



Oregon Medical Board

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971-673-2700

Acupuncture Workgroup

NCBAHM Route 4 Pathway & Clinical Supervisor Workgroup

October 7, 2026, 3:00PM

Videoconference

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Meeting ID: 165 609 3458

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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 (3:00-3:05PM)

Workgroup Members:

Lisa Tongel, LAc, OMB Acupuncture Advisory Committee, Workgroup Chair
Li Dongcheng, LAc, OMB Acupuncture Advisory Committee
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

Meeting overview:

- The workgroup's role is advisory, members will provide input and advice from their respective areas of expertise. Consensus is not necessary.
- This workgroup has been formed to gather input on whether (see [workgroup charter](#)):
 - 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
- Not a voting or decision-making body, the OMB retains decision making authority.
- Open, honest, and respectful communication is expected at all times. Members participate in a personal or organizational capacity and do not speak for the OMB.
- 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.

2. Review of September 2, 2026 Minutes (3:05-3:10PM)

3. Clinical Supervisor Review Request Discussion (3:10-3:30PM)

4. NCBAHM Route 4 Pathway Request Discussion (3:30-4:20PM)

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.
- OMB's Acupuncture Advisory Committee will review minutes from this Workgroup at their December 4, 2026 meeting.

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

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.

Materials from 9/2/2026 workgroup meeting are [available online](#), including the NCBAHM Certification for Route 4 Applicant Workbook



Approved by the Board on XXX

OREGON MEDICAL BOARD

Meeting of the NCBAHM Route 4 Pathway & Clinical Supervisor Workgroup

September 2, 2026, 3:00pm • Held via Video Conference

PUBLIC SESSION

Welcome

Lisa Tongel, LAc, Workgroup Chair, called the meeting to order at 3:03pm and called the roll and a quorum was confirmed.

The following Workgroup Members were present:

Sara Biegelsen, LAc

Rebecca Groebner, DAc, LAc

Jen Kearns, DAOM, LAc

Travis Kern, MAcOM, DiplOM, LAc

Mia Neuse, LAc

Danielle Reghi, DACM, LAc

Michelle "Jersey" Rivers, MSOM, DiplOM, LAc

Connor Michael Toth, Student

Lisa Tongel, MAcOM, LAc, Workgroup Chair

Dongcheng Li, LAc, was absent with prior notice.

OMB Staff present:

Elizabeth Ross, JD, Legislative & Policy Analyst

Gretchen Kingham, Executive Assistant

Shayne Nylund, Licensing Specialist & Acupuncture
Committee Coordinator

Chair Tongel welcomed Workgroup members and the public and reviewed the ground rules for the meeting. Explained that the Workgroup was formed to review two questions whether:

- (1) Acupuncture clinical supervisors may meet the experience requirement through a treatment volume standard, as an alternative to the five-year experience requirement in OAR 847-070-0017; and
- (2) The National Certification Board for Acupuncture and Herbal Medicine (NCBAHM) Route 4 pathway meets the standards for acupuncture licensure in Oregon under OAR 847-070-0016.

The Workgroup includes people who will be directly affected by these decisions and people with relevant knowledge and expertise. Chair Tongel noted that the Workgroup is advisory only, that consensus is not required, that all views will be reflected in the minutes, and that the Oregon Medical Board retains all decision-making authority.

Workgroup Member Introductions

Chair Tongel invited Workgroup members to introduce themselves.

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

Overview

Elizabeth Ross, JD, Legislative & Policy Analyst, reviewed the OMB mission and explained that the Acupuncture Advisory Committee, which recommends standards of education and training for acupuncture licensure to the Board, requested that the Workgroup be convened. Reminded members that they participate in a personal or organizational capacity and do not speak for the OMB, and that discussions should occur only during public meetings. Any information or resources members wish to share should be sent to Ms. Ross for distribution and inclusion in the public record.

Workgroup Charter

Workgroup members acknowledged the NCBAHM Route 4 Pathway and Clinical Supervisor Workgroup Charter.

