

**Acupuncture in California:
Study of school approval and accreditation of
Acupuncture and Oriental Medicine programs**

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Table of Contents

	Page
Executive Summary	3
I. Introduction	7
Methodology	10
II. Summary of approval and accreditation processes for California acupuncture training programs	11
A. Accreditation of U.S. higher education and professional education	11
B. State approval of education programs	12
C. Institutional approval by the Bureau of Private, Postsecondary and Vocational Education	14
• The approval process	
• Oversight of the BPPVE	
• Survey findings related to BPPVE	
D. Program approval by the California Acupuncture Board (CAB)	17
• The approval process	
• Oversight of the CAB	
• Survey findings related to CAB	
E. Program accreditation by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM)	20
• The accreditation process	
• Oversight of ACAOM	
• Survey findings related to ACAOM	
III. Accreditation and approval of educational programs in comparable professions	23
IV. Survey of CAB-approved AOM schools regarding program approval and accreditation	25
• Survey methodology	
• Results of the survey	
• General findings of the survey	
V. Analysis, discussion, options and areas of further research	28
Appendix I. Evolution of higher education accreditation in the United States	37
Appendix II. Comparison of criteria and processes for approval and accreditation of acupuncture and Oriental medicine educational programs for California licensed acupuncturists	40
Side-by-side table comparing ACAOM, CAB and BPPVE	40
Notes #1: Details regarding ACAOM processes and requirements	46
Notes #2: Details regarding CAB processes and requirements	51
Notes #3: Details regarding BPPVE processes and requirements	59
Appendix III. Survey materials: List of CAB-approved schools invited to participate in survey pertaining to program approval and accreditation, survey cover letter and survey protocol	62
References	65

Executive Summary

This study reviews the processes of approval and accreditation for Acupuncture and Oriental Medicine (AOM) training programs preparing applicants for California acupuncture licensure. It focuses on U.S. trained applicants who have studied in formal education programs (many states, including California, provide alternative routes for foreign trained applicants and those prepared through tutorial or apprenticeship programs). To conduct the analyses and comparison outlined below, we relied on a literature review, an environmental scan of AOM-related Internet resources and organizational publications, a survey of California Acupuncture Board-approved educational programs, and key informant interviews.

Comparing how California and other US states approve AOM educational programs

To be eligible to take the California licensing examination, U.S. trained applicants must have graduated from a formal education program that has been approved by the California Acupuncture Board (CAB). A prerequisite for CAB approval is approval by the California Bureau of Private, Postsecondary and Vocational Education (BPPVE) or equivalent agency in other states. In 39 of the 40 other U.S. jurisdictions¹, where acupuncture is regulated as a health profession, applicants for licensure must have attended a program accredited by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) (either directly by state reference to ACAOM accreditation or indirectly via state reference to examination and/or certification by the National Certification Commission for Acupuncture and Oriental Medicine, which requires its candidates to have attended programs meeting ACAOM standards).

Comparing educational program approval processes among major health professions within California

Aside from nursing (which uses a process much like CAB), most of California's major health professions (including medicine, osteopathy, dentistry, naturopathic medicine, podiatry, and chiropractic) all rely on accreditation by a national entity, which is US Department of Education approved, specific to the profession as a requirement from which applicants for licensure must have graduated. Podiatry offers an interesting model in which national accreditation is the primary basis for approval but documentation of compliance with California podiatric laws that exceed national accreditation standards must be submitted.

Comparing the approval and accrediting processes available to programs

Three approval and accrediting processes (CAB, ACAOM, BPPVE) are available, and required to varying degrees for various purposes, for AOM training programs whose graduates intend to seek licensure in California. Our main focus, with findings included below, is a review of the similarities (which may lead to redundancies) and differences

¹ Louisiana does not require "acupuncturist" applicants to have attended ACAOM accredited/candidacy programs (relying on state-based approval of programs) but does offer passing of the NCCAOM examination (which requires attendance at a program meeting ACAOM standards to be eligible to take the examination) as one route for certification as an "acupuncture assistant".

between the approval and accreditation processes used by the California Acupuncture Board and the Accreditation Commission for Acupuncture and Oriental Medicine.

Although, in order to grant degrees legally within the state of California, schools or institutions must be BPPVE-approved (with regional accreditation being an exemption), the BPPVE requirement is generally viewed to be more about protecting the public and students from “diploma mills” and fraudulent education than about profession-specific requirements. The BPPVE is also viewed as an overburdened agency. As such, limited review of BPPVE is included here and limited attention is placed on BPPVE’s role and capacity to provide an effective cross-check on the CAB.

Findings

Notable similarities between CAB approval and ACAOM accreditation

- The vast majority of CAB approved programs also hold ACAOM accreditation (28 of 31).
- There are many parallels between CAB and ACAOM in philosophy and process and the two organizations have collaborated formally and informally on various activities.
- The wording in several sections of each organization’s site visit guidelines is similar or identical.
- Both CAB and ACAOM are increasing their standards for total number of curricular hours required of approved/accredited programs over the next year.

Notable differences between CAB approval and ACAOM accreditation

Substantive differences: pre-admission requirements, curricular content and program hours

- CAB approves “acupuncture” programs but these programs, and the CAB requirements for approval, include acupuncture, herbs and other modalities. ACAOM offers accreditation of either “acupuncture” (acupuncture focus) or “Oriental medicine” (including both acupuncture and herbs) programs under separate tracks with different requirements. Of the two types of programs ACAOM accredits, its “Oriental medicine” programs are most comparable to California’s approved “acupuncture” programs.
- CAB currently requires a higher number of total curricular hours for programs (2348) compared to ACAOM’s standards for acupuncture programs (1725) and Oriental medicine programs (2175). After January 2005, CAB requirements will be 3000 hours compared to ACAOM’s requirements for acupuncture programs (1905) and Oriental medicine programs (2625). Between July 2004, when ACAOM increases go into effect, and January 2005, when the new CAB increases would go into effect, the CAB requirements for total curricular hours (2348) will be higher than ACAOM’s standards for acupuncture programs (1905) but lower than ACAOM’s standards for Oriental medicine programs (2625).

- ACAOM-accredited programs must require program applicants to have completed 60 semester credits (2 years) of “education at the baccalaureate level that is appropriate preparation for graduate level work, ...”; ACAOM also requires programs to require English language competency of all students seeking admission to the program taught in English. Although the CAB is proposing new regulations that would require two years of baccalaureate preparation, it currently requires candidates for admission to an approved program only to have successfully completed an approved high school course of study or have passed a standard equivalency test; there are no CAB baccalaureate prerequisites for program approval. CAB has no English language proficiency requirements for approved programs to require of applicants.
- Three CAB approved programs have lost or never achieved ACAOM accreditation or candidacy status.²
- The CAB curricular requirements by category, especially under proposed regulations scheduled for implementation in January 2005, are more detailed and directive than those of ACAOM.

Procedural differences

- ACAOM accredits programs for defined period of time ranging from one to five years depending on stability and quality of program and routinely investigates and sanctions programs (including withdrawing candidacy or accreditation status) for variances to requirements. No stated length of time for which CAB approval is granted is available for the approved programs. Aside from requiring programs to submit information about changes to their programs, there appears to be no written CAB policy or compliance record regarding monitoring, renewal or sanctioning processes for variances to requirements once a program has been approved.
- ACAOM has more extensive, detailed and publicly accessible documentation of procedures, guidelines, practices, history, accounting, reporting, and decision-making than does the CAB.

Cost differences

- ACAOM fees for accreditation are significantly higher than those charged by CAB for approval. ACAOM’s application fees are double those of the CAB. Further, in addition to assessing a fee per student on top of the basic fee for each step of the process, ACAOM has several steps, including eligibility, candidacy, accreditation, sustaining, and re-accreditation, each of which has fees associated with it. Over a ten-year period that involves many of the ACAOM steps but just the one approval step that CAB offers, a program might spend ten times or more on ACAOM accreditation than on CAB approval.

² China International Medical University, Kyung San University, Southern California University School of Oriental Medicine and Acupuncture (not to be confused with Southern California University of Health Sciences – College of Acupuncture and Oriental Medicine, which is approved by the CAB and in candidacy status with ACAOM). See footnote 14, page 30 for more details).

Options to consider

With the apparent redundancies combined with a very ambitious agenda to implement new requirements for approved AOM programs (3000 hours minimum total with detailed curricular standards) that must be in place for students entering programs January 2005, California could consider several options regarding approval and accreditation.

In particular, it is worth considering the benefits of relying on a national accrediting agency at least for the standards and requirements that are the same or in excess of the California requirements. For California standards and requirements that might be in excess of national accrediting standards, such as higher number of total curricular hours or specific course requirements, California might either rely on the national accrediting organization to ensure that the state standards are met through a supplemental process or take on the job itself of ensuring that accredited programs are meeting the state standards. One model to look to for this latter approach is the process the California Board of Podiatric Medicine uses to approve podiatry programs. The positive aspects of both these approaches would include freeing up the Acupuncture Board to focus its resources on other regulatory responsibilities, including assisting the schools with the transition to increased hours. Although some may question the impact on costs to programs, it is evident that California-approved schools are already going through ACAOM-accreditation (if they qualify) and thus already paying ACAOM fees in addition to CAB approval fees. Others may question the impact of such a move on quality of programs (leading to impact on competency of practitioners). However, there has been no documentation of lower quality of programs or competency of graduates based on differences in the two approval/accreditation processes. Notably, out-of-state educational institutions reported that they seek CAB approval not because of enhanced quality of education or higher educational standards but to enable their graduates to license and practice in California and perhaps to attract California students to out-of-state programs.

I. Introduction

This study focused on the processes of approval and accreditation for Acupuncture and Oriental Medicine (AOM) training programs preparing applicants for California acupuncture licensure. To be eligible to take the California licensing examination, U.S. trained applicants must have graduated from a formal education program that has been approved by the California Acupuncture Board (CAB), or must have completed an approved tutorial (apprenticeship) training program (California Business & Professions Code Sec. 4925-4949).³ The California Acupuncture Board approves both in-state and out-of-state programs.

In 39 of the other 40 jurisdictions (39 states and the District of Columbia)⁴, where acupuncture is regulated as a health profession, applicants for licensure are required to have completed a formal educational program accredited by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) either directly (i.e. state law requires ACAOM accreditation of education program) or indirectly (i.e. state law requires National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) certification and/or examination, both of which require education meeting ACAOM standards). In all states that rely on ACAOM accreditation, including those where applicants for licensure are required to complete additional educational requirements beyond curriculum or clinical training activities required for ACAOM accreditation, programs must substantially comply with their state laws and regulations to maintain ACAOM accreditation (Accreditation Commission for Acupuncture and Oriental Medicine, October 2003).

Concern about California's unique requirements for school approval is multifaceted. For students who may have any interest in working in California, the difference in requirements for licensure, means that they must consider early whether or not the school they attend is California Board approved. Schools outside California must weigh the burden of maintaining separate California approval along with ACAOM accreditation and any additional requirements of their own states, with the benefit of enabling their graduates to meet requirements for California licensure. Since California Acupuncture Board approval is not recognized in any other state, California AOM programs must similarly weigh the burden of maintaining both accreditation and approval to enable their graduates to meet the requirements for licensure in other states and DC.⁵

³ Foreign-trained applicants must document training as outlined in CA B&P § 4938 (b)(3).

⁴ Louisiana does not require "acupuncturist" applicants (who must be licensed physicians in Louisiana prior to applying for certification) to have attended ACAOM accredited/candidacy programs (relying on state-based approval of programs) but does offer passing of the NCCAOM examination (which requires attendance at a program meeting ACAOM standards to be eligible to take the examination) as one route for certification as an "acupuncture assistant" (Louisiana RS 37:1357-1358).

⁵ As of 2001, about a dozen states had reciprocity laws that permit recognition, for licensure purposes in those states, of an individual who was licensed as an acupuncturist in another state (Mitchell, 2001). States with such laws may decide which other states have substantially equivalent requirements justifying reciprocity but the licensure, if offered, is for individual licensees, and does not confer any state-based recognition of the educational program(s) attended by the individual.

See Table 1 below for an overview of the types of approval or accreditation available to California-based acupuncture and Oriental medicine programs.

Table 1 - Three types of approval or accreditation available to California-based AOM programs^a

Organization	Oversight by	Approval signifies	Purpose
Bureau of Private, Postsecondary and Vocational Education (BPPVE)	California Department of Consumer Affairs ^b	Meets minimum organizational and legal requirements to grant degrees in California	Required by CA law to grant degrees
California Acupuncture Board (CAB)	California Department of Consumer Affairs ^b	Meets or exceeds organizational and educational criteria established by CAB through deliberative processes	Required by CA law for graduates to license in California
Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM)	U.S. Department of Education	Meets or exceeds educational criteria derived from public meetings, and minimum organizational standards outlined by U.S. Department of Education	Required or standards relied upon by 39 of 41 jurisdictions for graduates to license in those jurisdictions ^c
^a CAB approval is voluntary for all U.S. schools, and enables graduates of approved schools to sit for the California licensing exam; out-of-state schools are not required to be approved by BPPVE but must meet equivalent approval in home states to be eligible for CAB approval; ACAOM accreditation is voluntary for all U.S. schools, including California schools, and graduation from an ACAOM-accredited program is required (either directly or indirectly) for licensure in 39 of the 41 U.S. jurisdictions licensing acupuncture and Oriental medicine professionals.			
^b The DCA is a department within and overseen by the State and Consumer Services Agency			
^c Of the 41 jurisdictions (40 states plus the District of Columbia) that license acupuncturists as a profession, 39 require successful applicants to either have graduated from an ACAOM accredited or candidacy program or to have passed an NCCAOM examination, which requires that candidates attend a program that meets ACAOM standards in order to sit for the examination. California has its own state-based program approval and examination requirements and does not require graduation from an ACAOM-accredited or candidacy program nor passing of an NCCAOM examination. Louisiana certifies acupuncturists (must be MDs who have attended Louisiana-approved AOM program) and acupuncture assistants, who may have attended a LA-approved program or passed the NCCAOM certification examination.			

