall examine the qualifications of an applicant and determine who shall be authorized to practice acupuncture.**

(4) Using the term “acupuncture,” “acupuncturist,” “Oriental medicine” or any other term, title, name or abbreviation indicating that an individual is qualified or licensed to practice acupuncture is prima facie evidence of practicing acupuncture.

(5) In addition to the powers and duties of the board described in this chapter, **the board shall adopt rules consistent with ORS 677.757 to 677.770 governing the issuance of a license to practice acupuncture.**

To: Oregon Medical Board Acupuncture Advisory Committee
From: Travis Kern, MAcOM, DiplOM, LAC
Re: Follow-up Response on NCCAOM Route 4 Pathway
Date: 07/15/2025

Dear Members of the Acupuncture Advisory Committee,

Thank you for your time and thoughtful discussion during the June 6th meeting regarding the NCCAOM Route 4 apprenticeship pathway. I regret that I was unable to attend due to a scheduling miscommunication. I apologize for bringing this issue to your attention again, but I think the importance of the request calls for another pass at this discussion. Having now reviewed the meeting recording in full, I appreciate the concerns that were raised and would like to offer several clarifications and responses in hopes of reopening a deeper consideration of this issue.

I also want to acknowledge that while Grace Caswell's letter was given a detailed discussion, my own submission on this matter was not addressed directly. I was not aware that I could write a letter independently of the request form I filled out online, so I'd like to take this opportunity to clarify my original position and respond specifically to the three primary areas of concern that emerged in the June meeting: public safety, consistency with other OMB licensees, and the structure and regulation of the Route 4 apprenticeship pathway.

On the question of public safety

Concerns were raised about whether allowing licensure via Route 4 might compromise public safety. I would respectfully counter that this concern, while understandable, is based more on assumption than on evidence. The Route 4 pathway is not an unregulated, casual apprenticeship track. It is a rigorously defined, NCCAOM-administered process that includes detailed curriculum and clinical competency requirements; documentation of hours equivalent to ACAHM-accredited programs; a blend of both formal education and supervised clinical apprenticeship; and evaluation and approval by the NCCAOM before a candidate is even allowed to sit for the national certification exams.

Graduation from an ACAHM-accredited school, while valuable, does not in itself guarantee clinical safety. The national board exams remain the actual competency filter. If the NCCAOM—the same body Oregon already trusts to evaluate practitioner readiness—has judged the Route 4 framework to be sufficient preparation for its exams, then safety concerns should not be extrapolated based solely on educational format. In short: Route 4 is not a shortcut, and its graduates are not inherently less competent or less safe. They are evaluated by the same national standards and held to the same professional obligations.

On the question of OMB consistency

It was also suggested that allowing this pathway would make acupuncture the only profession under the Oregon Medical Board to permit a non-academic route to licensure. But this overlooks a key point: the OMB already relies on the NCCAOM to determine who is eligible to sit for

certification in acupuncture. This is not a special carve-out. It is simply an extension of the existing relationship between OMB and the field's national certifying body. If NCCAOM has determined that Route 4 is a legitimate and structured path to competence—and if that determination applies to practitioners across multiple other states—then allowing its use in Oregon is not inconsistent with OMB standards. On the contrary, it shows that the OMB is listening to professional consensus and honoring the field's own regulatory processes. Oregon would not be acting unilaterally or lowering its standards. It would be aligning with other jurisdictions and continuing to defer, as it already does, to the expertise of NCCAOM.

On the question of robust training standards in Route 4

While much of the June committee discussion raised concerns about the quality and oversight of the Route 4 pathway, a closer look at the actual program design reveals a robust, clearly defined, and nationally administered framework that reflects the same professional standards Oregon already relies upon through ACAHM-accredited education. The idea that this pathway is inherently inferior or under-regulated does not stand up to scrutiny. Route 4 requires at least one full academic year of formal training at an ACAHM-accredited institution and supplements that with a 2,000 hours of supervised clinical apprenticeship. Alternatively, students can choose to do two years at a school with 1000 hours of apprenticeship. The program allows flexibility for both student needs and educational design limitations. Preceptors must be licensed acupuncturists with at least 5 years of experience and 100 patients under their belts with a minimum of 500 acupuncture treatments and must also be active NCCAOM diplomates in good standing. Detailed logs, case tracking forms, and curriculum documentation are required throughout the training process, and the entire package must be reviewed and approved by NCCAOM before a candidate can sit for board exams. I've included a chart below to compare these requirements to the ACAHM requirements for schools.

	NCCAOM Route 4*	ACAHM- Accredited School**
Total Instruction Hours for Acupuncture Certification	**2635** (1 year school, 2 years apprenticeship) or **2270** (2 years school, 1 year apprenticeship)	1905
Total Hours for Acu + Herbs	+1000 hours (3635 or 3270)	2625
Clinical Experience for Acu	2000 or 1000	660
Didactic Training for Acu	635 or 1270	1245
Mentor/Instructor Credentials	5 years of practice immediately preceding preceptorship, 100 individual patients, 500 minimum acu treatments	"Have relevant credentials and experience"

* Please see attachment for NCCAOM Apprenticeship Workbook
**ACAHM Standard 7 and Standard 8

This structure is not casual or improvised—it is intentional, documented, and explicitly built to mirror, or exceed, the rigor of ACAHM standards through a different delivery model. Apprenticeship in this context is not something tacked on after school; it is a carefully guided and deeply supervised part of the candidate's core clinical formation. And just as ACAHM-accredited schools must track clinical competencies, ensure supervised treatment hours, and meet instructional benchmarks, Route 4 candidates must fulfill those same outcomes—just through a model that emphasizes one-on-one clinical mentorship and flexibility in educational delivery. To suggest that this model lacks oversight is to overlook the fact that Route 4 documentation requirements often exceed what students are required to produce in conventional program structures.

What this pathway offers is not a shortcut, but an alternative route to the same destination: board-eligible, nationally certified, safe, and competent acupuncturists. The standards remain high; the structure is already built. If anything, Route 4 demands more initiative, documentation, and individualized accountability than traditional schooling. This is not an erosion of professionalism—it is a different mode of cultivating it, one that may be especially suited to a field with deep roots in mentorship, diversity of practice, and adaptation across cultural and educational contexts.

This question's relevance to the larger acupuncture field

Lastly, I want to speak directly to the question of whether licensure policy has any meaningful connection to the national education crisis in acupuncture. While one speaker mentioned efforts by NUNM to make their program more accessible through online coursework—a commendable step—I would note that these efforts address physical access, not financial access. In my role as the board chair of OCOM in its final years, I had insight into the budgets and financial structures of several leading Chinese medicine and alternative medicine programs in our region as we looked for partnerships and efficiencies to stem the tide of declining enrollment and ballooning costs. I can say unequivocally from those reviews: tuition is not becoming more affordable. The regulatory environment makes it structurally impossible for most programs to cut hours or streamline delivery without risking their accreditation. The result is that schools cannot meaningfully reduce tuition costs, even when they want to. Even schools trying to innovate are trapped within a system that no longer fits the economic realities facing new students.

And here is the key concern: educational reform is inherently slow. Developing new curricula, gaining accreditation, and building new training models takes years. Even with OMB's approval of this pathway, apprenticeship leaders will need to build out relationships with schools like NUNM and Bastyr to create the educational certificate necessary for apprenticeship and the preceptors will need to be recruited and the course material will need to be created and implemented.