Clinical Supervisor Review Request Discussion

Chair Tongel provided an overview of the request submitted by the Oregon College of Community Acupuncture (OCCA) due to difficulty identifying supervisors who meet current criteria:

- Current rule: a clinical supervisor must have practiced for at least five years, be in good standing with the Board, and submit a letter requesting to supervise students.
- Proposal: allow the experience requirement to be met by either five years of experience or at least 5,000 treatments across at least 250 different patients.
- The proposed standard is similar to the NCBAHM preceptor requirements for Route 4.

Each member provided their initial thoughts, followed by open discussion. Ms. Ross clarified that the Workgroup's task is to consider an alternative to the five-year requirement, but members may make broader recommendations for the Committee's consideration, noting the five-year requirement has been in place for a long time.

Members generally viewed the request as reasonable and supported making changes. It was noted that the current five-year standard is a proxy for experience and does not show what a practitioner has actually done during that time; a person could be licensed for five years and see few patients. Several members felt that five years is longer than necessary. For comparison, it was noted that physical therapists and occupational therapists must practice for one year before supervising, speech-language pathologists for nine months, and social workers for two years. It was also noted, that schools often do not hire clinical supervisors with fewer than five years of experience.

A central point of discussion was whether the treatment volume standard should be combined with a minimum time-in-practice floor (a "hybrid" approach), or whether the two should be independent alternatives:

- Several members supported adding a hybrid with a minimum years-in-practice floor, one year was suggested. They noted that 5,000 treatments can be reached in under a year in high-volume clinics, and that practitioners develop judgment, patient communication, and treatment planning skills over time, not only through volume. A concern was raised that without school oversight in other contexts (such as Route 4), a time floor provides an added safeguard.
- Other members supported adding the treatment volume standard alternative. It was noted that practitioners with lower-volume practice models (e.g., longer visits, herbal medicine, multiple modalities) would continue to qualify under the five-year option.

Members discussed safety for students and patients. It was noted that schools are ultimately responsible for vetting and hiring qualified supervisors, and that schools would not hire every practitioner who meets a minimum threshold. Unlike some advanced practice nursing programs, where students arrange their own clinical placements, acupuncture supervisors are hired directly by the school. It was also noted that ACAHM Standard 7.05 uses both time and treatment numbers for clinical training. The standard also requires students to train under a variety of supervisors, which exposes them to a range of treatment approaches.

A member, who was part of the group that wrote the NCBAHM treatment volume standard, explained that it was meant to let experienced high-volume graduates supervise sooner, and that high treatment volume gives practitioners exposure to a broad variety of patient conditions. For context, a high-volume community practitioner may provide roughly 3,000 treatments per year once established, and fewer while building a practice. It was stated that a one-year floor would not be a barrier for OCCA, because OCCA would be unlikely to hire a supervisor within their first year after graduation.

Questions were raised about whether differences in training between OCCA and other programs should be considered for supervisors. In response, it was noted that OCCA is ACAHM-accredited like other Oregon programs, teaches to the same standards, and its graduates pass the same NCBAHM exams. OCCA teaches a wide variety of treatments, and community-style clinics treat the full spectrum of conditions. It was also noted that broadening the pool of eligible supervisors could increase the variety of styles available to students.

One member suggested considering competency-based approaches for supervisors, such as entrustable professional activities, and noted that clinical skill does not always mean teaching ability. As an example, the member described pharmacy's formal teaching and learning certificate programs. These programs run 16 to 30 hours, cover how to structure learning encounters, give feedback, and support struggling trainees, and are followed by observed supervision.

Chair Tongel summarized that members appear to support adding a treatment volume alternative, with the open question being whether to include a time-in-practice floor, and that schools also remain responsible for hiring qualified supervisors. Further discussion was deferred to the October 7th meeting.

NCBAHM Route 4 Pathway Request Discussion

Chair Tongel provided an overview:

- OMB rule requires an acupuncturist to graduate from a program that meets ACAHM standards and to obtain NCBAHM certification.
- Route 4 allows an individual to sit for NCBAHM exams, but Route 4 applicants would not satisfy the current rule requiring graduation from an ACAHM-accredited program; the rule would need to be amended.
- Route 4 is a hybrid pathway combining one to two years of accredited program coursework (not full graduation) with one to two years of apprenticeship under a qualifying preceptor, with a minimum of 1,000 direct contact hours per apprenticeship year.