In part, this study was prompted by questions arising from the California Acupuncture Board’s recent increase of required course work in CAB-approved programs to 3,000 hours, and its re-categorization of curriculum content based on desired competencies. A review of the current course catalogs of CAB-approved programs (see companion study on education) revealed a majority of schools offered less than 2,900 hours of instruction. This suggests that most schools wishing to maintain Board approval will have to increase course offerings. However, this question is not simply of credit hours, but of content. The Board made substantive changes to the organization of courses based on competencies it wished to address through training. These competencies were informed by a statewide

task force based on professional judgments about what is needed to practice in a contemporary context of patient care. In weighing the cost benefit of maintaining California Board approval, it is not the new number of credit hours, but the measures that will have to be taken in order to provide courses in each of the professional competency categories that could create a burden for schools. Our study of current curricula indicated that major increases in course offerings will be required for some approved programs to comply with the competency recommendations. As these changes are still quite new, the California Acupuncture Board has not yet written specific requirements and processes for monitoring and sanctioning programs that do not comply with the revised standards. As indicated below, administrators of some educational programs are concerned about their own programs' abilities to meet these requirements.

An additional indirect, but powerful complexity associated with school approval and accreditation is perceptions among California AOM professionals about the role these processes play in regulating professional practice of acupuncture and Oriental medicine in California. The environmental scan and literature review for this study revealed factionalization within the AOM professional community reflecting several dynamic tensions or contrasting perspectives on these issues. Major areas of contrast can be categorized as:

anti-intellectualism ↔ academic progressivism
national standardization ↔ states-rights protectionism
status quo protectionism ↔ continued professional competency

Historically, these dynamic tensions have been present as most professions have evolved in the United States. In the marketplace of ideas, anti-intellectualism has often clashed with academic progressivism around the question of professional “gatekeeping” functions like the accrediting of educational programs and formulation of certification examinations (for more information about the history of higher education accreditation related to this study, see Appendix I). Associated with this conflict has been the national standards perspective that seeks to minimize variation in critical structures within a profession - from elements of curriculum to practice and care delivery standards. Contrasting with the national standards perspective in the current debate over acupuncture in California, is a states-rights protectionist perspective based on strong beliefs that the state has “the best” school approval, licensing exam and professional regulation in the U.S. This study did not try to rank “better” or “worse” approaches to these processes, however, researchers were struck by the strong beliefs of some AOM professionals who expressed views suggesting that non-California-normed approaches are dangerous to the profession and to patients. Some key informants suggested that any effort to incorporate national processes or norms into the functions of the California Acupuncture Board would signify an “abdication” of governmental responsibility. Finally, an issue to be examined in this study was how to address educational deficits of practicing acupuncturists in the state once educational requirements are raised to 3,000 hours. Some practitioners who graduated decades ago may have as little as 1,200 hours or less of formal schooling. Status quo protectionists appear to favor grandfathering these providers into new requirements. In contrast, numerous professionals and educators

voiced the perspective that holding professional licensure obliges a responsibility of constantly enhancing one's professional competencies (see companion study on education for related discussion).

Methodology

A literature review, an environmental scan of AOM-related Internet resources and organizational publications, a survey of California Acupuncture Board-approved educational programs, and key informant interviews were used in this study.

Survey findings pertaining to specific organizations (ACAOM, BPPVE, CAB) are included at the end of each of the pieces describing the organization's program approval activities in Section II. Methodology details and general findings of the survey are included in Section IV.

II. Summary of approval and accreditation processes available to California acupuncture training programs

A. Accreditation of U.S. higher education and professional education

Accreditation and approval processes for higher education and professional education vary by profession and by state. Most major health professions incorporate some mechanism of national accreditation or approval of educational programs that signifies to the public that a program has voluntarily submitted to and received approval based on program rigor or quality, through an evaluation process by a reputable organization associated with the profession. Over the past few decades, state governments have incorporated educational accreditation into their licensing processes as a method of credential verification or minimum competency assessment for applicants.

The accrediting of U.S. higher education institutions and professional training programs dates back over a century (see Appendix I), and has always been conducted by private organizations, in large part due to the absence of a national ministry of education that serves a similar purpose in other countries. Accreditation of professional educational programs is rooted in the rise of specialization in American professions around the turn of the 20th century. American higher education programs or institutions voluntarily choose to undergo accreditation, although holding accreditation confers specific benefits such as access to financial aid programs and preferential eligibility for graduates to take certification exams.

Since 1992, the U.S. Department of Education (DOE) has recognized two major types of accrediting organizations: regional institutional accrediting agencies (regional) and national institutional and specialized accrediting agencies (specialized). There are six regional accrediting agencies that accredit institutions as a whole (not specific programs at institutions); an example is the Western Association of Schools and Colleges (WASC). Regional accreditors evaluate the overall structures and functions of postsecondary institutions. Fifty-one institutional and specialized accrediting agencies (an example is the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM)) accredit either professional training programs at comprehensive institutions, or free-standing, single-purpose postsecondary institutions granting degrees in a particular profession (U.S. Department of Education, 2004)⁶.

Criteria for becoming and maintaining status as a DOE-recognized accrediting agency are stringent. The process is highly structured, involves numerous layers of approval, and places a heavy burden of proof on the accreditation agency to demonstrate on a continual basis that it meets DOE's strict requirements. The DOE requires at minimum, that accrediting agencies enforce the following structural requirements of institutions and programs they accredit:

⁶ Since many AOM educational programs are actually free-standing educational institutions, throughout this document, the terms "program," "school" and "institution" are used to indicate, either interchangeably or specifically, that the process being described applies to AOM programs within larger approved or accredited institutions, or to free-standing AOM schools or programs.

1. Standards: The accrediting agency, in collaboration with educational institutions, establishes standards.
2. Self-study: The institution or program seeking accreditation prepares an in-depth self-evaluation study that measures its performance against the standards established by the accrediting agency.
3. On-site Evaluation: A team selected by the accrediting agency visits the institution or program to determine first-hand if the applicant meets the established standards.
4. Publication: Upon being satisfied that the applicant meets its standards, the accrediting agency grants accreditation or preaccreditation status and lists the institution or program in an official publication with other similarly accredited or preaccredited institutions or programs.
5. Monitoring: The accrediting agency monitors each accredited institution or program throughout the period of accreditation granted to verify that it continues to meet the agency's standards.
6. Reevaluation: The accrediting agency periodically reevaluates each institution or program that it lists to ascertain whether continuation of its accredited or preaccredited status is warranted.

http://www.ed.gov/admins/finaid/accred/accreditation_pg2.html

B. State approval of education programs

State governments have their own separate processes for measuring educational quality related to requirements for minimum levels of competency for graduates of professional programs. Policies and processes of educational program approval are largely linked to the eligibility of individuals to license in the jurisdiction. In California, many of the boards, commissions and bureaus associated with carrying out these functions are housed within the Department of Consumer Affairs. The California Acupuncture Board oversees professional issues, including the approval of educational programs, related to acupuncture and Oriental medicine in California.

Acupuncture and Oriental medicine educational programs located in California may be subject to two distinct state-required approvals. The first, approval by the Bureau of Private and Postsecondary and Vocational Education (BPPVE) enables private postsecondary institutions that are not accredited by a DOE-recognized regional accreditor (like the Western Association of Schools and Colleges) to grant degrees legally. This approval is required by the Private Postsecondary and Vocational Education Reform Act of 1989 (California Education Code Sec. 94750, retrieved 3/11/04; California Education Code Sec. 94780-94795, retrieved 3/11/04). The second approval, by the California Acupuncture Board enables graduates of approved programs to take the California licensing examination (California Business & Professions Code Sec. 4925-4949, retrieved 12/29/03). Although not legally required for operation, CAB-approval is

compelled by the marketplace of graduate production since graduates of any U.S. AOM program that is not approved by CAB are ineligible to sit for the California licensing examination.

In the sections below (C-E), we present summary information about each of three approval processes pertinent to graduates of AOM programs seeking licensure in California (BPPVE, CAB, ACAOM). Included in each summary is information about the approval process, agency or organization oversight, and survey findings related to that process. See Appendix II for detailed information about processes, costs, methods and other aspects about the three approval and accreditation processes.

C. Institutional approval by the Bureau of Private, Postsecondary and Vocational Education (BPPVE)

The approval process

The BPPVE enforces standards for the operation of educational programs in California, and protects students by regulating nearly 3,000 institutions. The goals and purposes of the BPPVE include: Ensuring minimum standards of instructional quality and institutional stability and integrity; preventing granting of false credentials; ensuring accurate advertising and application of funds towards educational purposes; providing consumer protection for students; supporting innovation in instruction and subject matter; and maintaining approval authority with the state of California (California Education Code Sec. 94770-94779.4, retrieved 2/19/04).

Approval by BPPVE is a requirement for acupuncture training programs to possess full approval by the California Acupuncture Board (CAB), which has the legal authority to evaluate and approve these institutions in order that their graduates be eligible for California licensure⁷ (California Acupuncture Board, 2003b). The distinction between these approval processes is an important and sometimes confusing issue: by law, the BPPVE must approve an entire educational institution (school) including each of its programs (including AOM programs) in order for the institution to grant degrees. The CAB has the legal authority to approve AOM programs only, housed within BPPVE-approved institutions, that it judges satisfactory to prepare graduates for licensure in California.

There has been a good working relationship between CAB and BPPVE staffs concerning the approval of in-state AOM programs, and BPPVE's initial institutional evaluations for AOM schools in California have often been scheduled jointly with CAB staff (Trott & Martin, January 7, 2004)⁸. This practice is outlined in California Education Code Section 94774(a), which enables BPPVE to impanel technically qualified persons to assist in the formulation of standards, or participate in institutional evaluations based on expertise in specialty areas. There is a substantial difference, however, between the approval of in-state and out-of-state programs, since the two entities may mutually evaluate in-state programs, while BPPVE has no authority to approve programs outside California. The CAB alone evaluates out-of-state AOM programs, relying in part on a California statutory requirement that institutions outside the state possess approval by appropriate governmental authorities using standards equivalent to those of the BPPVE (California Acupuncture Board, 2003b; California Education Code Sec. 94760, retrieved 3/2/04).

⁷ This is true for the majority of candidates for the California licensing examination, although foreign-trained candidates may request foreign credential review and tutorial-trained candidates may request approval for a tutorial program, similar to traditional apprentice education, based on clearly outlined guidelines (California Code of Regulations title 16 Sec. 1399.425, 2004).

⁸ A recent change in state law (California Business & Professions Code Sec. 4939(c)) enables CAB to approve AOM programs before BPPVE has issued its approval. The BPPVE must fully approve programs within three years of CAB approval or the program's CAB approval lapses.

Approval by the BPVVE signifies that an educational institution meets minimum requirements to ensure that students receive a generally appropriate education or training experience in their field of choice from an institution that is legitimate and meets reasonable business standards. Additional laws related to the roles and purposes of the BPVVE are meant to ensure that an institution exercises transparency in financial dealings related to student fee payment and loans, and that the quality of instruction or likelihood of obtaining work after graduation is not misrepresented. In essence, the significance of approval by the BPPVE is equivalent to holding a “license to educate” in California. In order to obtain approval by the BPPVE, programs that meet defined standards file an application describing their organizational plan, structure and governance and academic resources (faculty, facilities and equipment, etc.). Schools document their educational purposes, history of legal claims or BPPVE denials, and submit supporting documents to demonstrate that the program meets minimum standards. Applicants pay required fees (California Education Code Sec. 94900-94905, retrieved 2/19/04; California Education Code Sec. 94915-94930, retrieved 2/25/04). After assuring all materials are complete, the BPPVE issues a temporary approval pending site visit. Afterwards, BPPVE evaluators visit and inspect the educational program’s facilities to verify that the information submitted is accurate.