If we wait until the crisis has further deepened to act, it will already be too late to pivot. Schools will continue to close and at a faster rate. The next generation of practitioners will dwindle, and our profession will eventually be absorbed into larger medical groups like MDs and PTs until we are a small, diminished version of what we once were and certainly compared to what we could

have been. Innovation will be stifled by the simple fact that we failed to act when there was still time.

I know that these predictions are gloomy but I have been on the inside of this problem for nearly a decade, and I have watched as the people who are supposed to be safeguarding and supporting our profession have failed to grasp the scale of the problem. Students applying for diplomates from NCCAOM have declined by nearly half over the last 20 years, and I have been in the room as schools like OCOM and AOMA had to figure out how to survive, efforts which ultimately failed. It is not an exaggeration to say that without change, even small ones like allowing this pathway toward licensure to work in Oregon, the acupuncture profession will look much worse in the next generation than at any other time in our history in the US. We are all part of an acupuncture ecosystem that cannot afford to say that any other part of the system is not our problem. As practitioners yourselves, you know that there is nothing more deeply Chinese medicine than to understand that all the parts of a body are connected and cannot be treated as isolates except at risk of disease and harm.

NCCAOM has already built the infrastructure for a parallel, robust, apprenticeship-informed model of education. But because most states don't allow licensure through Route 4, no institution has incentive to implement that model. By allowing Route 4 licensure in Oregon, the OMB would not be lowering standards—it would be enabling new standards to emerge. That small but meaningful policy change would give schools and prospective students a signal that thoughtful, competency-based alternatives to the traditional model are welcome here.

The Route 4 pathway is not a threat to professional standards. It is an opportunity to safely expand access, reflect our field's diversity of learning, and reduce the bottlenecks of an unsustainable educational monopoly. As the board continues its important work of protecting the public and upholding the integrity of our field, I hope you will take a closer and more open look at Route 4—not as a compromise, but as a thoughtful, structured evolution already endorsed by the national body you rely on.

I would welcome any opportunity to continue this conversation and would be glad to appear before the committee or speak directly with board members to clarify any point made here.

Thank you again for your time and dedication.

Warmly,
Travis Kern, MAcOM, DiplOM, LAc

Owner, Root and Branch Chinese Medicine
Former Chair of the Board
Oregon College of Oriental Medicine
travis.kern@rootandbranchpdx.com, 504-451-1739

Acupuncture Advisory Review Request Form

Revised 12/2023

Please complete the following form to request review of an acupuncture practice topic for the Oregon Medical Board's Acupuncture Advisory Committee. Your proposal will be reviewed by OMB staff with assistance by the Committee's chair. If we have questions concerning the requested review, we will follow up with you for additional information.

You will receive confirmation of your request and whether the request will be reviewed by the Acupuncture Advisory Committee. Please note the Acupuncture Advisory Committee meets the first week in June and December. Requests should be submitted at least one month prior to a meeting for consideration.

Please provide as much information as you can to inform the review process, you may leave questions blank if not applicable or you do not know the answer.

1. What topic would you like the Acupuncture Advisory Committee to review? Please note any acupuncture rules that you are proposing be reviewed.

   A review of the requirements for licensure in Oregon to include apprenticeship generally as an acceptable form of training, and specifically the NCCAOM's Route 4 Apprenticeship pathway toward national certification. That is, a shift in the language of OAR 847-070-0016 to explicitly include the NCCAOM apprenticeship pathway route 4 as an option for satisfying the acupuncture program graduation requirement.

2. Why is this review needed?

   The landscape in acupuncture education is shifting and the costs of delivering conventional education are rising to rates that are rapidly pricing out future students. As the former chair of the board for the Oregon College of Oriental Medicine when we had to close our doors due to low enrollment, I can report first handedly the challenges that even esteemed and sought-after programs are having delivering education at a cost that students can absorb.

3. What are the advantages or benefits? Is there a patient benefit?

   NCCAOM has created a compromise pathway for training that combines the benefits of classroom education with the hands-on clinical training of a qualified preceptor. Being a successful Chinese medicine provider demands a complex set of skills including clinical tools, patient care management, and business acumen. Creating a pathway to state licensure that allows students to learn the real work of delivering this vital service in Oregon from people actually doing it everyday, lowers the significant barriers to entry for students and trains successful future practitioners.

4. What are the disadvantages or risks? Is there potential for harm?

   The risks are largely mitigated by the NCCAOM's route 4 parameters. Students still have to be trained at an accredited school for 1 or 2 of the 3 years of the apprenticeship with the other 1 or 2 years spent in apprenticeship with a qualified preceptor. NCCAOM has built out the details of that preceptor requirement as well as the core competencies of the apprenticeship portion of the training.

5. Who else might be affected by the review? How will they be affected?

   This rule change would allow more pathways for student training and eventual licensure. It will create more opportunities for accredited schools to create apprenticeship programs that could support their educational portfolio and provide another programmatic revenue stream.

6. Who might oppose the topic being reviewed? Why might they oppose it?

   Folks who believe apprenticeship training is inferior to collegiate training. Their opposition would likely not acknowledge the detailed NCCAOM route 4 processes and belies a contradiction in the world of professional licensure: if the primary body tasked with determining post-graduate competence in our medicine (NCCAOM) through board examination, largely considered an appropriate measure of such competencies, has created a pathway considered comparable to other training, why would medical boards disallow licensure for those grads?

Acupuncture Advisory Review Request Form

Revised 12/2023

7. Is this area currently being taught in acupuncture curriculum? Would an acupuncturist need additional training?

I have not uncovered any ACAHM acredited program currently offering a 1 or 2 year apprenticeship training track. My work with you is to open the pathway in Oregon and lobby other MBs in other states to do the same so that accredited colleges will be willing to create the necessary programs. Without the possilibity of licensure in most or all US states, it's not a practical endeavor for a college to build out training that can't lead to a license.

8. What are the financial impacts?

Such a training track has the potential to lower the acupuncture training costs by 30-50% for students and to provide those students with invaluable, practical training for the real work of delivering chinese medicine services.

9. How do other state licensing boards view this topic?

It is widely variable from state to state. The negative positions of other medical boards toward apprenticeship, as far as I can tell, is based on poor completion rates from previous apprenticeship structures at the state and national level. NCCAOM addressed these failures when they eliminated the original apprenticeship pathway and replaced it with route 4. But because of the barriers to licensure from state medical boards as well as the chaos COVID-19 inflicted on strategic plans, few institutions have taken up the task of using route 4 for curricular development.

10. What research or evidence is there on this topic? Include links or copies to research.

The NCCAOM has detailed information on route 4 in their handbook which was been emailed to Shayne Nylund. More general information on the program requirements can be found on the NCCAOM's website under "educational requirements for Route 4"

Request for review made by:

Travis Kern, LAc [redacted]

Full Name E-mail Phone

Root and Branch Chinese Medicine & Former Board Chair Oregon College of Oriental Medicine

Organization (if applicable)

[redacted]

Street Address, City, State, Zip Code

E-mail request form to: shayne.nylund@omb.oregon.gov and elizabeth.ross@omb.oregon.gov

NATIONAL CERTIFICATION BOARD™
FOR ACUPUNCTURE & HERBAL MEDICINE

NCBAHM Certification for Route 4 Applicants

Combination of Formal Education

and

Apprenticeship

U.S. and International Applicants

And

Conversion to Acupuncture and Herbal Medicine

Workbook

National Standards of Competence in Acupuncture and Herbal Medicine

August 10, 2026

1199 North Fairfax St., Suite 220
Alexandria, VA 22314
(888) 381-1140
www.NCBAHM.org

NCBAHM™ Mission

To assure the safety and well-being of the public and to advance and advocate for the professional practice of NCBAHM Board-Certified Acupuncturists™ by promoting established national standards focused on competence and credentialing.