Members expressed a range of views. Several members were open to or supportive of an alternative pathway to licensure, while others opposed adopting Route 4.

Support for an alternative pathway: The member who originally proposed the topic to the Acupuncture Advisory Committee explained it arose from experience on the prior Oregon College of Oriental Medicine board, where

regulatory minimums made it difficult to create a leaner, more affordable program. It was noted that acupuncture education is very expensive, and that the field needs room for educational innovation. It was noted that Route 4 is not unstructured, but requires one to two years at an ACAHM-accredited school, preceptors meeting qualification standards, and an individualized apprenticeship curriculum approved by NCBAHM in advance. NCBAHM's materials contain substantial standards and expectations. Members also noted that NCBAHM limits preceptors to two apprentices, that apprenticeship is labor-intensive, and unlikely to occur at volume. Route 4 could open the profession to people without significant financial resources, including through family lineages. It was noted that only about 25 applicants used Route 4 over six years, and that having a pathway could help Oregon practitioners continue if existing organizations were to change.

Concerns and opposition to Route 4 as written: Concerns were raised that NCBAHM is a testing body, not a school or accreditor. Members noted that Oregon does not define specific educational standards in rule, as some other states, but relies on ACAHM standards. Several members felt Oregon should establish its own standards before, or as part of, any apprenticeship pathway. It was noted that Route 4 was intended for specific circumstances (e.g., practitioners trained before current structures existed or international training) rather than to produce large numbers of providers. Another member reported that NCBAHM indicated it would not have capacity to oversee the pathway at a larger scale. Additional concerns included lack of oversight outside a school setting, that Route 4 confers no degree, and potential misuse of the pathway as a source of income by unqualified preceptors.

Apprentice protections: Members raised concerns about the financial and social safety of apprentices without a school mediating the relationship. It was noted that NCBAHM's Route 4 materials include feedback expectations between preceptor and apprentice but little addressing abuse, interpersonal, or other issues. The portability of hours if an apprentice changes preceptors was also identified as a gap. It was noted that some NCBAHM conduct standards apply only to diplomates. California's tutorial program, which prohibits students from paying preceptors, was offered as a model to consider.

Other options and considerations: One member suggested Oregon could pursue an apprenticeship through the State Apprenticeship and Training Council, with involvement of the Higher Education Coordinating Commission and the Bureau of Labor and Industries, which requires apprentices to be paid and provides relationship guidelines and accountability. It was noted that a state-approved pathway would allow candidates to sit for NCBAHM exams, though NCBAHM reportedly would not release results to another state; the member will share a related NCBAHM letter.

Additional points raised:

- ACAHM-accredited programs require 60 semester/90 quarter credits of prior education, which adds costs.
- Fewer than 28% of candidates from NCBAHM's former apprenticeship-only Route 3 passed the biomedicine exam, supporting a biomedical training standard if a pathway is approved.
- ACAHM is due for review soon, and the naturopathic accreditor recently lost its ability to accredit programs, which may be a reason to look beyond ACAHM.
- Only about 10 states currently accept Route 4, practitioners would likely practice primarily in Oregon.

Chair Tongel is generally in favor of another route to licensure in Oregon and was impressed by the specificity of the Route 4 materials, but shared concerns about protecting apprentices if there is a problem with a preceptor. Chair Tongel asked whether the OMB could have a role in vetting or overseeing preceptors. Ms. Ross stated this would need further consideration, including staff expertise and a possible role for the Acupuncture Advisory Committee; while there is no direct precedent, the OMB is currently implementing an internationally trained physician program with a supervisory component that may be informative.

Public Comment

Stephanie Wirth, LAc, Roseburg Acupuncture, an Oregon-licensed acupuncturist in practice for six years, expressed interest in serving as a supervisor or educator and supported lowering the minimum supervisor requirement. They stated that alternative pathways could improve access, reduce student debt, and help protect the profession. They

asked whether Route 4 could be made more accessible for experienced individuals without a bachelor's degree, and did not see a high potential for abuse given typical acupuncturist incomes.