BPPVE responds to applications within 30 days after submission. Approval timeline depends on other priorities of staff and the completeness and clarity of the application. Any changes to an approved program’s status must be filed with the BPPVE, and approved programs must file an annual report and pay an annual fee (California Education Code Sec. 94900-94905, retrieved 2/19/04; California Education Code Sec. 94915-94930, retrieved 2/25/04). This is the procedure and timeline described by Bureau policy, however, in reality, the severe shortage of staff and limitation of resources within the degree-granting section of BPPVE is currently such that Section 94842 of the California Education Code results in de facto “long-term” approval of institutions unless a specific complaint has been filed against the institution, necessitating review by Bureau staff. This section states that if the Bureau cannot complete a decision on a renewal application prior to the expiration date of the approval, the expiration date is extended until the Bureau can issue a decision (California Education Code Sec. 94800-94848, retrieved 2/19/04). There is a great burden on the BPPVE since the Bureau’s small staff is responsible for conducting approvals, and monitoring compliance for every program offered at nearly 3,000 institutions across the state. In reality, staffing is so limited that it is impractical to render renewal decisions (Trott & Martin, January 7, 2004).

Oversight of the BPPVE

The BPPVE is a bureau housed within the California Department for Consumer Affairs. Annually, the BPPVE must file a report with the Legislature describing the year’s activities. Copies of the report are submitted to the Assembly Committee on Higher Education, the Senate Committee on Education, Senate Committee on Business and Professions, Assembly Committee on Budget and the Senate Committee on Budget and Fiscal Review. The BPPVE is subject to sunset review every four years (California

Business & Professions Code Sec. 473-473.6, retrieved 3/12/04; California Education Code Sec. 94990-94995.3, retrieved 1/6/04).

Survey findings related to BPPVE

In our survey of CAB-approved AOM schools, respondents perceived BPPVE as an overburdened, under-funded agency with insufficient resources to perform its responsibilities. The impact of BPPVE's review process on institutions was viewed either as neutral or as valuable for ensuring basic legal operation and providing consumer protection for students. Respondents did not consider BPPVE's processes burdensome. Several raised the issue of streamlining or eliminating BPPVE's approval process for ACAOM-accredited programs. Specifically, since BPPVE receives copies of accreditation reports (California Education Code Sec. 94809), these could be used to streamline reviews. One respondent suggested that schools with ACAOM accreditation be exempted from BPPVE approval, similarly to those accredited by the Western Association of Schools and Colleges. Currently, Education Code section 94777 prohibits the full substitution of accreditation in place of BPPVE approval (California Education Code Sec. 94770-94779.4, retrieved 2/19/04). Survey respondents echoed key informants in this study who reported that before being subsumed under Department of Consumer Affairs, BPPVE conducted more education-focused reviews, but that structural changes have diminished the "value for the money" that the state now receives from the Bureau's review process.

D. Program approval by the California Acupuncture Board (CAB)

The approval process

The mission of the California Acupuncture Board is to protect and educate the public through the regulation of licensure, education and enforcement of the Acupuncture Act (California Acupuncture Board, 2004a). One component of carrying out this mission is the approval of the educational routes available to students who apply for licensure to practice acupuncture and Oriental medicine in California. To be eligible for licensure, applicants must pass the California Acupuncture Licensure Examination (CALE); to sit for the CALE, must have completed one of three acceptable educational routes (California Acupuncture Board, 2003a; California Business & Professions Code Sec. 4925-4949, retrieved 12/29/03). These are: graduation from a CAB-approved program, completion of a CAB-approved tutorial (apprenticeship) program, or, for foreign-trained applicants, requesting CAB approval for a non-approved formal educational program one has attended. The latter two routes are further explained in the companion study on education.

Although all regulatory agencies for major health professions in California have the statutory authority to approve educational programs they deem rigorous and appropriate to train applicants for professional licensure, the CAB is one of only two agencies (Board of Registered Nursing is the other) of those reviewed⁹ that conducts an entirely separate and comprehensive school approval process, including review of institutional materials, site visit, evaluation of curriculum content, etc., for this purpose. Other boards and bureaus (e.g., medicine and chiropractic) have substantially incorporated accreditation of educational programs by DOE-recognized accrediting organizations as a requirement for schools in the respective professional areas to be considered for approval. In this manner, California state agencies retain ultimate authority to approve educational programs preparing future practitioners in the state but do not expend resources or take on responsibilities for evaluating and monitoring compliance related to practical instruction in the programs themselves. In effect, having been awarded accreditation by an agency that is highly structured and recognized as reputable by an entire profession or by the federal government satisfies these agencies that the educational program is rigorous and appropriate.

The CAB school approval process begins with schools applying for approval using a form that requires comprehensive reporting of institutional mission and structure, organizational administration, financial status, instructional resources and facilities, educational data and other significant descriptive information. If the program meets standards, a site visit is scheduled to verify that all required program elements are satisfactory. Each program pays application fees and site visit fees (California Acupuncture Board, 2003b).

⁹ See section III below on accreditation and approval of educational programs in comparable professions for list of agencies and professions reviewed.

The materials CAB requires for the review process include the institution's mission statement; educational objectives and statement of future outlook for the school; course schedules and syllabi; student and faculty evaluation data; student records; administration or board meeting minutes; and all documentation regarding the financial and structural operations of the school and credentials of faculty and administrators. During the site visit, CAB evaluates overall facilities, classrooms and labs, library, student activity areas, and clinical training facilities (including herbal labs and dispensary). CAB also asks institutions to describe anticipated changes as well as any type of research-related efforts in which they are involved (California Acupuncture Board, 1999).

The site visit team for CAB approval includes the CAB Executive Officer, a Board member possessing a California acupuncture license, and others selected on a case-by-case basis. The Executive Officer is responsible for compiling and writing the summary report of the site visit and submitting this report to the Board for a decision as soon as possible (California Acupuncture Board, 2003c).

Oversight of the California Acupuncture Board

The CAB is a board housed within the California Department for Consumer Affairs. Annually, the CAB must file a report with the Legislature describing the year's activities. CAB has reported to the Sunset Review Committee in 2000 and 2002, and is scheduled to report in September 2004 (California Acupuncture Board, 2004a; California Business & Professions Code Sec. 4925-4949, retrieved 12/29/03).

Survey findings related to CAB

In our survey of CAB-approved schools, respondents reported the main benefit of holding approval was to enable graduates to be licensed in California. Some respondents viewed CAB approval as a simple requirement, where others described a belief that the Board's educational standards are the highest in the country. The approval process, fees and requirements were not viewed as burdensome for schools, particularly larger schools. One respondent suggested that the Board should do more periodic review of schools. Several respondents perceived the Board is overburdened but doing a good job at regulating the profession in California. There were several compliments of the Director and the staff and their work, including recently streamlining processes, seeking standards that reflect the evolution of the profession and utilizing the high Asian practitioner population as a "unique" resource that other states do not possess. Some respondents stated what could be characterized as a "state's rights" perspective on the CAB and its work: these respondents praised the CAB while fervently criticizing application of national or extra-California standards as culturally wrong and even illegal.

There were several comments that the CAB should strengthen its requirements and assessment of English-speaking ability for graduates. Some respondents expressed concern about the Board's potential prescription of curricular content to the point that it may threaten academic freedom in a way unacceptable in higher education. Other responses concerning specific education requirements are included in the companion

study on education. A majority of respondents suggested that integrating the processes for ACAOM accreditation and CAB approval would be useful. There were an equal number of comments that having two baseline approval processes was redundant, and comments that “higher” standards in California are appreciated.

E. Program accreditation by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM)

The accreditation process

Accreditation by ACAOM consists of two major groups of activities. The first is a process of applying for an eligibility review, which, if successful, results in the issuing of candidacy. Candidacy activates the second process, which is the accreditation review (Accreditation Commission for Acupuncture and Oriental Medicine, October 2003). ACAOM accreditation is a long and expensive process in part because of the scheduling methods used by the organization. To be eligible for the first stage, school administrators attend a meeting concerning ACAOM accreditation that is scheduled when applications reach a sufficient number. The Commission meets only twice per year to review applications and make decisions on candidacy and accreditation. Expenses are incurred from the first informational meeting through the review processes until accreditation is awarded. Receiving accreditation activates a different, more expensive, fee schedule for schools to maintain their accredited status. These review process and fee schedules differ greatly from those associated with BPPVE and CAB approvals.

Similar to the approval process of the CAB, ACAOM uses a school's own educational and institutional objectives as the basis for review of quality. This process involves accounting for each goal or objective and then, having evaluators judge the degree to which structures and mechanisms (like courses and student grading) meet these objectives. Evaluators assess the degree to which institutions meet internal integrity and validity measures¹⁰. Unique aspects of programs must be clearly written, measurable and relate directly to defined objectives (Accreditation Commission for Acupuncture and Oriental Medicine, October 2003). ACAOM believes that this process enables schools to maintain their unique characteristics while meeting national standards. A defined core of educational components and institutional structures must be in place, however, unique aspects of each program are not eliminated or counted against an institution as long as internal integrity is present (Bigg, December 2, 2003).

ACAOM views a school's administrative leadership and organizational structure as a critical benchmark for accrediting programs, based on the agency's experience seeing schools fail in this area, and sometimes go bankrupt. ACAOM's Executive Director (Bigg, December 2, 2003) believes that participating in the accreditation review process focuses a program's attention on its own strengths or weaknesses in this area, and has seen a good deal of administrative enhancement take place in schools where it has been pointed out as an area for development. ACAOM also requires programs to have, use and submit a significant amount of data about their programs; students, student success; factors associated with institutional strength; and related information.

¹⁰ This evaluation method, having expert reviewers measure internal integrity of educational goals and outcomes, is common among DOE-recognized accrediting agencies. See section below concerning accreditation in comparable professions for further information.

For eligibility or candidacy, the site visit team includes two representatives or staff of the Commission. Visits may be jointly scheduled with other accreditation or approval bodies that are planning to visit the institution or program around the same time. Names of visitors are submitted by ACAOM for review and/or approval by the program in advance. Programs may issue reasonable objections to a visitor and ACAOM will replace her or him. Visitors are required to adhere to ACAOM's conflict of interest policy (Appendix 7.8 (Accreditation Commission for Acupuncture and Oriental Medicine, October 2003)) which defines appropriate visitors who must be from outside the geographic region of the program and have no relationship with other programs in the same region, have no educational, employment or kin-relation to the program, and have expressed no public opinions about the program. Visitors must recuse themselves if they are aware of conflicts of interest that may exist. A three-member review committee consisting of Commission staff and Commissioners or their designees reviews candidacy self-study reports submitted by programs (Accreditation Commission for Acupuncture and Oriental Medicine, October 2003).

For accreditation, ACAOM constructs site visit teams in collaboration with the program in order to provide information to improve particular aspects of the institution or program. These may include: management specialists, instructional specialists, acupuncture/OM practitioners, and/or acupuncture/OM education experts. These visitors are drawn from a national pool of applicants and do not include Commissioners or ACAOM staff. The same joint visit and approval of visitors as eligibility (above) applies. The site visit team compiles a report for submission to the Commission at two meetings per year (Accreditation Commission for Acupuncture and Oriental Medicine, October 2003).

Oversight of ACAOM

ACAOM is a private accrediting agency recognized by the U.S. Department of Education (DOE) and subject to laws and regulations carried out through the National Advisory Committee on Institutional Quality and Integrity (NACIQI) and the office of the Secretary of Education. As required by the DOE, ACAOM internally reviews its policies, procedures and guidelines annually, and hosts focus groups every three to four years around the country to receive input about these topics from academic and professional groups and AOM students, (Bigg, December 2, 2003; U.S. Department of Education, 2004). Recognized accrediting agencies submit yearly reports to the NACIQI. The DOE re-evaluates recognized accrediting agencies on a schedule determined at the time of each review (The Secretary's Recognition of Accrediting Agencies)¹¹.

Survey findings related to ACAOM

¹¹ Although DOE recognition confers no legal authority by accreditors over institutions, obtaining or losing accreditation by a recognized agency is widely acknowledged as a significant event by higher education institutions across the country. For schools, one of the major advantages of accreditation by a DOE-recognized agency is access for their students to federal financial aid programs (U.S. Department of Education, 2004).

In our survey of CAB-approved programs (coincidentally, all respondents also held ACAOM accreditation or candidacy¹²), respondents acknowledged ACAOM's role in establishing national standards and using an active, method of continuous program review as valuable. Most respondents reported that although the cost benefit of the accreditation process is fair, the maintenance fees for ACAOM are very high. Review and reporting requirements were largely not seen as burdensome, aside from cost, and for respondents whose programs exceed ACAOM standards already, the process was considered easy and helpful. Three major benefits of ACAOM accreditation were mentioned by most respondents: student access to federal financial aid programs, graduates' eligibility to license in states other than California, and the interactive self-study process that enables continuous review and improvement of educational programs.

Criticisms of ACAOM, aside from high annual maintenance fees, included a belief that the site visit process allows too much subjectivity by reviewers and that judgments about programs are arbitrarily applied¹³. Several respondents perceived ACAOM standards as a "lowest common denominator" in AOM education, but implications of this differed. Some believed this diminishes the profession, while others viewed ACAOM standards as a basic foundation upon which schools can build. This was reflected in responses to the item asking if current educational requirements were adequate to prepare providers for contemporary practice. Most respondents answered, "yes," but many added comments about specific areas of improvement. These are described in the companion study on education.