NCBAHM™ Vision

NCBAHM Board-Certified Acupuncturists™ will be globally recognized and integral to person-centered healthcare and accessible to all members of the public. NCBAHM Board Certification will be nationally recognized by all employers and government entities as the standard for acupuncturists.

NCBAHM™ Core Values

Through its commitment to lifelong learning and the highest quality of credentialing standards for public safety, the NCBAHM upholds the values of integrity, community, service, inclusiveness, advocacy, and accountability in all of its interactions and relationships.

The NCBAHM programs in Acupuncture and Herbal Medicine, Acupuncture, and Chinese Herbology are accredited by the National Commission for Certifying Agencies (NCCA) and carry the NCCA seal.

Non-Discrimination Policy

The NCBAHM does not discriminate on the basis of race, color, age, gender, sexual orientation, political or religious beliefs, handicap, marital status, national origin, or ancestry.

NCBAHM™ Formal Education and Apprenticeship Workbook

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Introduction

Achieving NCBAHM certification does not guarantee a license to practice. **Many states do not accept apprenticeship training**, it is the applicant's responsibility to contact the state in which they wish to practice verifying licensure requirements. NCBAHM strives to help applicants achieve a rigorous and valuable experience, yet the use of this workbook does not guarantee eligibility or success on exams. This should be used as a guidebook for the experience.

About the NCBAHM™

Founded in 1982 as a non-profit certification organization, the National Certification Board for Acupuncture and Herbal Medicine (NCBAHM™) is widely accepted as the most influential leader in the field of certification for acupuncture and herbal medicine. There are currently over 20,000 active NCBAHM Diplomates (NCBAHM certificate holders) practicing with a current NCBAHM certification. The NCBAHM is responsible for the development and administration of the Acupuncture, Chinese Herbology, and Acupuncture and Herbal Medicine Certification Programs. The NCBAHM evaluates and attests to the competency of its nationally board-certified Diplomates through rigorous eligibility standards and demonstration and assessment of the core knowledge, skills and abilities expected for an entry level practitioner of acupuncture and herbal medicine. The Acupuncture, Chinese Herbology and Acupuncture and Herbal Medicine NCBAHM certification programs are accredited by the National Commission for Certifying Agencies (NCCA) and carry the NCCA seal.

In order for the NCBAHM certification programs in Acupuncture, Chinese Herbology, and Acupuncture and Herbal Medicine to remain accredited by the NCCA, the NCBAHM must adhere to strict national accreditation standards for administration of the certification programs and examination development. All Diplomate level certification examinations must meet content validity standards set forth by NCCA. As a requirement of accreditation for the NCBAHM certification programs, the NCBAHM must submit annual reports to NCCA, and the certification programs must undergo a full NCCA reaccreditation every five years. Additional information is available at the Institute for Credentialing Excellence website. All practitioners certified by the NCBAHM are committed to responsible and ethical practice, to the growth of the profession within the broad spectrum of American

healthcare, and to their own professional growth. All Diplomates, applicants and candidates for certification are bound by the *NCBAHM™ Code of Ethics* and the *NCBAHM™ Grounds for Professional Discipline*.

About Apprenticeship Training

An Apprenticeship is defined as clinical and didactic training completed under a **qualified** preceptor who assumes responsibility for the theoretical and practical education of the apprentice. The curriculum is designed by the preceptor and should include *ACAHM Standard 7: Program of Study, 7.04 Professional Competencies* and the competencies identified in the *NCBAHM™ Expanded Exam Content Outlines*. Once your apprenticeship is completed, organize the apprenticeship documents in the order identified in the attached NCBAHM Apprenticeship Workbook, create a PDF (one or two as needed depending on size) portfolio. Bookmarked and page number the files and upload at the time of application submission. If the documentation is not in a PDF format and bookmarked per each document submitted (ex: Quiz 1, Test 2, Quiz 3, etc., Case study 1, Case study 2, etc.), the file will be rejected and returned.

A preceptor is a licensed practicing acupuncturist that takes on the additional role of educator of an apprentice. The job of a preceptor is to work one-on-one with an apprentice to help them develop clinical competencies and gain practical experience by working directly with patients in a clinical setting. In order to train apprentices effectively, a preceptor needs to understand the learning outcomes and competencies required in a preceptor-apprentice clinical training. Preceptors should design a clinical experience based on learning outcomes and clinical skills required of an acupuncturist in practice. They should also design appropriate methods of assessment and evaluation that measure how an apprentice is performing in a clinical setting. The main goal of the learning component of this type of program should be how to integrate the knowledge, skills and abilities into practice. These clinical opportunities are a unique and rich way to educate an apprentice.

See the detailed preceptor, education, and documentation requirements in this workbook.

Apprenticeship Training for Conversion From Acupuncture Certification to Acupuncture and Herbal Medicine Certification

Chinese Herbology program for conversion to Acupuncture and Herbal Medicine: minimum one (1) year.

A year is defined as 1,000 contact hours. Contact hours are defined as clock hours that the apprentice spends under the direct supervision of the preceptor. Off-site supervision is not included. All apprenticeship training requirements can be found in this handbook below Route 4.

The Route 5: Conversion from Acupuncture Certification to Acupuncture and Herbal Medicine Certification Handbook containing all eligibility requirements is located on the NCBAHM website. The NCBAHM also provides, on its website, instructions for *How to Submit Application for Conversion*.

Route 4 Combination of Formal Education and Apprenticeship for United States and International Applicants

Applicants using Route 4 to reach eligibility to sit for NCBAHM examinations require Formal Education and Apprenticeship training. Route 4 is a three (3) year program and may only be used for initial NCBAHM Certification in Acupuncture.

One (1) apprenticeship year is equal to a minimum of 1,000 **contact hours** over a 12-month period. If more than 1,000 contact hours are completed over the 12-month period, it is still equal to one (1) year of apprenticeship. Contact hours are defined as clock hours that the apprentice spends under the direct supervision of the preceptor. Off-site supervision is not included. The apprenticeship preceptor and documentation requirements are described in this workbook.

One (1) formal education year is equal to 635 hours completed in an accredited acupuncture degree program and submitted on an official transcript. Hours are not prorated (635 = 1, year; minimum 1,270 = 2 years).

Apprenticeship Training

1. Acupuncture program: maximum two (2) years or no less than one (1) year.

Formal Education

1. Acupuncture program: a minimum of one (1) full year and no more than two (2) full years of a formal education from an accredited acupuncture degree program.

   A formal academic program must meet the criteria described in *Route #1: Formal Education: Graduate from United States or Route #2: Formal Education: International Applicants*.

Apprenticeship Preceptor Pre-Registration

The NCBAHM does not approve or accredit educational programs, but rather, verifies that the educational program documentation requirements are met. First, create an NCBAHM online account to obtain your NCBAHM ID number. DO NOT complete the NCBAHM online application at this time. Applicants are asked to email NCBAHM info@ncbahm.org to state their intent to

apply for NCBAHM Certification via Route 4. Please include your NCBAHM ID number in your email.