KC Collins, a licensed massage therapist with six years of experience, shared the perspective of a prospective Route 4 candidate. They questioned if the Route 4 education component was considered master's level when it requires only two years of prior education to enter, suggested a bachelor's-level program combined with an apprenticeship could be more attractive and preserve federal funding for schools, and stated that barriers to entering an apprenticeship seem more pressing than supervisory issues.

Gretchen Kingham, Executive Assistant, noted that questions raised during public comment are not answered during the meeting, and encouraged the public to visit the OMB website, join the email list, and contact OMB staff directly with questions.

Winona (Noni) Vaitekunas, Registrar at OCCA, supported the treatment volume standard for clinical supervisors. They completed 2,378 treatments at Working Class Acupuncture in eight months (typically about 80 or more patients per week) and, under a 5,000-treatment standard, could qualify to supervise within about one to one and a half years of practice. They noted this is typical for full-time community acupuncture practitioners, though it may take longer for those not practicing full-time.

Following public comment, members clarified that Route 4 does not confer a degree, so whether acupuncture education should be at the bachelor's or master's level is a separate topic.

Chair Tongel summarized that there was no consensus on Route 4, however, members did not find it either unworkable or a clear choice for adoption. Views ranged from Route 4 being a promising direction, to it being insufficient, to concerns that it should not rely on established organizations or may not fully address access to education and licensure. Chair Tongel observed that the topic touches on broader questions about Oregon's approach to acupuncture education and what the profession wants to achieve beyond the scope of this Workgroup.

Closing Remarks

Ms. Groebner will provide at least two resources, including the NCBAHM letter, to Ms. Ross for distribution. Members may send any additional materials or research to Ms. Ross for inclusion in the next meeting packet. Board staff will work on areas identified before the next meeting and plan to send updated materials and any draft rules one week in advance.

The next meeting is scheduled for Wednesday, October 7, 2026, from 3:00pm to 5:00pm.

Chair Tongel adjourned the meeting at 5:03pm.

3. Clinical Supervisor Review Request Discussion (3:10-3:30PM)

At the last Workgroup meeting there was overall support to add a treatment volume alternative for clinical supervisor qualifications, with the open question being whether to include a time-in-practice floor. Review items:

1. Amend OAR 847-070-0017(1)(a) for Oregon acupuncturists who serve as acupuncture clinical trainers?

- Be an actively licensed Oregon acupuncturist in good standing with the Board who has: (A) practiced as an acupuncturist for a period of at least five years, or (B) **performed a minimum of 5,000 treatments across at least 250 patients; OR**
- Be an actively licensed Oregon acupuncturist in good standing with the Board who has: (A) practiced as an acupuncturist for a period of at least five years, or (B) **performed a minimum of 5,000 treatments across at least 250 patients and practiced as an acupuncturist for at least ## years.**

2. Amend OAR 847-070-0017(1)(b) for Oregon physicians who serve as acupuncture clinical trainers?

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

3. Amend OAR 847-070-0017(1)(c) for acupuncturists or physicians from another jurisdiction who serve as acupuncture clinical trainers in Oregon?

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 at 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

4. How could OMB verify an acupuncturist's volume standard? Attestation?

5. Other considerations for the Acupuncture Advisory Committee in this area?

4. NCBAHM Route 4 Pathway Request Discussion (3:30-4:20PM)

At the last workgroup meeting, there was no consensus. Views ranged from Route 4 being a promising direction, to it being insufficient and not fully addressing access to education. Below is information compiled by OMB staff in response to questions that arose during the last meeting.

Scope of Review & Other Reviews

There were discussions that fell outside the scope of reviewing NCBAHM's Route 4. The workgroup may discuss where Route 4 falls short (for example, how other models address the same gaps), since that can inform the discussion of whether to allow Route 4 in Oregon. This workgroup has not been tasked with reviewing other apprenticeship models; individuals may [submit a request](#) for a model to be reviewed by the Acupuncture Advisory Committee.

Route 4 would likely be used only by a small, specific group of people in particular situations, but can still be reviewed despite its limited application. OMB reviewing Route 4 does not close off future discussion of other pathways or apprenticeship models.