Some informants expressed quite negative perceptions about ACAOM's policies and practices that do not appear to be informed by available information about the standards ACAOM must adhere to in order to maintain its recognized status with the DOE. Our study of DOE-recognized accrediting agencies for comparable health professions, verified that DOE's requirements are included in the standard processes of each agency that DOE oversees. Several respondents implied that ACAOM operates arbitrarily or without integrity, yet, DOE-recognized agencies are reviewed through a rigorous process that determines the time period for which the agency can be recognized - between one and five years (The Secretary's Recognition of Accrediting Agencies). In 2000, ACAOM received the maximum five-year re-evaluation period from DOE indicating that ACAOM's policies and practices meet DOE's highest review standards (Accreditation Commission for Acupuncture and Oriental Medicine, 2004).

¹² To be eligible for the survey comparing CAB, BPPVE and ACAOM processes, programs had to have CAB approval plus either BPPVE and/or ACAOM approval. All 9 programs that responded had both CAB and ACAOM approval; 6 also had BPPVE approval. See survey section of this report for more detail.

¹³ Most accrediting agencies conduct site evaluations using qualitative judgments made by trained evaluators using a standardized set of guidelines. This process could be construed as "subjective." In theory, rigorous selection of individuals chosen to visit and evaluate programs is intended to create "objectivity" in this process. In each of the examples we examined, accreditors or professional bodies approving training programs used these qualitative measures in addition to internal validity measures (matching goals and objectives with course offerings and measurable student learning outcomes). The CAB also uses a similar process.

III. Accreditation and approval of educational programs in comparable professions

To answer questions about the methods of educational program approval or accreditation used in comparable or related health professions in California, we reviewed statutes and regulations defining state professional boards' school approval authority and procedures. In identifying key elements of their processes, we found in all but one case (Board of Registered Nursing) that licensing agencies have substantively incorporated accreditation of educational programs by a DOE-recognized agency into their school approval processes.

Agencies reviewed were:

- Medical Board of California
- Osteopathic Medical Board of California
- Dental Board of California
- Board of Registered Nursing
- Bureau of Naturopathic Medicine
- Board of Podiatric Medicine
- Board of Chiropractic Examiners

The Board of Registered Nursing uses a similar school approval process as the CAB, including submission of an application and significant documentation by a school which is reviewed by a staff of evaluators at the Board who assess the "feasibility" of approving the school (California Board of Registered Nursing, 2003). After requirements have been satisfied, the Board conducts a site visit. National accreditation is not a component of the Board's approval process and the Board does not charge fees or expenses to the school for approval. Schools are, however, required to submit annual reports to the Board.

The procedural structure for program accreditation among the national accreditation agencies did not differ significantly for other professions, since DOE-recognized accrediting agencies adhere to a standardized set of requirements. There was, however, a good deal of variation in how specifically agencies defined curriculum content required of accredited programs, and the accreditation renewal schedules for each agency.

Core curriculum content in medical, dental, osteopathic, podiatric and naturopathic educational programs was generally defined. For each profession, there was some definition of specific courses, primarily basic sciences; but courses and learning activities were largely defined on the basis of values and competencies that should result from a student's experiences in the educational program (Bureau of Professional Education of the American Osteopathic Association, January 2003; California Business & Professions Code Sec. 2080-2099, retrieved 3/12/04; Commission on Dental Accreditation, 1998; Council on Naturopathic Medical Education, 2002; Council on Podiatric Medical Education, November 1997; Liaison Committee on Medical Education, February 5, 2003). The minimum length of the training programs in these professions averaged four academic years, with some professions specifying length of program by contact hours

and others by months or years. See also Appendix II in companion study on Scope of Practice for table comparing educational requirements for various professions.

Chiropractic education was more specifically defined, including eight groups of courses and a specified number of electives, and in the clinical portion, 948 hours of clearly outlined experiences (California Code of Regulations title 16 Sec. 330-331, 2004). In naturopathic education, a similar defined clinical education was required including 1,200 hours of clinical experience with maximum allowed percentages of clinical activities defined (e.g., no more than 20 percent in observation). In dentistry and podiatry, clinical experience was integrated throughout the educational program. In medicine, clinical experience was defined by seven required primary care experiences rather than by contact hours or a certain devotion of time. The Board of Registered Nursing quite specifically defined required courses and content that must be covered in approved programs, and defined a minimum number of clinical hours (California Code of Regulations title 16 Sec. 1426, 2004).

Although all DOE-recognized agencies must be fully reviewed for renewal of their recognized status every five years, there is wide variation in the duration of accreditation each of the agencies grants to schools. One survey respondent opined that ACAOM's granting of accreditation for four years or less is driven by a profit motive. Further examination of ACAOM's policies would be necessary to examine the reasons. The agencies reviewed for this study granted accreditation for periods ranging from two to eight years. In all cases, DOE-recognized accreditors may award less than the maximum period of accreditation to a program based on concerns it identifies through the evaluation of each program.

IV. Survey of CAB-approved acupuncture and Oriental medicine schools regarding program approval and accreditation processes

Survey methodology

Staff of the UCSF Center for the Health Professions, not associated with the current study, conducted the randomization process (hat draws) to identify eight acupuncture training programs and two alternates (n=10) from among the 31 CAB-approved programs (see Appendix III for list of selected institutions) to receive a set of eight survey questions related to program approval and accreditation. To be included, a program had to hold at least two of the three possible approvals or accreditation available in California (ACAOM, BPPVE, CAB). Several key informants reviewed the survey protocol; the researchers determined final wording. Appropriate individuals at each school were identified through telephone contacts. At each school, this individual completed the survey. Respondents were encouraged to consult with members of their staff about survey items as they deemed necessary to ensure accurate responses.

Results of the survey

Two of the eight selected institutions did not respond to numerous requests, therefore, the two alternates were invited, and agreed to participate in the survey. Afterwards, one of the two institutions that had initially not responded agreed to participate. A total of nine schools responded with completed surveys. All nine held both CAB approval and ACAOM accreditation or candidacy; six were based in California and three were based out-of-state; three held CAB approval and ACAOM accreditation but not BPPVE approval. Summarized findings pertaining specifically to each approval or accrediting organization are included in earlier sections describing each of the respective organizations' approval processes.

Table 2 – Summary of descriptive data regarding survey respondent institutions

	CAB approval	ACAOM accreditation or candidacy	CA BPPVE approval	California location
Yes	9	9*	6	6
No	0	0	3	3

* Eight of the nine institutions held ACAOM accreditation; one is in ACAOM candidacy status.

General findings of the survey

Generally, respondents reported an acceptance that approval or accrediting processes are a normal part of higher education and that burdens are generally of acceptable levels compared to the benefits students can receive from holding different types of approvals. The greatest criticisms were of ACAOM's fees. There were several negative comments about ACAOM's possible profit motives, subjectivity in conducting site visits and maintaining educational standards that are lower than what schools are currently offering.

Several described ACAOM's standards as the "lowest common denominator." At the same time, some comments demonstrated a lack of understanding about how other professions and states evaluate educational quality, how many of ACAOM's practices are structured on DOE requirements, and how numerous states incorporate national standards into oversight processes without "abdicating" governmental responsibility.

Some respondents criticized the CAB and acupuncture schools generally for their lack of understanding of conventional academic processes in higher education. Several comments were critical of CAB staff for having no expertise in higher education, particularly regarding processes of curriculum development. For example, an out-of-state school indicated that although its programs already exceed 3,000 hours, to comply with CAB's prescriptive restructuring of curriculum content would put excessive pressure on the institution. This school is currently considering dropping its CAB approval.

Largely, CAB and BPPVE were perceived as over-burdened state agencies whose resources are insufficient to perform their required duties. This was stated despite numerous positive comments about the staff of both agencies. According to comments, over the past few years, welcome improvements have been made by both agencies in communicating in a positive and pro-active manner with school staff. The most negative comments about CAB concerned lack of expertise in higher education (see above), continuing to approve tutorial programs which may be of low quality while tightening the requirements for formal education, and maintaining low standards for English speaking abilities of license applicants. Several comments indicated that once CAB approves a school, there is minimal reporting or paperwork involved in maintaining approval. Fees are considered quite reasonable and pertain mostly to initial approval. One out-of-state respondent commented, however, that CAB paperwork is more extensive than any other state approval process the school completes.

Respondents made specific suggestions about courses or skill development they believed should be incorporated in future educational reforms. These are outlined in the companion study on education. More general comments were made about the manner in which the CAB recently increased curriculum hours. Some believed there was insufficient consultation with educators, and that educational activities, instead of being defined by a set number of hours or detailed list of classes to be taught, should be tied to the competencies graduates should demonstrate for contemporary practice. Opinion was evenly split on whether there is too much or too little focus on Western clinical sciences and treatment approaches.

Respondents were asked how they believed schools should be approved. Of nine responses, five suggested some type of process that would combine ACAOM and CAB evaluation and approvals. These were evenly divided between some unspecified combination of processes, and using ACAOM as a baseline criterion for approval of additional state-based requirements. Two of the three out-of-state respondents supported having only one school approval process: the third suggested AOM programs be approved in the same way as other health professions. From an out-of-state respondent, this comment is unclear since these processes can vary greatly by state and by profession,

typically with some mix of national and state-level review (although in California, most of the major health professions rely on accreditation by a national entity). The most serious concerns expressed about combining processes implied that if California were to incorporate ACAOM accreditation into CAB's evaluation process that the state would have ceded its authority to a private organization. In contrast, most respondents suggested ways that accrediting standards could be used as a baseline in ways that would lessen workload on CAB yet maintain the Board's ultimate authority over school approval for the state.

Respondents were asked why they chose to be CAB-approved or ACAOM-accredited. Most respondents viewed CAB approval as a legal requirement for their graduates to be eligible for licensure. The compelling reasons for California schools to accredit with ACAOM included access to financial aid for students and competitive advantage in the marketplace of graduate production (i.e., producing graduates who can practice in many states). Out-of-state schools approved by the CAB reported being compelled by the latter. They indicated the ability to produce graduates who will take the California licensing exam and practice in California outweighs burdens associated maintaining two types of approval. This was not universal, however, as indicated in responses from an out-of-state school that is considering dropping its CAB approval because of the increased requirements (described above).

One out-of-state respondent suggested creating levels of approval or accreditation for AOM programs with corresponding levels of practitioners in the profession. This means having a "Dr. of TCM" and aides or technicians that would be educated at lower levels by schools that are approved to grant credentials up to a certain level (similar to Carnegie classifications of U.S. higher education institutions). This perspective was echoed by a key informant in the study who believed that the profession has reached the point where it should consider step-levels of entry for care providers based on the level of skill actually required to perform certain functions. Similar step-level entry points exist, for example, in:

- medicine (Medical Doctor/Physician Assistant/Medical Assistant)
- nursing (Advanced Practice Nurse /Registered Nurse/Licensed Vocational Nurse/Certified Nursing Assistant or nursing aide)
- pharmacy (Pharmacist/Pharmacy Technician/Pharmacy Clerk).

V. Analysis, discussion, options and areas for further research

There is considerable overlap among programs and the approval or accreditation they seek. All but three of the thirty-one programs (in-state and out-of-state) currently approved by CAB also hold candidacy or accredited status from ACAOM. Twenty-eight (all 13 of the California-based programs and 15 non-California programs) of the 54 U.S. programs with ACAOM accreditation or candidacy status also hold CAB approval.

Both the CAB approval and the ACAOM accreditation processes are undergoing significant changes over the coming year, including increases in total number of hours required for approved/accredited programs. See Tables 3 and 4 for summaries.

Table 3 – Total number of curricular hours required by CAB and ACAOM, 2004-05

	Until 6/04	7/04-12/04	1/05 and after
CAB	2348	2348	3000
ACAOM OM*	2175	2625	2625

*ACAOM standards for “Oriental Medicine” programs, which include acupuncture and herbs, are used here because of their comparability to CAB “acupuncture” standards, which include acupuncture and herbs. ACAOM standards for acupuncture programs will be 1725, 1905 and 1905 for these time periods respectively.

Table 4 – Hours required by CAB and ACAOM by category

	<i>Curriculum Areas^a</i>									
	Acupun- c-ture and Oriental Medicin e Principl e Theorie s and Treatm ent	Her bs	Basic Scien ces	Clinical Medicin e, Patient Assessm ent and Diagnosi s	Case Manag e- ment	Practi ce Manag e- ment	Profes s- ional Devel op- ment	Publi c Heal th	Clinic al Practi ce	TOTA L HOUR S
Current CAB hours	660	300	558 ^b		0	30	0	0	800	2,348
Current ACAOM hours for OM programs ^c	705	450	360 ^d		0	0	0	0	660	2,175
CAB hours effective 1/1/05	805	450	350	240	90	45	30	40	950	3,000
ACAOM hours for OM programs	705	450	510 ^d		0	90 ^e		0	870	2,625

effective 7/01/04								
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^a Curriculum area titles are those used by the California Acupuncture Board in its 2004 proposed regulations; titles currently used by CAB and by ACAOM may differ.

^b Current CAB requirements for Western Sciences include clinical medicine and basic sciences.

^c ACAOM standards for “Oriental Medicine” programs, which include acupuncture and herbs, are used here because of their comparability to CAB “acupuncture” standards, which include acupuncture and herbs.

^d Current and projected ACAOM requirements for biomedical clinical sciences include both basic science and clinical medicine.

^e Projected ACAOM requirements include competencies in both practice management and professional development.

As evidenced by the information throughout this document, including Appendix II, there are many similarities between the processes as well as some differences.