The *NCBAHM™ Formal Education and Apprenticeship Workbook* is available to the applicant and preceptor to plan and document the combination of formal education and apprenticeship training.

Apprenticeship Preceptor Qualifications

United States:
Must be an active NCBAHM Diplomate or a licensed acupuncturist in good standing and free from disciplinary action by the NCBAHM and their state acupuncture regulatory board.

International:
Must be registered or licensed by, and in good standing with, a government, oversight agency or association to practice acupuncture, as applicable in the country of their practice.

Minimum Preceptor's Clinical Practice Requirements – U.S. and International

A. During each of the five (5) consecutive years immediately prior to becoming the applicant's preceptor, the preceptor must have practiced on a minimum of 100 different patients:
Acupuncture Certification: performed a minimum 500 acupuncture treatments
Conversion to Acupuncture and Herbal Medicine Certification: performed a minimum 500 Chinese herbology consultations/prescriptions.

OR

During his or her career to-date, the preceptor must have practiced on a minimum of 250 different patients:
Acupuncture Certification: a minimum of 5,000 acupuncture treatments.
Conversion to Acupuncture and Herbal Medicine Certification: a minimum of 5,000 Chinese herbology consultations/prescriptions.

AND

B. The preceptor may be in a solo practice, a group practice, a hospital or community clinic, or an integrative healthcare setting. During each year of the apprenticeship training program, the preceptor must practice on a minimum of 100 different patients:
Acupuncture Certification: perform a minimum of 500 acupuncture treatments
Conversion to Acupuncture and Herbal Medicine Certification: perform a minimum of 500 Chinese herbology consultations/prescriptions.

NOTE: Specialized practice (e.g., treatment for addiction or smoking withdrawal) may be included in the preceptor's practice; however, such specialized limited

treatments do not count toward the required 500 acupuncture or 500 Chinese herbology patient visits per year.

Apprenticeship Program Requirements

Apprentice's Increasing Responsibilities

The apprentice's patient contact responsibilities must increase over the course of the program. By completion of the program, the apprentice shall have demonstrated the ability to perform comprehensive patient interviews, diagnoses and treatments under the preceptor's supervision.

Preceptor's Responsibilities:

Preceptor responsibilities include the creation of a curriculum (competencies to be taught), orientation, supervision, teaching, evaluation, and tracking of the apprentice's performance in the clinical setting.

A notarized *NCBAHM™ Preceptor Registration Form* is required to be completed by the preceptor and submitted with the following documents:

A. At least a paragraph that describes the preceptor's practice and work environment for the prior five (5) consecutive years, including the type of practice and the number of patient visits per year (enter on page 2 of the form).
B. Copy of the preceptor's current state license discipline free or license to practice in their country.
C. Notarized affidavits from two healthcare professionals. The affidavits must include written testimony based on personal knowledge of dates, volume, scope and type of practice of the preceptor.
D. Curriculum Vitae (CV) or Resume
E. Copy of the preceptor's current business license (private practice)
   or
F. Employment verification letter on the employer's letterhead to include position, dates employed and signed by the employer.

Orientation

1. The preceptor should meet with the apprentice for orientation prior to the start of the apprenticeship and clinical experience.
2. During orientation, the preceptor should:
   A. Discuss and agree on the overall apprenticeship experience (Complete the *NCBAHM Apprenticeship Experience Outline form*)

B. Discuss guidelines for review and feedback of the apprentice's performance.
C. Review policies, procedures, and practice expectations specific to the preceptor's clinical practice.
D. Review expectations for documentation.
E. Review apprentice's assignment plan.
F. Review apprentice's previous education or clinical experiences.
G. Review learning outcomes expected of apprentice.
H. Perform an initial assessment of the apprentice's current level of proficiency through observation of performance and through directed, guided questioning.
I. Involve the apprentice in assessment/validation/decisions about learning strategies employed by the preceptor.
J. Review the clinical site's educational and state licensure requirements, parking, dress code, etc.
K. Develop a clinical schedule with the apprentice.

Curriculum Design Program Requirements:

1. The Apprenticeship training program must include a **minimum** of 1,000 contact hours per year (no less or the year will be denied).
2. The training curriculum must incorporate:
   A. NCBAHM's exam extended content outlines (located on the NCBAHM website) to include the core competencies and
   B. ACAHM Standard 7.04 *Professional Competencies*.
3. Enter on the *NCBAHM Curriculum Design and Tracking Form,* the competencies to be taught and their objectives. Add competencies and objectives as needed throughout the apprenticeship training.
4. In addition to the apprenticeship training, the Preceptor should encourage the apprentice to complete educational coursework in pharmacology, pathology, diagnostics, immunology, genetics, pathophysiology, counseling, and nutrition
5. Record and submit a bibliography of all textbooks used during the apprenticeship training.
6. Create the assessments (multiple choice, essay, clinical demonstration) for the apprentice to demonstrate that each competency has been understood/assimilated (theory) and/or acquired (clinical practice).

Clinical Supervision and Teaching

The preceptor should:

1. Provide input to the apprentice regarding their ability to meet learning outcomes throughout the clinical experience (Complete the *NCBAHM Apprenticeship Daily Attendance and Training Tracking Log)*.

2. Assess the competence of the apprentice in providing care to clinic patients.
3. Ensure that the apprentice's performance is consistent with standards set regarding policies, procedures, and practice expectations for patient care, education, and any other responsibilities they may have in the clinic.
4. Direct the progression of student assignments based on both the preceptor's and co-worker's evaluation of readiness, knowledge, and skill competencies (Complete for each 6-month period the *NCBAHM Apprentice Evaluation Form*).
5. Mentor the apprentice in the performance of their roles and responsibilities.
6. Provide feedback on the accuracy and completeness of the apprentice's documentation of all assignments and clinical experiences (Complete the *NCBAHM Curriculum Design and Tracking Form* and *NCBAHM Clinical Internship Form*).
7. Assist the apprentice in identifying 5 unique patients per each training year and obtain written approval from these patients to participate anonymously in the new patient record interviews, diagnosis, treatment, record keeping and follow-up visit (Complete the *NCBAHM New Patient Record Form* with *NCBAHM Follow-Up Patient Visit Form*). Identify the apprentice's level of participation in each step performed to demonstrate increased level of responsibility over time.
8. Assist the apprentice in identifying 3 unique patients per each training year and obtain written approval from patients to participate anonymously in the required Case Studies (Complete the *NCBAHM Apprenticeship Case History Form*). Identify the apprentice's level of participation in each step performed to demonstrate increased level of responsibility over time.
9. Meet regularly with the apprentice to discuss specific learning outcomes and experiences, such as:
    A. The ability to accurately document clinical findings.
    B. The ability to demonstrate clinical skills and abilities.
    C. The ability to understand biomedical theory and how it relates to the treatment of patients.
    D. The ability to develop patient-centered treatment strategies, including the ability to use critical thinking for decision-making.
    E. The ability to communicate and collaborate effectively with preceptors, patients, staff, and other health care professionals
    F. The ability to understand professional issues related to acupuncture practice.
    G. The development of plans for ongoing lifelong learning for continued professional growth.

Evaluation of Apprentice's Performance

1. Assess the apprentice's progress through formative and summative assessment methods as determined by the preceptor that directly reflect the demonstration of the learning outcomes set in the apprenticeship.
   A. Documentation required: Five (5) actual scored assessments per each year of apprenticeship training that show correct and incorrect (corrected) answers/information. Each assessment/test/exam must reflect knowledge of a different competency, and increased level of knowledge.