Current Acupuncture Qualifications

Oregon's acupuncture qualifications rule, [OAR 847-070-0016](#), requires applicants graduate from a program that satisfies the standards of the Accreditation Commission for Acupuncture and Herbal Medicine (ACAHM). The rule looks to the current ACAHM standards without outlining specific hours or courses in the rule. This topic will be reviewed during the December 2026 Acupuncture Advisory Committee meeting and is not within the scope of review for this workgroup.

Requirements in Addition to NCBAHM's Route 4

Workgroup members asked whether Oregon could add its own requirements to NCBAHM's Route 4 for Oregon licensure purposes. OMB may establish additional requirements, but the timing of the licensure application matters.

- A Route 4 applicant comes to OMB only after completing the apprenticeship, passing the examination, and receiving NCBAHM certification. OMB has no oversight role during the apprenticeship, so it would be difficult to verify after the fact that an applicant or their preceptor met Oregon-specific requirements for the apprenticeship.
- Portability is a second concern. OMB may receive applications from people who completed Route 4 in another state. If Oregon adds requirements to the apprenticeship itself, those applicants may not meet them and may be ineligible for Oregon licensure.

The workgroup could discuss adding requirements at the point when the Route 4 apprentice applies for licensure, similar to how OMB already reviews documentation from applicants under OAR 847-070-0016(2), for example, a letter of recommendation from the preceptor, notarized copies of appointment book samples, patient charts, or other applicable documentation.

NCBAHM Route 4 Follow Up

OMB Staff reached out to NCBAHM with questions raised during the last meeting, see below.

Does NCBAHM have a grievance or complaint process that a Route 4 apprentice could use if they encounter issues during their apprenticeship?

NCBAHM: Because a Route 4 apprentice is not yet an NCBAHM applicant or constituent during the apprenticeship period, NCBAHM's formal complaint and grievance process is not available to them at that stage. NCBAHM's Professional Ethics and Discipline Committee reviews matters involving NCBAHM constituents only (Applicants, Diplomates, PDA Providers). For grievances involving potential professional misconduct by a preceptor, the appropriate channel is the Oregon Medical Board, which maintains its own mechanism for reporting unprofessional conduct or violations of the practice act. For concerns that do not rise to that level - such as incompatibility of teaching style or dissatisfaction with the supervision experience - the apprentice's recourse is to seek a new preceptor. As noted, an apprentice may complete the apprenticeship with more than one preceptor, provided each preceptor is approved by NCBAHM before supervising any portion of the program and all hours are properly documented.

OMB has a process to review complaints regarding an acupuncturist's unprofessional or dishonorable conduct or other violations of the medical practice act. OMB staff review all complaints filed.

If an apprentice leaves an apprenticeship, can their accumulated hours count toward a new apprenticeship, or do they have to start over?

NCBAHM: An apprentice may complete the apprenticeship portion of Route 4 with more than one preceptor. Each preceptor must be approved by NCBAHM before supervising any portion of the apprenticeship, and all hours accumulated under each preceptor must be properly documented in the NCBAHM Formal Education and Apprenticeship Workbook. Provided those conditions are met, hours accumulated under a prior approved preceptor are not forfeited in the event of a preceptor change.

What materials do the apprentice and preceptor submit to NCBAHM upon completion? Who completes the review? Would OMB be able to access these materials to verify that the apprenticeship was completed in accordance with NCBAHM requirements?

NCBAHM: Preceptor documentation - including NCBAHM preceptor approval and clinical practice documentation - as well as the completed NCBAHM Formal Education and Apprenticeship Workbook, are mandatory requirements for the apprenticeship portion of Route 4 and are uploaded by the applicant as part of the certification application submission. Upon receipt of the application, the complete application file is forwarded to the NCBAHM Eligibility Committee for review and determination.