Notable similarities between CAB approval and ACAOM accreditation

- The vast majority of CAB approved programs also hold ACAOM accreditation (28 of 31).
- There are many parallels between CAB and ACAOM in philosophy and process and the two organizations have collaborated formally and informally on various activities.
- The wording in several sections of each organization’s site visit guidelines is similar or identical.
- Both CAB and ACAOM are increasing their standards for total number of curricular hours required of approved/accredited programs over the next year.

Notable differences between CAB approval and ACAOM accreditation

Substantive differences: pre-admission requirements, curricular content and program hours

- CAB approves “acupuncture” programs, but these programs, and the CAB requirements for approval, include acupuncture, herbs and other modalities. ACAOM offers accreditation of either “acupuncture” (acupuncture focus) or “Oriental medicine” (including both acupuncture and herbs) programs under separate tracks with different requirements. Of the two types of programs ACAOM accredits, its “Oriental medicine” programs are most comparable to California’s approved “acupuncture” programs.
- CAB currently requires a higher number of total curricular hours for programs (2348) compared to ACAOM’s standards for acupuncture programs (1725) and Oriental medicine programs (2175). After January 2005, CAB requirements will be 3000 hours compared to ACAOM’s requirements for acupuncture programs (1905) and Oriental medicine programs (2625). Between July 2004, when ACAOM increases go into effect, and January 2005, when the new CAB increases would go into effect, the CAB requirements for total curricular hours

- (2348) will be higher than ACAOM's standards for acupuncture programs (1905) but lower than ACAOM's standards for Oriental medicine programs (2625).
- ACAOM-accredited programs must require program applicants to have completed 60 semester credits (2 years) of "education at the baccalaureate level that is appropriate preparation for graduate level work, ..."; ACAOM also requires programs to require English language competency of all students seeking admission to the program taught in English. Although the CAB is proposing new regulations that would require two years of baccalaureate preparation, it currently requires candidates for admission to an approved program only to have successfully completed an approved high school course of study or have passed a standard equivalency test; there are no CAB baccalaureate prerequisites for program approval. CAB has no English language proficiency requirements for approved programs to require of applicants.
 - Three CAB approved programs have lost or never achieved ACAOM accreditation or candidacy status.¹⁴
 - The CAB curricular requirements by category, especially under proposed regulations scheduled for implementation in January 2005, are more detailed and directive than those of ACAOM.

Procedural differences

- ACAOM accredits programs for defined period of time ranging from one to five years depending on stability and quality of program and routinely investigates and sanctions programs (including withdrawing candidacy or accreditation status) for variances to requirements. No stated length of time for which CAB approval is granted is available for the approved programs. Aside from requiring programs to submit information about changes to their programs, there appears to be no written CAB policy or compliance record regarding monitoring, renewal or sanctioning processes for variances to requirements once a program has been approved.
- ACAOM has more extensive, detailed and publicly accessible documentation of procedures, guidelines, practices, history, accounting, reporting, and decision making than does the CAB.

Cost differences

¹⁴ The three programs that are on the California Acupuncture Board's approved program list that are not on ACAOM's list of programs that are accredited or in candidacy status are: China International Medical University, Kyung San University, and Southern California University School of Oriental Medicine and Acupuncture. According to Winter 2003 and Spring 2004 ACAOM newsletters, actions were taken by the ACAOM board in November 2002 to "withdraw candidacy from the China International Medical University" and in November 2003 to "deny candidacy to the professional Master of Science in Oriental Medicine program of the Kyung San University." It is unknown to the authors of this report whether Southern California University School of Oriental Medicine and Acupuncture, a Korean language program in Los Angeles, CA, has ever applied to ACAOM for candidacy or accreditation. We note however, that the similarly-named "Southern California University of Health Sciences – College of Acupuncture and Oriental Medicine", a separate program in Whittier, CA, is approved by the California Acupuncture Board and is in candidacy status with the ACAOM.

- ACAOM fees for accreditation are significantly higher than those charged by CAB for approval. ACAOM's application fees are double those of the CAB. Further, in addition to assessing a fee per student on top of the basic fee for each step of the process, ACAOM has several steps, including eligibility, candidacy, accreditation, sustaining, and re-accreditation, each of which has fees associated with it. Over a ten-year period that involves many of the ACAOM steps but just the one approval step that CAB offers, a program might spend ten times or more on ACAOM accreditation than on CAB approval. For details, see the *Costs* section of Appendix II.

This overlap, similarities, and differences between the approval and accreditation processes raise several questions about possible redundancy, purpose, and value. These questions are explored in more detail below:

Qualitative differences in purpose of CAB approval and ACAOM accreditation

A question to be addressed by this study was whether maintaining both CAB approval and ACAOM accreditation was cost beneficial to acupuncture and Oriental medicine educational programs. This question is difficult to answer simply since, as described earlier, schools appear to make this choice based on the relative benefit for their graduates to license in a variety of states. We found no indication among educators outside California that CAB approval signifies anything about educational quality: they universally associated CAB approval with licensing eligibility for their graduates. Although most in-state survey respondents related CAB approval and ACAOM accreditation with licensing eligibility, several described California's "higher" standards as an asset.

It is difficult to compare the value of CAB approval and ACAOM accreditation since the two organizations serve different purposes and operate at quite different levels. To be eligible for licensure in California, an applicant must have graduated from a CAB-approved educational program. Graduation from an ACAOM-accredited program is a requirement for licensure in virtually all other jurisdictions licensing acupuncturists, which could compel any U.S. school to pursue accreditation. Why therefore, would out-of-state institutions seek approval by the CAB? The answer may lie in the far larger labor market and practice opportunities in California for acupuncturists, which compel these institutions to seek CAB approval so their graduates may license in the state; or perhaps to attract California students to attend out-of-state programs before returning to California to practice. Either way, the fact that out-of-state programs choose to be approved by the CAB testifies to California's prominence in the national marketplace of education and employment in this profession.

The language used to describe the process and purposes of CAB approval and ACAOM accreditation, suggests a qualitative difference between the two organizations and their purposes. Based on its written materials, approval by the CAB connotes that a program's

mission and purpose be facilitated by its structure and the activities of its educational program that meet minimum standards defined by the CAB (California Acupuncture Board, 2003c). ACAOM's described approach to program evaluation requires programs demonstrate how improvements have been made to the educational programs and/or institutional operations in the past, and outline and document on-going goals of continuous improvement in a program's goals and structures which meet minimum requirements defined by ACAOM (Accreditation Commission for Acupuncture and Oriental Medicine, October 2003). The approval process of the CAB focuses on programs meeting minimum requirements outlined by the Board. ACAOM accreditation focuses on continuous improvement of programs that meet minimum requirements.

How do CAB approval and ACAOM accreditation compare in process and rigor?

Several informants questioned the rigor of the CAB approval process compared to the accreditation process of ACAOM. This may be linked to the fact that the purposes of the two approvals differ. As a state agency, CAB is subject to a different type of oversight than ACAOM. Also, CAB is a professional licensing and regulatory body that approves educational programs in addition to regulating the profession, where ACAOM is a single-purpose professional accrediting organization. ACAOM Executive Director Dort Bigg indicated that approximately 50 percent of applicants for ACAOM accreditation are rejected each year. Also, ACAOM has terminated schools' accreditation, resulting in a loss of access to financial aid programs and ineligibility for their graduates to license in most states (Bigg, December 2, 2003). Although CAB has the power to deny or terminate a school's approval, we found no publicly available data to indicate that this has ever happened. Being de-approved by CAB would have far greater consequences for California schools than for out-of-state schools. Losing ACAOM accreditation would mean a loss of federal student financial aid for an institution's students, and ineligibility for a program's students to license in most states and the District of Columbia.

There has been no chronological pattern in schools receiving CAB approval or ACAOM accreditation first which could elucidate any effort to combine the two evaluation and approval processes (an effort favored by over half the survey respondents). CAB and ACAOM have collaborated formally and informally on activities associated with defining national educational standards (Bigg, December 2, 2003), and the wording in several sections of each organization's site visit guidelines is similar or identical. There are obviously many parallels between CAB and ACAOM in philosophy and process.

As a DOE-recognized accreditor, many of ACAOM's practices and standards are defined by this status. Similar strictures of organization and processes of standards development do not exist for the CAB. This study revealed few publicly available, standardized, written procedures, policies or guidelines similar to the accreditation manuals of ACAOM and other accreditors of health professional education programs. The CAB has only existed as an independent board since 1999, which reasonably suggests that its processes and standards are still evolving, however, since schools have held CAB (or its predecessor's) approval since 1979, one may reasonably expect to find comprehensive written policies related to the process. Further exploration would be needed to answer questions about the relative rigor of CAB approval.

Is CAB approval of educational programs necessary?

The question "how should schools of acupuncture be approved in California?" implies several levels of analysis related to the necessity of the process. Necessity implies that a certain goal or purpose is inherent in the process. There are two major purposes of CAB school approval and a variety of related goals that are likely beyond the scope of this study.

According to publicly available information from the CAB (California Acupuncture Board, 2004a) the primary purposes of school approval are to protect and educate the public and to qualify applicants for the state licensing examination.

Could different processes serve these same goals? Evidence from this study indicates they could. For example, most other U.S. jurisdictions use different processes to assess licensing eligibility of applicants. In California, similar professional boards (e.g., Chiropractic, Podiatry) incorporate accreditation of educational programs by a national accreditor into their examination and licensing processes, often adding required course work, exams or professional credentialing processes (e.g., national certification) to create a comprehensive assessment they consider suited to California's professional practice environment.

It is not clear how the process of CAB school approval educates the public. However, protecting the public, including students, patients, health care delivery settings, educators, and others who are direct "consumers" of the "products" of acupuncture education in California, is likely to occur through comprehensive evaluation, monitoring and enforcement of educational requirements. Questions remain about the rigor and consistency of CAB's evaluation methods and monitoring of approved programs, and how approval by the CAB protects the public in California in ways that are unique or beyond the protection ensured for the public in other states that do not conduct their own separate program approval processes.

Nearly all other California regulatory bodies providing licensure in major health professions have accepted national accreditation of education programs as satisfactory for assuring appropriate preparation for these professionals in California. Yet, each of these agencies is charged with the same responsibility as the CAB to protect the public and ensure licensees are appropriately trained. This juxtaposition appears to indicate that comparable state regulatory agencies have judged that there is no need for separate comprehensive approval of educational programs. If these agencies have satisfied their responsibilities to the state, this could indicate that maintaining a separate approval process is redundant or wasteful.¹⁵

If ACAOM accreditation were to be incorporated as a baseline measure of program adequacy, there would be no need for CAB to conduct a full program approval. Currently, CAB's own procedures require that an out-of-state program be located in an institution approved by a DOE-recognized accrediting agency or by an "appropriate" governmental authority (typically a state agency similar to BPPVE). Since all other states licensing AOM professionals require ACAOM accreditation directly or indirectly¹⁶, CAB approval could instead focus on requirements for licensure that are unique to California.

¹⁵ Similarly, the other states that regulate acupuncture have chosen to rely on national accreditation of educational programs. We are unaware of any data that would suggest that any state is safer than any others for acupuncture patients due to choices regarding accreditation and approval processes.

¹⁶ Directly means the state requires all programs to be ACAOM accredited. Indirectly means that the state utilizes the NCCAOM exam for licensure; NCCAOM requires schools be accredited by ACAOM or be judged equivalent to ACAOM standards. See earlier sections for more information.

Such a change could save resources and be more meaningful in a California-specific professional context.

CAB approval requirements and ACAOM accreditation standards are not structurally dissimilar or mutually exclusive. The similar or identical text used by the two agencies further challenges the need for conducting comprehensive evaluations of these components of programs in schools that hold ACAOM accreditation (see Notes #2 describing CAB Site Study Manual in Appendix II).

Should CAB discontinue its school approval process?

In their diversity of answers, survey respondents largely did not suggest that CAB discontinue its evaluation of educational programs for the purpose of state licensure. Even out-of-state respondents suggested that a combined process of state approval and national accreditation makes sense. An agency that may exemplify how this approach may be accomplished is the California Board of Podiatric Medicine.

The California Board of Podiatric Medicine (BPM) uses school accreditation by the Council on Podiatric Medical Education (CPME) as a baseline for BPM school approval. Schools must attest in writing that they are CPME-accredited in addition to providing curriculum outlined in state law (California Business & Professions Code Sec. 2460-2499.8, 2004). The BPM streamlines this process by requiring annual submission of a one-page verification form on which schools attest they are accredited and comply with the curriculum requirements outlined in the podiatric medicine act (California Board of Podiatric Medicine, 2003/2004). The BPM uses a similar process for approving residency programs in podiatry. Yet, authority of the BPM is not superseded by utilization of national accreditation because of the wording of California Code of Regulations Title 16 section 1399.662(b):

Nothing contained in this section shall prevent the board from disapproving any college of podiatric medicine which would otherwise be approved under subsection (a) if it does not meet the requirements of the code, including Section 2483, and any regulations of the board. (*Section 2483 defines the required curriculum*)

CAB enforcement and sanctions related to school approval are unclear

Typically, compulsory state government review processes are linked to enforcement efforts that carry serious potential consequences for reviewed entities. This study revealed no monitoring or enforcement mechanisms in CAB's processes related to program approval. For example, the CAB itself recommended doing a better job of receiving required annual reports from schools (California Acupuncture Board, June 25, 2002). Yet, there appears to be no record of sanctioning schools for failure to comply with these types of required processes. There was no evidence that the CAB has a formal renewal process for school approval¹⁷. This means that once approved, there appears to

¹⁷ Such as the standard for DOE-recognized agencies' renewal described on page 10.

be no routine mechanism for sanctioning or de-approving programs. There was also no history that any school that has applied for approval has been denied it¹⁸. Further examination of CAB internal documents could provide more information about these concerns.