2. Submit a final formal, written evaluation at the completion of the apprenticeship and summarize the information on the: *NCBAHM Apprentice Evaluation Form*.

Apprentice's Responsibilities:

The apprentice is responsible for being self-directed in meeting all outlined learning outcomes. They will actively seek learning opportunities to meet these outcomes. The apprentice is accountable for their behavior and performance in the clinical setting.

The apprentice will:

1. Discuss clinical learning outcomes and negotiate an agreeable schedule with the preceptor prior to the start of training.
2. Demonstrate professional behavior at all times.
3. Take notes as able during training, which can be used for review and study purposes (**submit a sample of these typewritten notes as required documentation**).
4. Demonstrate accountability for thoroughness and timeliness in completing assigned responsibilities.
5. Maintain and submit the ***NCBAHM Apprenticeship Daily Attendance and Training Tracking Log,*** of clinical skills, activities, and educational experiences attended throughout the duration of the apprenticeship.
6. Demonstrate progressive independence and competency during the apprenticeship.
7. Work with the Preceptor to complete five (5) unique ***NCBAHM New Patient Record Forms*** **with** ***NCBAHM Follow-up Patient Visit Forms*** for each 1,000 contact hours (**Submit 5 for each year that reflect increasing level of knowledge, skills and independence**).
8. Work with the Preceptor to complete three (3) unique ***NCBAHM Apprenticeship Case History Forms*** (**must use templates and process provided**) for each 1,000 contact hours (**Submit 3 for each year that reflect increasing level of knowledge, skills and independence**). The patients used for the Case Histories must be different from the

patients included in the *NCBAHM New Patient* with *NCBAHM Follow-up Visit* documentation as described above.

9. Actively seek input into the evaluation process and participate in self-evaluation of strengths and identified areas for professional growth with preceptor.
10. Provide feedback to the preceptor concerning teaching methods and clinical training.
11. **Complete and request** proof of completion of the Clean Needle Technique (CNT) course offered by the Council of Colleges for Acupuncture and Herbal Medicine (CCAHM) www.ccahm.org. The certificate of completion must be sent directly from the CCAHM to NCBAHM after the online *NCBAHM Application for Certification* has been completed and submitted.
12. **U.S. Applicants - Complete and request** a copy of your official transcript from your school. The official transcript must be sent directly from the school to the NCBAHM.
13. **International Applicants - Complete a credential evaluation** with ICD for any formal education completed and earned outside the U.S. See requirements under Route 2 in the NCBAHM™ Certification Handbook.

NCBAHM REQUIRED FORMS TO BE USED BY PRECEPTOR AND APPLICANT

Please request a Microsoft Word copy of each form template by emailing: info@ncbahm.org

NCBAHM Curriculum Design and Tracking Form

NCBAHM Apprenticeship Daily Attendance and Training Tracking Log

NCBAHM Apprenticeship Preceptor Registration Form

NCBAHM Apprenticeship Experience Outline Form

NCBAHM New Patient Record Form

NCBAHM Follow-Up Patient Visit Form

NCBAHM Apprenticeship Case History Form

NCBAHM Apprentice Evaluation Form

Apprenticeship Documentation Checklist

NCBAHM Curriculum Design and Tracking Form (Overall Program)

Taught During the Period (Date Range)	Approx. # of Hours	Core Concept / Competency	Objectives / KSAs to be Achieved	Exam or Quiz Dates & Scores	Clinical demonstration (yes/no) Observed or Treating
		Chinese Medical Terminology/ Language	This course introduces the traditional Chinese medical terminology.		
		History of Acupuncture and Herbal Medicine	Covers the historical development of Traditional Chinese Medicine and introduces major texts and treatises.		
		Basic Theory and Philosophy of Acupuncture and Herbal Medicine	This course examines the conceptual roots of TCM with special attention to the development of the following philosophies: Yin/Yang, Five Element and their specific relationships to human health.		

Attestation: I understand the above competencies must be assessed and achieved by the apprentice for a successful completion of this apprenticeship.

Company Name:

_____ _____

_____ _____

Preceptor Name, Title Notary Signature, Title

_____ _____

Date Date

Seal:

NCBAHM Apprenticeship Daily Attendance and Training Tracking Log

Date	# of Hrs	Description of Core Concept/Competency Taught	Lecture Yes/ No	Clinic Yes/ No	Observation	Who is Treating	# of Patients Seen	Preceptor Initials
Date Range on this page:			**Total Hours On this Page:**					

NCBAHM Clinical Internship Form	**CLINICAL WORK (# OF HOURS)** **Apprentice's Name:** **NCBAHM ID #:**	**Passed/ Failed**	
Clinical Observation I **(Date - Date)**	Students observe all aspects of history taking, examination, diagnosis, and treatment under the supervision of a licensed acupuncturist.	**# Hrs**	**Status**
Clinical Observation II **(Date - Date)**	With an emphasis on medical record keeping, students continue to observe and discuss all aspects of clinical practice, including point location, needling and palpation techniques, moxibustion, and Tui-Na massage under the supervision of a licensed acupuncturist.		
Clinical Internship III **(Date - Date)**	Again, with an emphasis on medical record keeping, students participate in advanced application of clinical procedures and patient treatment under the direction of the supervising licensed acupuncturist.		
Clinical Internship IV **(Date - Date)**	Students will continue assisting with all aspects of patient care, including conducting patient interviews and forming diagnosis and treatment plans that are approved or modified by the supervising licensed acupuncturist.		
Clinical Internship V **(Date - Date)**	Students focus on patient interview, diagnosis and prescription of appropriate herbal formulas (repeat of herbal study on previous page): raw herbs, patents and powders; dosing		
Clinical Internship VI **(Date - Date)**	This is the final phase of clinical practice in which the student practices as a senior intern. Interns are responsible for complete patient care with near total independence of practice. Competency is expected with regard to diagnosis, treatment, acupuncture prescription, selection of appropriate herbal formulas, and social interaction with the patient. Senior interns are expected to follow-up and monitor the patient's progress.		
Post Internship	The Apprentices should continue to see patients at the level of Clinical Internship VI until licensure is achieved at least 2 days/week for clinic		

NCBAHM Apprenticeship Preceptor Registration Form

Applicant Name:	
Preceptor Name:	NCBAHM ID #:
Preceptor Practice Address:	Preceptor Email Address:
State License #:	Business License #:
Type of Practice (Circle): Clinic Hospital Private Practice Other Integrative Setting Herbal Dispensary	Years in Practice: # of Employees:
Five (5) Consecutive Years Prior to Start of Apprenticeship	
1. ____# of Unique Patients Treated ____# Treatments Administered (Client Visits)	Year _____ Or, Check if Over Lifetime _____
2. ____# of Unique Patients Treated ____# Treatments Administered (Client Visits)	Year _____ Or, Check if Over Lifetime _____
3. ____# of Unique Patients Treated ____# Treatments Administered (Client Visits)	Year _____ Or, Check if Over Lifetime _____
4. ____# of Unique Patients Treated ____# Treatments Administered (Client Visits)	Year _____ Or, Check if Over Lifetime _____
5. ____# of Unique Patients Treated ____# Treatments Administered (Client Visits)	Year _____ Or, Check if Over Lifetime _____
During Years of Apprenticeship Training	
1. ____# of Unique Patients Treated ____# Treatments Administered (Client Visits)	Year _____ Or, Check if Over Lifetime _____
2. ____# of Unique Patients Treated ____# Treatments Administered (Client Visits)	Year _____ Or, Check if Over Lifetime _____
# Apprentices Currently Training Under the Preceptor	