NCBAHM is unable to provide the Oregon Medical Board with access to individual applicant apprenticeship documentation for the purpose of verifying compliance with NCBAHM's certification requirements. Verification of eligibility requirements - including the review and approval of apprenticeship documentation - constitutes an essential certification decision that is reserved exclusively to NCBAHM under its governance structure. This is not discretionary. NCBAHM's certification programs are accredited by the National Commission for Certifying Agencies (NCCA), and NCCA Standard 2: Governance and Autonomy requires that the certification board maintain full autonomy in decision-making over all essential certification policies and activities. Essential certification decisions are defined by NCCA to include eligibility standards and standards for initial certification. Allowing an external regulatory body to review and co-verify compliance with NCBAHM's own certification requirements would constitute undue external influence over NCBAHM's essential certification decisions and would place NCBAHM's NCCA accreditation at risk. Applicants who successfully complete all Route 4 requirements and pass the required examinations are awarded NCBAHM national certification, and NCBAHM will verify that certification status to the Oregon Medical Board upon request in accordance with its standard verification process.

How much time does each Route 4 review take, and what is NCBAHM's capacity if Route 4 volume grows?

NCBAHM: NCBAHM's eligibility review process for Route 4 applications is conducted by Subject Matter Experts (SMEs) serving on the NCBAHM Eligibility Committee. The Committee currently convenes on an as-needed basis, with meeting frequency determined by application volume. In the event of a significant increase in Route 4 applications, the Eligibility Committee would convene more frequently to ensure timely review of all submitted documentation. NCBAHM's review process is designed to scale with application demand, and the organization continuously evaluates its operational capacity to maintain the integrity and timeliness of its eligibility determinations regardless of volume.

Does Route 4 require a bachelor's degree? If someone completed the required 1–2 years of acupuncture education without a bachelor's degree, would that satisfy Route 4 requirements?

NCBAHM: Route 4 does not require a bachelor's degree. However, consistent with all NCBAHM certification routes - including Route 1 and Route 2 - Route 4 requires that the

applicant have completed a minimum of 60 semester credits of non-AHM general education prior to beginning the program, the equivalent of an Associate Degree. This prerequisite is not unique to Route 4; it is a baseline academic preparation requirement that applies uniformly across all NCBAHM certification pathways.

Bachelor's Degree Considerations

The National University of Natural Medicine (NUNM) Chinese medicine program does not currently require a bachelor's degree for admission. NUNM requires a minimum of 90 semester credits or 135 quarter credits from accredited institutions. Within those credits, a general chemistry, general biology, psychology, and humanities course need to be passed with a C grade or (preferably) higher. For reference, see [NUNM's prerequisites](#).

The Oregon College of Community Acupuncture (ORCCA) program does not require a bachelor's degree for admission. ORCCA requires at least 2 academic years (60 semester credits/90 quarter credits) of secondary education or the equivalent from an institution accredited by an agency recognized by the U.S Secretary of Education. For reference, see [ORCCA's Admission Requirements](#).

As noted earlier, Route 4 does not have to address all issues raised in the context of acupuncture education and training. OMB reviewing Route 4 does not close off future discussion of other educational pathways.

Requirements for Clinical Training in Oregon

ORS 677.759(1) provides that a person may not practice acupuncture without first obtaining either a license to practice medicine and surgery or acupuncture from the OMB. However, an exception in ORS 677.060(3) allows the following individuals to practice acupuncture without an Oregon license while under the supervision of a clinical supervisor:

1. An acupuncture student in supervised clinical training who is enrolled in a school approved to offer credit for post-secondary clinical education in Oregon; or
2. A practitioner licensed to practice acupuncture in another state or a foreign country who is enrolled in clinical training approved by the OMB.

After further review, OMB staff determined that allowing supervised clinical training outside of an approved post-secondary school would require a statutory amendment.

Statutory changes must go through the Legislative process. State agencies may only bring legislative concepts during odd-numbered year sessions, and preparation begins early in the preceding year. The state agency deadline for the 2027 session has passed, so the next

opportunity would be the 2029 Legislative Session. This would delay implementation of Route 4 as a pathway in Oregon.

The workgroup can still consider whether NCBAHM's Route 4 pathway meets Oregon's standards for acupuncture licensure, and whether the Acupuncture Advisory Committee should recommend that the Board pursue a statutory amendment.