The process guidelines for CAB approval are not as clearly defined as those of national accrediting agencies that serve similar purposes associated with licensure¹⁹. Some informants suggested that the process is “arbitrary.” Whether or not this is the case, the incompleteness and lack of clarity in the approval process may cause schools to wonder what is expected of them for initial approval; what constitutes non-compliance; how they maintain or could lose approval status; or whether there are special contingencies or exceptions in the process. These deficiencies weaken the meaning and integrity of program approval since no consistent metric of comparison appears to exist to support these judgments.

Analysis of available data suggested that relieving the CAB of the time and resources required to both conduct site visits for approval and having to monitor approved schools could enable it to devote sufficient resources to enforcement efforts that appear to be lacking. The CAB has estimated school approval takes 250-400 hours of staff time (California Acupuncture Board, May 22, 2001). To develop and implement monitoring and enforcement procedures will require a good deal of resources. If pursued, it is questionable how these activities would be supported within existing budget and staffing resources.

How could utilizing national accreditation facilitate CAB goals and purposes?

Utilizing national accreditation as a foundational requirement for supplemental requirements managed and enforced by CAB could generate monitoring, enforcement, and renewal processes with no net increase in workload. These changes could enable the CAB to devote greater resources to monitoring of additional California educational requirements, assisting schools in compliance and improvement of their programs, and supporting schools in the transition to the new 3,000-hour educational requirements.

The companion study on education indicated that CAB-approved programs will need to devote a great deal of attention to meeting the new 3,000-hour requirements, yet, it is not evident that the CAB currently has the resources to provide the support and guidance needed to usher programs through this transition. At the same time, it is not apparent that the CAB has offered guidelines or tools for schools to use to understand what they will

¹⁸ This may, in part, be due to the manner in which CAB works collaboratively with schools in order to approve them. A review of Board minutes (California Acupuncture Board, 2004a) revealed that several schools have worked with CAB staff for months, requiring repeated site visits and individualized guidance to bring schools up to standards acceptable for CAB approval. It is a compliment to the Board that it has assisted schools in this way, but this is not typical of higher education accrediting processes. Also, it takes an unusual devotion of staff time that may not be available to schools as all 31 institutions transition to the new 3,000-hour requirements at once. Thus, this collaborative approach may be difficult to maintain.

¹⁹ In contrast, the substantive curricular requirements for CAB approval are generally more detailed than those of national accrediting agencies for the health care professions.

need to do in order to comply. Finally, it is unknown whether or not the CAB has set aside resources to develop enforcement policies to accompany the new educational requirements. On this basis, any appropriate relief of workload for the CAB could enhance the upcoming transition and processes associated with it.



Appendix I - Evolution of higher education accreditation in the United States

Several of the contrasting perspectives associated with the questions of this study are related to historical American debates about the role played by national, non-governmental entities in structuring and regulating education, professional entry, and practice parameters within professions. The perspectives present in current debate about acupuncture in California are neither unique nor new.

The process of accrediting educational institutions evolved from the 1862 Morrill Act establishing the nation's system of land grant colleges. The first accrediting of specialized professional education programs started in 1897 with osteopathy, followed by several others until a pivotal change resulted from the 1910 Flexner Report concerning medical education and the training of physicians (Task Force on Accreditation of Health Professions Education, June 1998). The poor conditions described by this report shocked the public and prompted major reforms in the evaluation of programmatic quality and the standards of educational facilities, not only in the health professions, but also in U.S. higher education as a whole. The "culling" of medical programs resulting from this report foreshadowed the significant role accrediting bodies would play through the early 20th century. While Flexner raised the profile of accrediting, it also spawned a proliferation of professional approval bodies that diluted the effectiveness of program review and approval. There were numerous attempts to coordinate these organizations, until in 1949; higher education institutions themselves established a set of principles by which to evaluate the quality of accrediting agencies by forming the National Commission on Accreditation.

Further evolution of this coordinating idea occurred over the next four decades. By the early 1990s, the federal government, concerned about the high default rates on students loans, had incorporated the coordination and oversight of accrediting agencies into the Higher Education Act of 1992, placing responsibility for monitoring and regulating institutional and programmatic accrediting agencies under the U.S. Department of Education (U.S. Department of Education, 2004). During this same period, political jostling between higher education institutions and accrediting organizations eventually resulted, in the 1995 creation of the Council for Higher Education Accreditation (CHEA), an independent association of college and university presidents who coordinate and collaborate with accrediting organizations to develop standards and maintain open communication among all parties to monitor the quality of organizations wishing to evaluate the quality of educational programs (U.S. Department of Education, 2004). Today, even with the involvement of DOE in oversight and regulation of accrediting, the process of developing standards, guidelines, procedures and perpetuating a culture of quality control in American professional education remains, after over 100 years, private and voluntary.

Accreditation is a uniquely American method of evaluating the quality of educational programs, which in other countries is done by ministries of education or similar governmental entities. The history of accreditation is rooted in the resistance of the country's founders to create a national ministry of education. Yet, also in this history, is

rooted the controversy and suspicion over having private and independent bodies, largely comprised of professionals setting standards for their own professions. In part, the debate over public versus private oversight of professional education is rooted in American perceptions of “private” versus “public” good. Due to the power indirectly exerted by accreditors to control entry into professions, regulation of economic factors and direction of professional growth, constituents have historically questioned the reliability and trust conveyed to these entities. Another historical criticism of accrediting bodies is their derivation from within a profession, and thus, perceived bias towards protecting the profession over the interests of the public (Havighurst, 1995). The Higher Education Act of 1992 sought to curb this tendency by requiring that educational accrediting organizations be “separate and independent” from professional groups (U.S. Department of Education, 2004).

Support for private accreditation is based primarily in the efficiencies of decentralization by having experts in a particular field regulate themselves with oversight from a government authority. The U.S. Department of Education (DOE) monitors and develops rules and criteria for recognized accrediting agencies, which has created a de facto list of “approved” peer evaluation organizations for numerous professions to ensure “reliability” and “quality” of educational programs within these fields (U.S. Department of Education, 2004).

The Task Force on Accreditation of Health Professions Education (1998) posed a set of critical questions about accrediting of training programs in health fields. Concerns included:

- Limited involvement of diverse group of stakeholders
- Focus on compliance and punitive action instead of collaboration and preserving local character and institutional uniqueness
- Focusing heavily on structures and processes rather than value-added or educational outcomes
- Insufficient evidence that accrediting criteria or processes are valid or reliable
- Lack of coordination of accrediting or approval bodies causing institutions to divert institutional resources to duplicative or burdensome review processes
- Multiplicity and increasing specialization of accrediting and approval bodies that reinforces fragmentation and segmentation within institutions and between professions
- This multiplicity hinders cross-disciplinary standards-setting or review to streamline processes
- Accrediting bodies may become so monolithic that they can be slow to respond to changes in the professional, social or technical environment

The U.S. Department of Education and CHEA have focused on ways to improve inter-organizational relations and collaboration, and to ensure that the activities of all involved parties enhance the quality of educational programs and outcomes for individual students (U.S. Department of Education, 2004). This focus on reducing inefficiencies and redundancy, responding appropriately to changes in the larger societal and professional environments, and ensuring that quality and continuous improvement be a fundamental

standard of accreditation, may begin to address some of the concerns raised by the Task Force (Task Force on Accreditation of Health Professions Education, June 1998; U.S. Department of Education, 2004). In our survey concerning accreditation and approval, one respondent whose institution has worked with both ACAOM and the Western Association of Schools and Colleges (WASC), reported that ACAOM expressed a willingness to coordinate reviews with WASC, to collaborate to reduce the amount of redundancy for school staff, and that ACAOM staff and reviewers were appreciative that the school had suggested a collaborative process. This respondent believed that all three parties learned from this process and will constructively use the knowledge and skills gained to build similar efficiencies and positive relations in the future.

Appendix II - Comparison of criteria and processes for approval and accreditation of acupuncture and Oriental medicine educational programs for California licensed acupuncturists²⁰

	Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM)	California Acupuncture Board (CAB)	Bureau of Private Postsecondary and Vocational Education (BPPVE)
Criteria and standards used for approval or accreditation	<p>To be eligible, program must demonstrate program quality and integrity based on established policies, mission, objectives and results; must have graduated at least one cohort of students; and must possess capacities to conduct and complete accreditation process.</p> <p>Substantially comply with fourteen Essential Requirements (see Notes #1).</p> <p>Focus of review is institutional organization, operations and stability; and communication and achievement of desirable and defined educational objectives.</p>	<p>To be eligible, a program must possess or be in process for BPPVE approval to operate in California. An exception is described in CA Business & Professions Code, § 4939: CAB may approve a program pending BPPVE approval within three years.</p> <p>Focus of review is to ensure compliance with CA regulations and quality assessment of program, including administration and resources to achieve educational objectives.</p> <p>Specific criteria for approval of an acupuncture and Oriental medicine education program defined in CA Code of Regulations, Title 16, § 1399.436-439 (see Notes #2).</p>	<p>To be eligible for temporary approval and site visit, BPPVE reviewers ensure that all required application materials are complete and indicate compliance with state law.</p> <p>Focus of review is to protect integrity of degrees and diplomas and ensure student equal opportunity for accomplishment. Approval means an institution meets minimum financial capabilities, provides written certification that students have completed an instructional program, and that instruction is provided by faculty based on a planned curriculum.</p> <p>Comply with requirements of CA Education Code, §§ 94800-94832(to end), 94838, 94840-94841, 94846, 94848, 94900.</p>

²⁰ Sources used are primarily published, publicly available documents and key informant interviews. See page 61 for references and citations for Appendix II. Following the table is more detail about each of organization’s processes: Notes #1 ACAOM (page 46), Notes #2 CAB (page 51), Notes #3 BPPVE (page 59).

<i>Appendix II continued</i>	ACAOM	California Acupuncture Board	BPPVE
Processes used	<p>Attend required workshop and submit letter of intent to apply. Submit eligibility report and pay application fee. ACAOM decides candidacy eligibility if eligible, candidacy review and site visit conducted. If accepted, candidacy granted.</p> <p>If granted candidacy, full review begins, including comprehensive self-study and site visit preparation. Must complete process within 3 years.</p> <p>Site visit occurs after 6-18 months over a 3-to-4-day period. Summary impressions report provided to CEO of school before departure. Team reports findings to ACAOM Committee for Commission decision at one of 2 yearly meetings (June, December).</p> <p>ACAOM issues accreditation decision. If awarded, decision includes areas for continued improvement of program and duration of accreditation.</p>	<p>Board staff review application materials and schedule a site visit.</p> <p>Site visit occurs over a 3-day period, site visit of externship or tutorial sites takes 2-3 hours. CAB Executive Officer writes report and submits to Board for decision as soon as possible.</p> <p>(More information may be available through CAB internal documents or through interviews with CAB staff; information in this chart was taken from publicly available resources listed at the end of this document.)</p>	<p>Staff reviews application for completeness and compliance with laws and regulations. Institution pays application fee.</p> <p>If application approved, temporary approval status is issued.</p> <p>Site visit must occur within 90 days of issuance of temporary approval status. Visit is conducted by BPPVE staff and others on a case-by-case basis (often dependent on specialty area of program). At conclusion of site visit, team members submit all documentation gathered and summaries written to the Bureau representative who consolidates these into a report signed by each team member. This report is sent to the school to correct any errors of fact within 30 days. Report is returned to representative who forwards to Director.</p> <p>Director of BPPVE or designee reviews report and renders decision.</p>

<i>Appendix II continued</i>	ACAOM	California Acupuncture Board	BPPVE
Time required for process (how long does it take to get approved)	Eligibility review: candidacy after 12-24 months based on date of application & scheduling of required workshop. Candidacy-to-accreditation: review process takes 14-36 months depending on institutional quality and compliance, and schedule of ACAOM Board meetings	Depends on completeness of application, compliance with Board standards, scheduling of staff time; usually between six and twelve months.	Temporary approval within 90 days; Full approval can take between 3-15 months or longer (but not more than 36 months) depending on completeness of application and scheduling of site visits by Bureau staff.
Length of time for which approval is granted	Varies based on decision of Commission. From 1 to 5 years depending on stability and quality of program.	Further research needed – ²¹ . Our study indicated no renewal process for CAB approval	Up to five years depending on findings of review ²² .