Brief Description of the Scope of Practice:
Each patient will be informed that their case may be anonymously documented as part of the applicant's case studies for Certification with the National Certification Board for Acupuncture and Herbal Medicine (NCBAHM) in:
Attestation: By submitting this *NCBAHM Apprenticeship Preceptor Registration Form* I hereby acknowledge and certify that the information provided therein, as well as any information submitted in support of this form is accurate, true and correct to the best of my knowledge and belief. I hereby authorize representatives of the NCBAHM™ to verify the accuracy of any information provided or submitted in support of this Apprenticeship Preceptor Requirements Form by any person, persons or entities having knowledge of such information without prior notice that such verifications are being performed. I acknowledge that approval as a Preceptor for the above-named applicant, who has applied to NCBAHM for certification, is based on the accuracy and veracity of the information provided or submitted in support of this document.
Company Name:
Preceptor Name & Title:
Date:
Notary Signature, Title
Date:
Seal:

NCBAHM Apprenticeship Experience Outline Form

Applicant's Name:	NCBAHM ID #:
Preceptor Name:	NCBAHM ID #:

Type of Apprenticeship:		
Acupuncture Certification	Full Time:	Part Time:
Herbs (Conversion to AHM)	Full Time:	Part Time:
Start Date:	End Date:	

Training: Days of the Week and Hours						
Mon:	Tues:	Wed:	Thurs:	Fri:	Sat:	Sun:
Hrs:	Hrs:	Hrs:	Hrs:	Hrs:	Hrs:	Hrs:
Holidays:						
List Breaks from Instruction. A break longer than one month requires further explanation (may use a separate sheet of paper).						
Total Program Expected Hours:			# of Total Program Years:			
Is the apprentice also a paid employee?		Yes:		No:		

NCBAHM Apprenticeship Experience Outline Form

Attestation:

I hereby acknowledge and certify that the information provided in this *NCBAHM Apprenticeship Experience Outline Form*, as well as any information submitted in support of this form is accurate, true and correct to the best of my knowledge and belief. I hereby authorize representatives of the NCBAHM™ to verify the accuracy of any information provided or submitted in support of this Form by any person, persons or entities having knowledge of such information without prior notice that such verifications are being performed.

The application submitted for approval of NCBAHM certification is based on the accuracy and veracity of the information provided or submitted in support of this document.

Applicant Name (Printed):	NCBAHM ID:
Applicant Signature:	Date:
Preceptor Company Name:	
Preceptor Name (Printed):	
Preceptor Signature:	Date:
Preceptor Title:	

NCBAHM New Patient Record Form

Patient #:	Age:	Gender:
Chief Complaint:		
Duration:		
History of Present Illness:		
Personal Health History:		
Family Medical History:		
Summary of the main symptoms and signs:		
Diagnosis of the TCM disease:		
Differentiation of the syndromes:		
Analysis of the symptoms and signs:		
Treatment principles:		
Acupuncture points:		
Use for Conversion to Acupuncture and Herbal Medicine Certification Only:		
Herbs used/recommended:		
Patents:		
Formulas:		

Supporting modalities to reinforce the treatment plan (i.e., electrical acupuncture, moxibustion, cupping, etc.):

NCBAHM Follow-Up Patient Visit Form

Patient #:	Age:	Gender:
Original Complaint:		
Duration:		
Improvement(s) and/or changes after the previous treatment(s):		
Differentiation of the syndromes for the current condition (if changed):		
Treatment principles (if changed):		
Acupuncture Treatment:		
Use for Conversion to Acupuncture and Herbal Medicine Certification Only:		
Herbal Prescriptions:		
Patents:		
Formulas:		

Overview of a Case History Format (Global Advances Model)

General Format

A case history is a narrative that tells a good story. Authors are encouraged to include a timeline with precise dates and times. The narrative of a case history usually includes (1) presenting concerns, history, timeline and diagnosis, (2) intervention(s) (3) intervention tolerability and unanticipated events, and (4) reasons for any potential causal links. Case histories usually have references and are at least 1500 words.

Criteria for Submitting a Case History

Practitioners should seek case histories that are Valid, Original, Important, Credible, and Educational (VOICE). Consider these questions when submitting your case history:

- **V**alid: Is the content of your case history meaningful and presented in a systematic format?
- **O**riginal: Does your case history offer an original perspective on a topic?
- **I**mportant: Does your case history provide information that could help improve patient care?
- **C**redible: Does your case history adhere to ethical guidelines?
- **E**ducational: Is your case history educational?

Potential Topics for Case Histories

1. Diagnosis:

- New or rare diseases or unusual presentation of common diseases
- Novel diagnostic procedures
- Discussion of differential diagnoses

2. Treatment:

- New treatments or established treatments in new situations
- Treatment of rare diseases
- Unique technical procedures
- Unexpected outcomes or effects
- Adverse events or unanticipated events

3. Special: Circumstances:

- Highly individualized treatments
- Complex situations
- Integration of multiple therapies
- Convergence of global healthcare systems and practices
- Unusual care settings
- Humanitarian work
- Ethical challenges
- Learning from errors

Guidelines for the Format of a Case Report

Title and Key Words: The title should include the words "case history" as well as a description of the reported phenomenon (e.g., diagnosis, symptom, treatment, diagnostic test). Three to five key words should be provided.

Abstract: The abstract should contain the following information (where relevant):

- Rationale for this case history (what is new, different or unique)
- Presenting concern(s) (e.g., chief complaints, diagnosis)
- Intervention(s) (e.g., diagnostic, therapeutic, preventive)
- Outcomes
- Interpretation or implications

NCBAHM Apprenticeship Case History Form
Case #: _____ Gender: _____ Age: _____
Introduction
Briefly (in one paragraph) introduce the rationale for writing this case history including supporting information.
Patient Chief Complaint & Your Initial Impressions
A. PATIENT COMPLAINT State the patient's experience of their chief complaint / condition / illness in their own words.
B. INITIAL ENCOUNTER Describe, the patient. This must include: age, gender, and ethnicity, apparent physical and emotional status, and <u>your own personal</u> initial response to the patient. You may also report any other variables that impacted your first impressions: the patient's stature, weight, clothing, etc. Obtain an informed consent signed by the patient. Must be produced if requested.

Patient History, Objective, Assessment, Working Diagnosis, Treatment Plan, Description of Clinic Treatments

Patient History
A. DESCRIPTION OF MAIN COMPLAINTS Comprehensive description of main complaints, including: ❑ Impact on activities of daily living (ADLs)

- ❑ Past and concurrent medical care, includingrelevant diagnosis/es, selfcare, other therapies to include timeline with precise dates and times
- ❑ Smells: Body Odor, Breath, Discharges and Excretions

B. HEALTH HISTORY

History of complaints include:

- ❑ Description of medical history (personal & family), genetic information
- ❑ All relevant physical, social, lifestyle andpsychological factors.
- ❑ Comment on past History with acupuncture treatments included.
- ❑ If applicable, report medications/supplements, including associated conditions/purpose.