Discussion Items

These questions are intended to help start the conversation. They may be discussed in any order, and the workgroup is welcome to focus on the items most relevant to its discussion.

- Does the NCBAHM Route 4 pathway meet Oregon's standards for acupuncture licensure?
 - How does Route 4 training compare with Oregon's existing requirement (graduate from an ACAHM accredited program)?
 - Patient safety concerns and ways to mitigate
 - Apprentice safety concerns and ways to mitigate
 - Preceptor concerns and ways to mitigate
- Should OMB consider proposing a statutory amendment to allow supervised clinical training outside an approved post-secondary school?
 - Patient safety concerns and ways to mitigate them
 - Apprentice safety concerns and ways to mitigate them
 - Clinical supervisor concerns and ways to mitigate them
- If Route 4 is accepted in Oregon, should the OMB require additional materials beyond verification of Route 4 completion?
- How could the OMB monitor the use and outcomes of this pathway?
- OMB often publishes a Frequently Asked Questions document as a resource for applicants and the public. What themes or specific questions should it include?

The information below was provided by members of the workgroup.



ORCCA

OREGON COLLEGE OF COMMUNITY ACUPUNCTURE

To: Elizabeth Ross, Legislative & Policy Analyst, Oregon Medical Board
RE: OMB Acupuncture Workgroup Meeting Follow Up

September 23, 2026

REGARDING THE DOCUMENT FROM GROEBNER FORWARDED 9/3/26:

Some of the links were mis-directed, including “*[Response letter from NCBAHM here]*,” and “*I created a [Sample Tool] so you can see what I’m actually talking about. It’s a basic supervisor check off.*” The first resource would be very helpful to have for the apprenticeship discussion.

RESPONSE TO THE DRAFT LANGUAGE AS PRESENTED IN THAT DOCUMENT:

“A supervisor must hold an active, unrestricted license for a minimum of [X] years; OR have logged at least 5,000 hours of clinical practice or 250 completed treatment courses since licensure; AND hold current certification of supervisory competency issued by a programmatically-accredited institution, OR a BOLI-approved training provider, OR an equivalent board-recognized entrustment-based supervisor training program, renewed every [X] years.”

1. ORCCA’s proposal to the OMB requested 5,000 treatments-to-date (not 5,000 hours of clinical practice), in alignment with NCBAHM standards. To achieve 5,000 clinical hours, most community acupuncturists would need more than 5 years.

2. ORCCA’s proposal to the OMB requested a minimum of 250 patients, not “*250 completed treatment courses.*” A “*completed treatment course*” is undefined and, clinically speaking, can be highly variable. Keeping the patient count at 250 maintains an objective, quantifiable criterion.

3. A “*certification of supervisory competency*” would be a new certification, requiring orgs to develop a training and testing program and requiring the OMB to maintain a database of these certifications. No such certification is required by the state for didactic classroom instruction. Instructor quality is the proper domain of the school administrators. It’s true that just because someone is a good acupuncturist, that doesn’t mean they are a good teacher. This is true in every field. Hiring, training, and assessing supervisors is the schools’ responsibility. Ole ten Cate’s work is interesting, and EPA’s may be a useful tool for school administrators in doing their job. However, new certification with more bureaucratic overhead is not the solution our profession needs at this difficult moment.

PROPOSED DRAFT LANGUAGE, REVISED TO ADDRESS MINIMUM TIMEFRAME CONCERNS FROM THE LAST MEETING:

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 in good standing with the Board, who
 - i) has practiced as an acupuncturist for a period of at least five years; or
 - ii) has practiced as an acupuncturist for a period of at least one year and has completed a minimum of 5,000 treatments across at least 250 patients; or...

Sincerely,

A handwritten signature in dark blue ink, consisting of several overlapping, slanted strokes that form a stylized, abstract representation of the name 'Jersey Rivers'.

Jersey Rivers, Co-Director

Groeber Follow Up Resources to the 9-2-2026 OMB Route 4 and Supervisory Workgroup Meeting

1. Current ACAHM Entry-Level Standard

ACAHM's floor for an entry-level Master's program (MAc) is 1,905 hours of combined didactic and clinical instruction over three years (it's 2,625 for the four-year Oriental medicine track with herbs). You can see the various subject areas and standards [in the spreadsheet I've made here](#). You will also see that 28 states have defined standards and you can compare the similarities and differences there.