²¹ Some key informants reported that the CAB has no re-evaluation process for educational programs that is similar to a re-accreditation process (like ACAOM, Western Association of Schools and Colleges and others). In the U.S., it is customary that approval or accrediting of professional training or higher education programs must be fully renewed through a process similar to initial approval/accreditation on some defined periodic basis. These requirements are described in the accrediting manuals of specialized professional education accrediting agencies. In our review of selected health professions' accrediting processes, scheduling for full reviews (renewal of accreditation) ranged from two to eight years. In our review of CAB documents, website, and state laws and regulations, we found no indication of a renewal process.

²² Information from key informant interviews and from California Education Code § 94842 suggested that a sort of de facto “long-term” or even “lifetime” approval exists for approved schools about which the Bureau never receives a complaint. This was described as a result of the extreme workload and staff shortages at the Bureau that relative to the amount of time and expertise involved in re-approving schools, results in few schools actually being re-reviewed for approval every three years. Essentially, as a result of severe lack of resources, section 94842 may ensure that basic operational approval for California schools continues unless a complaint draws attention to a particular institution, prompting formal renewal. As long as annual fees are paid, little effort is reportedly made to conduct a full renewal. This may be due to the large number of programs and schools to be evaluated, and the burden of conducting initial review of new programs and schools each year. More rigorous examination of this policy and practice could suggest methods of improvement.

<i>Appendix II continued</i>	ACAOM	California Acupuncture Board	BPPVE
Approval renewal process	<p>Submit annual reports to ACAOM each year after candidacy is granted. Annual reports are reviewed for “red flags” that could prompt additional review.</p> <p>Once accredited, submit annual reports. Recommend 12-18 months before expiration of accreditation, school conduct self-study to prepare for full re-assessment, including site visit. Same process as initial accreditation.</p> <p>Submit any substantive changes and pay applicable fees, on-going.</p>	<p>Significant changes to the institution or program must be reported to the Board within 30 days, additional fees may be charged.</p> <p>Within 60 days after the close of each school’s fiscal year, submit to Board a current course catalog, any significant changes, and statement of financial worthiness.</p>	<p>Submit annual report and fee. Significant changes must be reported, additional fees paid and review by BPPVE of any added programs.</p> <p>BPPVE also requires documentation of continued learning activities for specified administrative staff (see Notes #3).</p>

Continued...

<i>Appendix II continued</i>	ACAOM	California Acupuncture Board	BPPVE
Costs	<p>Workshop fee: (not defined), attendees pay own expenses</p> <p>Eligibility fee(s): \$3,000</p> <p>Eligibility site visit: \$3,500 (estimated)</p> <p>Candidacy fee(s): \$3,000 +\$10/student</p> <p>Annual sustaining fee(s) (for candidate programs: \$3,000 + \$10/student</p> <p>Accreditation site visit: \$6,000 (estimated)</p> <p>Accreditation fee: \$2,500 +\$10/student</p> <p>Annual sustaining fee: \$5,000 + \$20/student (for each campus of the institution)</p> <p>Re-accreditation fee (renewal): \$3,000 (for each campus of the institution)</p> <p>Substantive change fee(s): \$750-3,000 (detailed in Part 7 of Handbook)</p>	<p>Application fee: \$1,500</p> <p>School reimburses Board staff for all expenses of site visit.</p> <p>Substantive changes to program can incur additional fees based on direct cost reimbursement for review procedures.</p>	<p>BPPVE fees are based on 3 tiers of annual gross revenue (under \$100,000; \$100,001-999,999; \$1 million or more)</p> <p>Application fee: \$25 (deducted from approval or registration fees paid when application submitted)</p> <p>Site visit team expenses: paid by school (based on actual costs)</p> <p>Application/Approval fees: range \$3,825-\$4,275 + \$85-\$95 per additional program over 5 programs.</p> <p>Annual fees: range \$765-4,940 (derived from a calculation of flat fees + per-student fees)</p> <p>Change fees: \$85-\$4,275 (detailed in Current Fee Schedule)</p>
External review or evaluation process	U.S. Department of Education, National Advisory Committee on Institutional Quality and Integrity	California Department of Consumer Affairs (within State of California State and Consumer Services Agency)	California Department of Consumer Affairs (within State of California State and Consumer Services Agency)

<i>Appendix II continued</i>	ACAOM	California Acupuncture Board	BPPVE
Processes used in other states	39 jurisdictions (38 states and DC) either use graduation from an ACAOM-accredited program and/or NCCAOM examination ²³ or certification (which requires graduation from ACAOM-accredited program) as pre-requisite for licensure; Louisiana approves programs from which certified acupuncturists (licensed MDs) must have graduated and offers passing of NCCAOM examination as one route for certification as an “acupuncturist’s assistant”; 10 states do not license acupuncture or OM professionals.	CAB has exclusive responsibility to approve out-of-state programs in order for graduates of these programs to be eligible for CA licensure. Other states licensing acupuncture generally use ACAOM as a basis for school approval (see prior column).	All states have some type of school approval process for proprietary or vocational institutions. These vary greatly throughout the country. Information about approval or accreditation in each state is available through a directory published by the Council of Recognized Accrediting Agencies (CRNAA) available online at http://www.crnna.org/directory.pdf .

²³ Pre-graduation eligibility for the NCCAOM examination requires documentation of completion of hours at an ACAOM approved school.

Appendix II, Notes #1 – ACAOM Essential Requirements for Master’s degree programs

The ACAOM Accreditation Handbook (the Handbook) contains a total of 276 pages. The information condensed below was taken from pages 10-40 of the Handbook containing detailed information about each of the Essential Requirements and Criteria for Accreditation.

1. Purpose – Institutional mission statement provides clear direction for program; AOM program has formal statement of purpose that includes preparing independent health care practitioners. Criteria include:
 - a. Educational objectives
 - b. Resources appropriate to goals and objectives
 - c. Periodic review by community of interest of program’s objectives
2. Legal organization – Institution must be legally authorized to operate in the state and community in which it is located, shall comply with all applicable local, state, and federal regulations.
3. Governance – Institution has governing entity that exercises ultimate control over affairs. Must have adequate public representation in governance. Criteria include:
 - a. Represents community needs and supports founding purposes of institution
 - b. If no governing board, must have advisory board that reflects public interest, must advise institutional leaders on all matters concerning governance
 - c. Independently establishes broad policy, appoints and reviews CEO, ensures financial stability, actively directs development.
 - d. Control of off-campus institutional activities.
 - e. Governing procedures clearly described in published by-laws.
 - f. Regular meetings; maintain appropriate records
4. Administration – Program shall have qualified administrator and staff appropriate to carry out purpose. Criteria include:
 - a. Responsibility and leadership of all aspects of program by Chief administrator who possesses degree or experience in higher education
 - b. Stable, qualified, well-organized staff with clear roles and responsibilities.
 - c. Clearly defined structure for academic leadership, curriculum development, ongoing assessment and defined qualifications of staff
 - d. Program must conduct all affairs with honesty and integrity.
5. Records – Program shall keep accurate and complete records. Criteria include:
 - a. Maintain clear, complete and secure academic and financial records, appropriately accessible to students
 - b. Maintain complete, secure and appropriate clinical records of patients treated, translate records to English as appropriate.

- c. Maintain data appropriate to statistical tracking and reporting.
6. Admissions – Consistent and written policy requiring minimum of 2 years academic preparation (60 semester/90 quarter credits) at baccalaureate level appropriate for graduate work from institution accredited by U.S. DOE-recognized agency for admission. Criteria include:
- a. Maximum 30 credits (50%) of requirements met through prior learning or test-out based on American Council on Education recommendations.
 - b. Accept only transfer credit judged equivalent to program’s requirements; students must complete at least one year of credit at a single accredited institution; admit students who demonstrate ability to succeed at the program.
 - c. Admission policies should be in writing, clear and accessible to students.
 - d. Clearly state process for refinement of admissions policies and practices to reflect student needs and interests.
 - e. Advanced standing and admissions policies carried out in best interest of advanced and foreign-trained students, consistently, and by qualified staff
 - f. List and assure that all students meet required pre-requisites
 - g. Exercise ethical, honest and legal methods of recruitment.
 - h. English language competency equivalent to 500 on TOEFL required of all students before admission to clinical training
 - i. Clear policies to ensure that enrolling non-matriculating (general public) students does not compromise integrity of degree program
 - j. Minimum of 65% student retention and 50% graduation rate to maintain good standing for accreditation. Reviewed yearly or as needed.
7. Evaluation – Established system to evaluate and report student, clinical and institutional progress. Criteria include:
- a. Annual review of student progress, student evaluation of faculty and institutional data consistent to demonstrate accomplishment of purposes and objectives.
 - b. Published fair and consistent student academic progress policies
 - c. Policies and practices for the monitoring and evaluation of student academic, clinical and personal acquisition of skills, knowledge and competencies, including weaknesses, remediation or disciplinary actions. Centralized, qualified staff to oversee monitoring.
 - d. Gather and report data about the success of graduates, track trends
 - e. Institutional research must include off-campus (e.g., externship) activities.
8. Program of study – ACAOM Accreditation Handbook provides details of required curricular elements.
- a. General requirements for acupuncture programs: minimum of 3 academic years, resident program (not correspondence or distance learning based), demonstrate attainment of professional competence, adequate clinical component, composed of minimum of components 1-10 (See c. below).

- b. Oriental medicine program requirements: minimum of 4 academic years, resident program, demonstrate attainment of professional competence, adequate clinical component and minimum of components 1-12 (See c. below).
- c. Required curriculum components:
 - i. (1) History of acupuncture and Oriental medicine
 - ii. (2) Basic theory
 - iii. (3) Acupuncture, point location, channel theory
 - iv. (4) Diagnostic skills (basic Western and AOM methods)
 - v. (5) Treatment planning in AOM
 - vi. (6) Treatment techniques (AOM)
 - vii. (7) Equipment and safety
 - viii. (8) Counseling and communication skills
 - ix. (9) Ethics and practice management
 - x. (10) Biomedical clinical sciences
 - xi. (11) Oriental herbal studies (from introductory to clinical and Western drug interaction)
 - xii. (12) Other Oriental medicine modalities (e.g., breath, exercise)
- d. As of July 1, 2004, required program length (beyond the 60 hours (2 year) pre-admission) will change from:
 - i. Acupuncture program – from 1,725 hours (93 semester credits) to 1,905 hours (105 semester credits). New requirements include (parentheses indicate semester credit equivalents):
 - 1. 705 hours (47) AOM theory and treatment techniques and related studies
 - 2. 660 hours (22) clinical training
 - 3. 450 hours (30) biomedical clinical sciences
 - 4. 90 hours (6) counseling, communication, ethics, practice management
 - ii. Oriental medicine program – from 2,175 hours (123) to 2,625 hours (146)
 - 1. 705 hours (47) AOM theory and treatment techniques and related studies
 - 2. 450 hours (30) didactic Oriental herbal studies
 - 3. 870 hours (29) integrated acupuncture and herbal clinical training
 - 4. 510 hours (34) biomedical clinical sciences
 - 5. 90 hours (6) counseling, communication, ethics, practice management
- e. Acupuncture program must be completed in less than 27 calendar months over less than 6 years; Oriental medicine program must be completed in less than 36 calendar months over less than 8 years. Semester or tri-mester credits must translate to a defined number of contact hours (described in detail in Handbook). Structure and scheduling of instruction must foster student success (defined in Handbook).

- f. The institution must issue degree certificates, maintain syllabi of courses, ensure that on- and off-campus training is consistent with the purpose and educational objectives of the program.
 - g. Clinical training must progress through gradually increasing levels of responsibility towards independent practice by graduation. Supervisors must be of sufficient number and qualifications. Must include:
 - i. Minimum of 150 hours observation
 - ii. (as of July 2004) 700 hours supervised practice for OM and 500 hours for acupuncture graduates (was previously 500 for both)
 - iii. (as of July 2004) intern must provide minimum of 250 treatments for acupuncture or 350 treatments for OM program (was previously 250 for both)
 - h. Graduates of an acupuncture program must demonstrate competencies 1-7 below, OM graduates must demonstrate competencies 1-10 below:
 - i. (1) collect data through patient examination “in order to be able to make a diagnosis” (p. 30)
 - ii. (2) formulate diagnosis by organizing it according to 8 defined theories of OM (detailed in Handbook)
 - iii. (3) determine treatment strategy based on diagnosis
 - iv. (4) perform treatment, incl: needle, moxa, manipulation, counseling, tools & instruments
 - v. (5) assess effectiveness of treatment strategy and execution
 - vi. (6) comply with professional practice and ethical guidelines of the profession
 - vii. (7) communicate with biomedical community, be able to respond in emergency situations, use safety and cleanliness procedures
 - viii. (8) make a diagnosis/energetic evaluation (relating to herbal)
 - ix. (9) plan and execute herbal treatment (knowledge areas detailed in Handbook)
 - x. (10) understand professional issues related to Oriental herbs
 - i. Continuing education program cannot be used to substitute for graduation credits, schools are expected to maintain same quality as regular education program
 - j. If a program’s licensure exam pass rate falls below 60% or NCCAOM certification pass rate falls below 70%, ACAOM shall review the program.
9. Faculty – The size, backgrounds, qualifications and teaching experience must be appropriate to the student demands, must reflect educational purpose and objectives of the program. Conditions of service and benefits must be administered ethically, ensure academic freedom, other details re: policies, faculty meetings, outlined in Handbook.
10. Student services and activities – Programs should support professional and personal growth, ensure fairness and freedom of expression; must contain grievance procedures and incorporate student input in institutional decision making.
11. Library and learning resources – Program should have adequate equipment and library; if not own library, should have long-term written contracts providing for usage.