C. 10 QUESTIONS

- ❑ Temperature – hot, cold, fever, chills
- ❑ Sweat
- ❑ Head & Face – headache, dizziness, eyes, ears
- ❑ Pain
- ❑ Urine & Stool
- ❑ Thirst, Appetite, Taste
- ❑ Sleep
- ❑ Thorax, Abdomen
- ❑ Gynecological
- ❑ Health History

Objective – Patient Exam

A. OBSERVATION

- ❑ Appearance / Facial Expression and Demeanor
- ❑ Shen / Spirit Clarity / Vitality
- ❑ Complexion / Luster to the Skin
- ❑ Body Type and Bearing
- ❑ Tongue
- ❑ Speech
- ❑ Breathing
- ❑ Types of Cough
- ❑ Smells: Body Odor, Breath, Discharges and Excretions

B. PALPATION

- ❑ Meridians
- ❑ Acupoints
- ❑ Abdomen
- ❑ Trigger Points
- ❑ Pulse
- ❑ Other (i.e Physical Tests)

Diagnostic Focus and Assessment. The diagnostic focus and assessment section should describe:

- The reasoning that led to the diagnosis including differential diagnoses
- Diagnostic techniques used

Initial Assessment / Working Diagnosis

A. Clinical Signs & Symptoms

Bulleted list of signs & symptoms (based on the initial intake) with clearly stated corresponding TCM Diagnostic and Treatment Principles.

B. Differentiation of Patterns (Signs And Symptoms)

- ❑ ZangFu
- ❑ Constitution
- ❑ 8 Principles
- ❑ Jingluo

C. Etiology – How it came about

In this section discuss all the factors in the case that lead to or caused the health issues reported. This may include, but is not limited to:

- Six EPFs/Seven Emotions/ Miscellaneous (Life Events and Lifestyle Issues)
- Irregular Food and Drink
- Over-exertion
- Repetitive Strain
- Lack of Exercise
- Poor stress coping mechanisms
- Trauma or Injury

D. Pathology

Discuss the specific patho-mechanisms relating to the patient's primary and secondary complaints. Be specific with regard to the language used within the style of treatment you are discussing. For example, if you are using a TCM filter, use TCM terminology and the mechanisms that lead to the symptoms; i.e. Fatigue caused by Spleen Qi deficiency and Liver Blood deficiency, the spleen is unable to transform and transport the essence properly and this was further seen in the inability for the liver to nourish the blood, etc.

This section is the place you explain your thinking from gathering symptoms to diagnosis, why did this patient present with these symptoms, what is the mechanism for the specific pattern you have identified.

E. Biomedicine

Use appropriate biomedical references and write 1-2 brief paragraphs about the patient's main complaint as it is understood in terms of biomedicine. Be sure to include any potential red flags and patient management considerations associated with this condition and/or complaint. This should include a review of all medications the patient is taking, including side effects.

Treatment Plan and Clinic Treatment History Grade

A. Initial Treatment Plan

Describe the Acupuncture or Herbal Treatment Plan, as appropriate, including treatment style(s): Point Selection and Rationale; Needle Technique; Other Treatment Methods (tui na, cupping, guasha, moxibustion)

B. Description of 4-5 Acupuncture or Herbal Treatments

Describe the clinic treatments provided for this patient. Was the initial plan accurate? Was it modified? If so why? Was it interrupted? If so why?

C. Responses to Treatments / Follow-up

Describe the patient's reactions (tolerability) and responses during treatments and since the last treatment including unanticipated events and/or adverse events. Test results? Will the plan be maintained? How was this assessed?

D. Patient Education

Describe any reframing, education, lifestyle counseling or other recommendations given to the patient for self-care.

The Conclusion

Include in the Conclusion:

- Was the initial assessment accurate?
- How did your working diagnosis change?
- What where the key issues raised by this case for you as the practitioner?
- Did your initial impression and personal subjective reactions change throughout the clinical encounter?
- When possible include the patient's perspective on the case.
- Are there related reading materials that can put these findings in context.

NCBAHM Apprentice Evaluation Form

Applicant Name:						NCBAHM ID #:
Preceptor Name:						
Rating: 5 = Excellent; 4 = Very Good; 3 = Good; 2 = Fair; 1 = Poor						
General Work Ethic	5	4	3	2	1	Comments
Attendance						
Follows Instructions						
Attitude to Learn						
Focus on Task						
Hygiene						
Communication Skills						
Quality of Work						
Keeps Accurate Records						
Interaction with Patients						
Safety Habits						
Total Score /50						

Theoretical Instruction/Observation (repeat as needed)

Material Covered:

Demonstrated Knowledge:

Demonstrated Understanding:

Demonstrated Ability:

Applicant Name and ID #: Pg. 2
Theoretical Instruction/Observation (repeat as needed)
Material Covered: Demonstrated Knowledge: Demonstrated Understanding: Demonstrated Ability:
Theoretical Instruction/Observation (repeat as needed)
Material Covered: Demonstrated Knowledge: Demonstrated Understanding: Demonstrated Ability:
General Comments:
Preceptor Name & Title:
Preceptor Signature:
Date:

Apprenticeship Documentation Checklist

Completed	Date	Apprenticeship Documents Required
		1. Create your NCBAHM online account to obtain your NCBAHM ID #. DO NOT complete the online NCBAHM Application for Certification until the apprenticeship documents are ready to submit to the NCBAHM.
		2. NCBAHM Preceptor Registration Form
		3. Copy of: a. the preceptor's current business license (private practice) OR b. Employment verification letter on the employer's letterhead and signed by the employer.
		4. Copy of current State license or Country license to practice, discipline free
		5. Copy of Curriculum Vitae (CV) or Resume
1.		6. Two (2) Notarized affidavits from healthcare professionals: a. Each affidavit must include written testimony based on the healthcare professional's personal knowledge of dates, volume, scope and type of practice of the preceptor.
2.		
		7. NCBAHM Apprenticeship Experience Outline Form
		8. NCBAHM Curriculum Design and Tracking Form
		9. NCBAHM Clinical Internship Tracking Form
1.		10. *NCBAHM™ Apprenticeship Daily Attendance and Training Tracking Log* Submit completed forms to NCBAHM in 6-month intervals
2.		
3.		
4.		
1.		*11. NCBAHM Apprentice Evaluation Form.* Submit one (1) completed form for each 6-months of training. And, submit a final *NCBAHM Apprentice Evaluation Form* for the overall apprenticeship experience.
2.		
3.		
4.		
Final		
		12. A minimum of five (5) assessments for each 1,000 contact hours. The assessments must be corrected, and scored (e.g. exams – multiple choice or essay; quizzes or written research assignments) passed by the apprentice, which demonstrate the apprentice's achievement of course objectives.

		13. Representative sample of the apprentice's notes (typewritten) demonstrating core concepts learned over the term of the apprenticeship training program.
Completed	**Date**	**Apprenticeship Documents Required**
		14. Five (5) each: *NCBAHM New Patient Record Forms* , and at least one (1) *NCBAHM Follow-up Patient Visit Form*, for every year (1,000 contact hours).
		15. Three (3) unique case histories for each 1,000 contact hours. The case histories must be of patients OTHER than the new patients already reported. **NOTE:** (Use layout of: *NCBAHM Apprenticeship Case History Template*).
		16. Bibliography of all textbooks used during the apprenticeship training.
		17. Proof of completion of the Clean Needle Technique (CNT) program offered by the Council of Colleges for Acupuncture and Herbal Medicine (CCAHM). Go to www.ccahm.org to register for the program. After the program is completed and passed fill out the form to request CCAHM submit the CNT certificate of completion directly to the NCBAHM.
		18. Complete the online NCBAHM Application for Certification when the apprenticeship documents are ready to submit to NCBAHM.