2. The NCBAHM Letter

This was NCBAHM's response to [the petition Danielle Reghi and I filed for OAA/AWA, asking NCBAHM to let candidates from a state-approved pathway sit for their exam](#). A much [earlier letter confirms California candidates can](#); we'd expect the same for any other state's approved pathway. NCBAHM did go ahead and say that we can sit for the exam through a state approved route, but will not release results to other state licensing boards. This is an interesting choice that seems to be in the interest of protecting the accreditor/examiner monopoly on the profession rather than serving Oregonians who may want to practice across state lines. [[Response letter from NCBAHM here](#)].

3. California Tutorial Program and Learner Protections

I also mentioned California's Tutorial Program (Bus. & Prof. Code §§ 4940, 4941, 4971; CCR §§ 1399.420–432) and looking at its language around equitable-exchange and financial-protection. A licensed tutor passes on clinical understanding directly to a student and this is built into statute rather than left to informal agreement between preceptor and student. [[California Acupuncture Board Tutorial Program](#)]

4. Oregon BOLI Apprenticeship vs. NCBAHM Route 4

Before an acupuncture apprenticeship could run through the [Oregon State Apprenticeship and Training Council \(OSATC\)](#), the profession would need to be recognized as an “apprenticeable occupation.” Once that happens, it's a paid, accountable system with state oversight already built in, and would not rest on one untrained, unvetted preceptor:

	Oregon BOLI Apprenticeship	NCBAHM Route 4
Compensation	Paid employee; progressive wage scale	Silent, the preceptor could even charge tuition
Accountable party	Registered Employer/Training Agent, answerable to OSATC	Individual preceptor, no institutional accountability
Related instruction	Delivered by a separate registered Training Provider	Preceptor personally designs and delivers it

	Oregon BOLI Apprenticeship	NCBAHM Route 4
State oversight	OSATC registration and monitoring	None until the candidate sits for national boards

Source: [BOLI Oregon State Apprenticeship and Training Council](#)

5. Entrustment-Based Supervision as an Alternative Standard

Entrustable Professional Activities (EPAs), introduced by Olle ten Cate in 2005, are the specific tasks a supervisor entrusts to a trainee's unsupervised execution once competence is shown. ten Cate's later work extended this logic to supervisors themselves: ***when can we trust someone to make trust decisions about others?*** [Wikipedia — EPA](#), [ten Cate \(2013\)](#)

Entrustment-based supervision certifies clinical judgment rather than clock hours: a supervisor observes defined EPAs and uses a standardized scale to document what level of autonomy the trainee has earned for each of those. We could consider this because it really shifts the question from the arbitrary ideas of time-based or volume-based supervisory pedagogical expertise to something based in competencies that show us whether or not the person can safely and effectively perform a supervisory role.

Pharmacy schools already certify their own preceptors this way: UW pairs 16 workshop hours with a 25–30 hour supervised teaching practicum; UConn runs about 28.5 CE hours across a module series. Both end with the candidate directly observed precepting before certification (so this isn't a self-report).

I created a [Sample Tool](#) so you can see what I'm actually talking about. It's a basic supervisor check off. For acupuncture, it really could be as simple as 8 or 10 hours learning these EPAs for supervision and then showing the evaluator in real time that you can do it. ORCCA could run a supervisor course for its own graduates who want to come back and precept; NUNM could do the same for theirs. If a BOLI apprenticeship route for acupuncture ever exists, BOLI could use an equivalent tool to certify preceptors directly.

We could do something like this to build in EPAs:

A supervisor must hold an active, unrestricted license for a minimum of [X] years; OR have logged at least 5,000 hours of clinical practice or 250 completed treatment courses since licensure; AND hold current certification of supervisory competency issued by a programmatically-accredited institution, OR a BOLI-approved training provider, OR an equivalent board-recognized entrustment-based supervisor training program, renewed every [X] years.

A competency certification is what actually **measures whether someone can teach**, which neither raw hours or volume would capture on their own.