NATIONAL CERTIFICATION COMMISSION
FOR ACUPUNCTURE AND ORIENTAL MEDICINE

Certification Handbook

National Standards of Competence in Acupuncture and Herbal Medicine

January 2024

2001 K Street NW, 3rd Floor North
Washington, DC 20006
(888) 381-1140
www.nccaom.org

Complete handbook available online,
https://ncbahm.org/wp-content/uploads/pdf/NCCAOM_Certification_Handbook_Jan_2024.pdf
Only Routes to NCCAOM Certification section provided below.

Routes to NCCAOM Certification

Route One: Formal Education – United States Applicant

Applicants applying under Route One are graduates from a master's degree program accredited or in candidacy status by ACAHM. (1) An acupuncture program degree is required for initial NCCAOM Certification in Acupuncture. (2) Initial certification in Oriental Medicine requires:

A. An Acupuncture with Chinese herbal medicine specialization (formally known as Oriental Medicine) program degree, or
B. A degree in acupuncture and completion of an ACAHM accredited herbal certificate program.

The *NCCAOM® Application for Certification* is valid for four years from the date submitted and is available in the applicant's online certification account.

Route Two: Formal Education - International Applicants

Applicants applying under the international route must have a degree or diploma in Oriental Medicine, Traditional Chinese Medicine or Acupuncture from an academic institution that meets the following requirements.

1. Government Oversight or Private Accreditation:
   A. The program is approved by a foreign government's Ministry of Education, Ministry of Health, or equivalent agency.

   B. The school is approved by an international private accreditation agency with standards that are comparable to those of ACAHM and are recognized for that purpose by the respective government entity.

   C. The school is approved by an acupuncture and/or herbal medicine professional society, association or organization that sets acupuncture and herbal medicine education standards which are comparable to those of ACAHM, are recognized for that purpose, and has an enforcement agency that ensures standards are met and maintained.

2. Graduate Transcript: Documentation from a *third-party review agency authenticating the distribution of academic hours/credits per program that are comparable to ACAHM standards.

3. CCAHM Clean Needle Technique (CNT) Certificate of Completion: uploaded directly from CCAHM to NCCAOM.

*Third-Party Education Review

NCCAOM requires international applicants to have their education program and transcript reviewed by the International Consultants of Delaware (ICD), a third-party agency to confirm document authenticity. Please note that the agency does not 'approve' the educational program but verifies the authenticity of documents and provides a course-by-course comparability evaluation of the graduate transcript. The ICD application process requires an original foreign language translation to English of the graduate transcript to include a breakdown of clinical practice hours and credits by department and submission of course descriptions and/or syllabi. ICD provides a confidential customized credential evaluation report specifically designed for NCCAOM certification purposes and all supporting documents to the NCCAOM. The foreign education review process typically takes six (6) months to complete.

International applicants are to create an online account on the NCCAOM's Certification Portal to obtain an NCCAOM identification (ID) number. Applicants can apply to ICD from their online account by clicking on the "International Verification" orange button which will direct them to the International Consultants of Delaware (ICD) website. Upon receiving the NCCAOM ID number, the applicant should also register with the Council of Colleges of Acupuncture and Herbal Medicine (CCAHM) to complete the Clean Needle Technique (CNT) program. International applicants are advised to complete the third-party agency review and the CNT Certificate before submitting the NCCAOM Certification application. Once the NCCAOM application has been submitted, the Customer Relations Team will review the documents in the applicant's online account. The ICD report and CNT Certificate of Completion are required to be on file with the NCCAOM to be eligible to sit for the exams.

Route Four: Combination of Formal Education and Apprenticeship

Applicants using Route 4 to reach eligibility to sit for NCCAOM examinations require Formal Education and Apprenticeship training. Route 4 is a three (3) year program and may only be used for initial NCCAOM Certification in Acupuncture.

- One (1) apprenticeship year is equal to a minimum of 1,000 **contact hours** over a 12-month period. If more than 1,000 contact hours are completed over the 12-month period, it is still equal to one (1) year of apprenticeship. Contact hours

are defined as clock hours that the apprentice spends under the direct supervision of the preceptor.
- Off-site supervision is not included as contact hours.

The apprenticeship preceptor and documentation requirements are described in the *NCCAOM® Formal Education and Apprenticeship Workbook, which can be obtained by emailing info@thenccaom.org*.

One (1) formal education year is equal to 635 hours completed in an accredited acupuncture degree program and submitted on an official transcript. Hours are not prorated (635 = 1 year; minimum 1,270 = 2 years).

Apprenticeship Training

1. Acupuncture program: maximum two (2) years or no less than one (1) year.

Formal Education

1. Acupuncture program: a minimum of one (1) full year and no more than two (2) full years of formal education from an accredited acupuncture degree program.

   A formal academic program must meet the criteria described in either *Route #1: Formal Education: Graduate from United States or Route #2: Formal Education: International Applicants*.

Apprenticeship Pre-Registration

The NCCAOM does not approve or accredit educational programs, but rather, verifies that the educational program requirements are met. First, create an NCCAOM online account to obtain your NCCAOM ID number. DO NOT complete the NCCAOM online application at this time. Applicants are asked to email NCCAOM info@thenccaom.org to state their intent to apply for NCCAOM Certification via Route 4 and request the *NCCAOM® Formal Education and Apprenticeship Workbook* to plan and document the combination of formal education and apprenticeship training. Please include your NCCAOM ID number in your email.

Preceptor Qualifications

United States:

- Must be an active NCCAOM Diplomate or a licensed acupuncturist in good standing and free from disciplinary action by the NCCAOM and their state acupuncture regulatory board.

International:

- Must be registered or licensed by a government, oversight agency or association to practice acupuncture, as applicable in the country of his or her practice.

Minimum Preceptor's Clinical Practice Requirements – U.S. and International

A. During each of the five (5) consecutive years immediately prior to becoming the applicant's preceptor, the preceptor must have practiced on a minimum of 100 different patients:
Acupuncture Certification: performed a minimum of 500 acupuncture treatments.
Conversion to Oriental Medicine Certification: performed a minimum 500 Chinese herbology consultations/prescriptions.

OR

During his or her career to-date, the preceptor must have practiced on a minimum of 250 different patients:
Acupuncture Certification: a minimum of 5,000 acupuncture treatments.
Conversion to Oriental Medicine Certification: a minimum of 5,000 Chinese herbology consultations/prescriptions.

AND

B. The preceptor may be in a solo practice, a group practice, a hospital or community clinic, or an integrative healthcare setting. During each year of the apprenticeship training program, the preceptor must practice on a minimum of 100 different patients:
Acupuncture Certification: perform a minimum of 500 acupuncture treatments.
Conversion to Oriental Medicine Certification: perform a minimum of 500 Chinese herbology consultations/prescriptions.

NOTE: Specialized practice (e.g., treatment for addiction or smoking withdrawal) may be included in the preceptor's practice; however, such specialized limited treatments do not count toward the required 500 acupuncture or 500 Chinese herbology patient visits per year.

Applicants interested in the apprenticeship criteria should contact the Customer Service Team at info@thenccaom.org. The applicant will be provided with the *NCCAOM® Apprenticeship Workbook*, which contains all required forms to be used to document the apprenticeship.