12. Physical facilities and equipment – Facilities should be appropriate to carry out educational objectives of the program, including safe, functional equipment, clinical facilities, herbal dispensary, also classrooms, and faculty space. All should be maintained and adhere to all required safety and health standards.
13. Financial resources – Adequate financial base includes: fiscal management system to ensure stability and resources to carry out objectives (for at least 3 years), resources to respond to emergencies, independent control over budget, be auditable, resources to meet short- and long-term indebtedness, and comply with financial aid administration procedures. The program shall have a fair and clearly defined refund policy. If a program has an operating loss for 2 years, it is required to submit a financial plan to ACAOM; for the year prior to eligibility or self-study, the program must submit records of audit by licensed CPA familiar with higher education institutional accounting; if student cohort default rate on financial aid exceeds 25% or is 15% or higher and has increased by 50% or more in one year, the program shall be reviewed.
14. Publications and advertising – The programs must publish a comprehensive catalog that describes policies, curriculum and other information detailed in the Handbook, pages 40-41.

Appendix II, Notes #2 – Subject areas addressed in California Acupuncture Board Site Visit Manual and state regulations

Institutional mission, vision and purpose – Statement documents programs and roles played in the community it serves, student population and unique aspects of the institution. Mission, vision and purpose should infuse every element of program operations. Considerations include:

- Support of mission, vision and purpose in curriculum and governance
- Expectation that students will acquire a body of knowledge in addition to analytical abilities and personal values
- Clear and accurate publicity of mission, vision and purpose

Governance, administration and personnel – Programs must document relationship between administrative staff and faculty, consistency of mission and purpose, and must establish clear roles for CEO, chief academic officer, COO (one person may occupy multiple roles). Administrative staff must have education or experience appropriate to their role(s) and must implement policies of the program. Reporting lines must provide links between the governing body, CEO, academic officers and faculty. Considerations include:

- Governing body must have clear by-laws defining duties, terms, regular meetings, requirements for membership, qualifications, and relationship to CEO
- Clear organization and functions for administrative staff
- Required statutes and regulations must be addressed
- Director of clinical training programs must be a licensed acupuncturist or other licensed practitioner authorized to perform acupuncture

Ethical principles, practices and advertising – Program must establish practices and principles attesting to the quality and integrity of the institution that protects the health and safety of students. Considerations include:

- Written policies and practices accessible to staff and students
- Integrity in advertising programs

Acupuncture and Oriental medicine curriculum and instruction – Program must address how curriculum is developed, delivered sequentially to assure consistency and appropriate learning relative to institutional mission, and that proper records are kept relating to instructional program. The institution must demonstrate that students are achieving objectives and that activities adhere to California regulations (CCR § 1399.436), including a minimum of 1,548 (as of January 1, 2005, will be minimum of 2,050) didactic hours and 800 clinical hours (as of January 1, 2005, will increase to 950) for a total of 2,348 hours (as of January 1, 2005 will be 3,000 hours). Other requirements include:

- Resident program, minimum of 4 academic years, 36 months, 8 semesters, 12 quarters or 9 trimesters

- Adequate theoretical and clinical training to produce competencies appropriate to primary care professional practice, including health and safety measures
- Defined educational outcomes and academic policies, faculty involvement in curriculum development, courses appropriate to Master’s degree education
- Instruction of students must be central focus of the institution’s resources
- Sanitary and sufficient facilities, supervised herbal dispensary
- Qualified instructors and faculty
- Clinical training must include access to reference texts and adequate number of patients to allow students the required number of treatment encounters

California Acupuncture Board course requirements for AOM school approval for students enrolled before January 1, 2005

California Code of Regulations Title 16 Section 1399.436 requires AOM programs to include “adequate theoretical training in”:

Subject	Minimum Hours
(1) General biology.	
(2) Chemistry--including organic and biochemistry.	
(3) General physics--including a general survey of biophysics.	
(4) General psychology--including counseling skills.	
(5) Anatomy--a survey of microscopic, gross anatomy and neuroanatomy.	
(6) Physiology--a survey of basic physiology, including neurophysiology, endocrinology, and neurochemistry.	
(7) Pathology--a survey of the nature of disease and illness, including microbiology, immunology, psychopathology, and epidemiology.	
(8) Nutrition and vitamins.	400
(9) History of medicine--a survey of medical history, including transcultural healing practices.	
(10) Medical terminology--fundamentals of English language medical terminology.	30
(11) Clinical sciences--a review of internal medicine, pharmacology, neurology, surgery, obstetrics/gynecology, urology, radiology, nutrition and public health.	
(12) Clinical medicine--a survey of the clinical practice of medicine, osteopathy, dentistry, psychology, nursing, chiropractic, podiatry, and homeopathy to familiarize practitioners with the practices of other health care practitioners.	
(13) Western pharmacology.	
(14) A minimum of eight (8) hours in a certified course offering first-aid and adult/child cardiopulmonary resuscitation (CPR). Such course shall be taken from the American Red Cross, American Heart Association or other organization with an equivalent course work approved by the board.	128
(15) Traditional Oriental medicine--a survey of the theory and practice of traditional diagnostic and therapeutic procedures.	

(16) Acupuncture anatomy and physiology--fundamentals of acupuncture, including the meridian system, special and extra loci, and auriculotherapy.	
(17) Acupuncture techniques--instruction in the use of needling techniques, moxibustion, and electroacupuncture, including contraindication and complications. Students shall either (1) successfully complete a course which requires a student to pass an examination in clean needle technique, taught at a board approved school that uses as its primary reference the most current edition of the "Clean Needle Technique Manual" published by the National Acupuncture Foundation, or (2) successfully complete a Clean Needle Technique course administered by the Council of Colleges of Acupuncture and Oriental Medicine.	
(18) Acupressure.	
(19) Breathing techniques--introductory course in QiGong.	
(20) Traditional Oriental exercise--introductory course in Tai Chi Chuan.	660
(21) Traditional Oriental herbology including botany--a portion of the hours shall be given in a clinical setting.	300
(22) Practice management--instruction in the legal and ethical aspects of maintaining a professional practice, including record keeping, professional liability, patient accounts, and referral procedures.	
(23) Ethics relating to the practice of acupuncture.	30
Clinical training	
(1) Practice Observation--supervised observation of the clinical practice of acupuncture with case presentations and discussions.	
(2) Diagnosis and evaluation--the application of Eastern and Western diagnostic procedures in evaluating patients.	
(3) Supervised practice--the clinical treatment of a patient with acupuncture.	800
Up to 100% transfer credit may be awarded for coursework and clinical instruction completed successfully at another acupuncture school or college which is approved by the board. Up to 100% transfer credit may be awarded for courses completed successfully in biology, chemistry, physics, psychology, anatomy, physiology, pathology, nutrition and vitamins, history of medicine, medical terminology, clinical science, clinical medicine, Western pharmacology, cardiopulmonary resuscitation, practice management, and ethics at a school which is approved under Article 4 (commencing with Section 94760) of Chapter 7 of Part 59 of the Education Code or by an accrediting agency recognized by the U.S. Department of Education.	

Information in the above table adapted from the CAB website, http://www.acupuncture.ca.gov/law_reg/art35.htm, accessed 02/25/04.

California Acupuncture Board course requirements for AOM school approval for students entering programs on or after January 1, 2005

Subject	Minimum Hours
(a) Basic Sciences The curriculum in basic sciences shall prepare students to enter postsecondary upper division biomedical and clinical science courses and shall consist of at least 350 hours of didactic and laboratory instruction in the following basic science courses:	
(1) General biology;	

(2) Chemistry, including organic and biochemistry;	350
(3) General physics, including a general survey of biophysics;	
(4) General psychology, including counseling skills;	
(5) Anatomy – a survey of microscopic, gross anatomy and neuroanatomy;	
(6) Physiology – a survey of basic physiology, including neurophysiology, endocrinology, and neurochemistry;	
(7) Pathology and Pathophysiology – a survey of the nature of disease and illness, including microbiology, immunology, psychopathology, and epidemiology;	
(8) Nutrition and vitamins	
(b) Acupuncture and Oriental Medicine Principles, Theories and Treatment The curriculum in acupuncture and Oriental medicine principles, theories and treatment shall consist of at least 1,255 hours of didactic instruction in the following principles, theories, prescription, and treatment procedures of acupuncture and Oriental medicine.	
(1) Acupuncture and Oriental Medicine Principles and Theories	
(A) Acupuncture and Oriental Medicine Principles and Theory	
(B) Acupuncture Principles and Theory	
(C) Oriental Massage (e.g. Tui Na or Shiatsu) Principles and Theory	
(D) Chinese Herbal Medicine Principles and Theory, including relevant botany concepts (This subject area shall consist of at least 450 hours of instruction)	
(E) Acupuncture and Oriental Medicine Diagnosis	
(F) Acupuncture and Oriental Medicine Specialties, including dermatology, gynecology, pediatrics, ophthalmology, orthopedics, internal medicine, geriatrics, family medicine, traumatology, and emergency care;	
(G) Classical acupuncture and Oriental medicine literature, including Jin Gui, Wen Bing/Shang Han, Nei Jing	
(H) Modern acupuncture and Oriental medicine literature.	
(2) Acupuncture and Oriental Medicine Treatment	
(A) Integrated acupuncture and Oriental medicine diagnostic and treatment procedures;	
(B) Acupuncture techniques and treatment procedures, including electroacupuncture;	
(C) Oriental massage (e.g. Tui Na or Shiatsu), acupressure, and other techniques utilizing manual therapy and mechanical devices;	
(D) Exercise therapy, including breathing, qi gong and taiji quan	
(E) Herbal prescription, counseling and preparation	
(F) Oriental and Western clinical and medical nutrition, dietary and supplement prescription and counseling;	
(G) Knowledge of non-Oriental medical systems, modalities and procedures;	
(H) Cold and heat therapy, including moxibustion and ultrasound;	
(I) Lifestyle counseling, and self-care recommendations;	
(J) Adjunctive acupuncture procedures, including bleeding, cupping, gua sha, and dermal tacks;	
(K) Acupuncture micro therapies, including auricular and scalp therapy;	
(L) Hygienic standards, including clean needles techniques. The clean needle technique portion of this subject shall use as its primary reference the most current edition of the “Clean Needle Technique Manual” published by the National Acupuncture Foundation, or an	

equivalent standard which has been approved by the Board. Students shall successfully complete the clean needle technique portion of the hygienic standards subject prior to performing any needling techniques on human beings.	
(M) Equipment maintenance and safety;	
(N) Adjunctive acupoint stimulation devices, including magnets and beads.	1255
(c) Clinical Medicine, Patient Assessment and Diagnosis The curriculum in clinical medicine, patient assessment and diagnosis shall consist of at least 240 hours of didactic instruction and shall prepare the student to possess the knowledge, skills and abilities necessary to utilize standard physical examinations, laboratory and imaging studies, and international classification of diseases (ICD) diagnostic principles to improve treatment efficacy, patient safety, referral, and continuity of care; to improve communication and collaboration of care with all other medical providers; to assist in the evaluation and documentation of patient progress; and to improve the acupuncturists understanding of biochemical etiology and pathology. Clinical medicine, patient assessment, and diagnostic skills curriculum shall include the following:	
(1) Comprehensive history taking	
(2) Standard physical examination and assessment, including neuromusculoskeletal, orthopedic, neurological, abdominal, and ear, nose and throat examinations, and functional assessment;	
(3) Pharmacological assessment, emphasizing side-effects and herb-drug interactions;	
(4) Patient/practitioner rapport, communication skills, table-side manner, including multicultural sensitivity;	
(5) Procedures for ordering diagnostic imaging, radiological, and laboratory tests and incorporating the resulting data and reports;	
(6) Clinical reasoning and problem solving;	
(7) Clinical impressions and the formation of a working diagnosis, including acupuncture and Oriental medicine diagnoses, and the World Health Organization's international classification of diseases (ICD-9);	
(8) Awareness of at-risk populations, including gender, age, indigent, and disease-specific patients;	
(9) Standard medical terminology;	
(10) Clinical sciences – a review of internal medicine, pharmacology, neurology, surgery, obstetrics/gynecology, urology, radiology, nutrition and public health;	
(11) Clinical medicine – a survey of the clinical practice of medicine, osteopathy, dentistry, psychology, nursing, chiropractic, podiatry, naturopathy, and homeopathy to familiarize practitioners with the practices of other health care practitioners.	240
(d) Case Management The curriculum in case management shall consist of at least 90 hours of clinical instruction and shall prepare the student to manage patient care as a primary health care professional, and shall include instruction in the following subject:	
(1) Primary care responsibilities	
(2) Secondary and specialty care responsibilities	
(3) Psychosocial assessment	
(4) Treatment contraindications and complications, including drug and herb interactions;	
(5) Treatment planning, continuity of care, referral, and collaboration;	
(6) Follow-up care, final review, and functional outcome measurements;	
(7) Prognosis and future medical care;	
(8) Case management for injured workers and socialized medicine patients, including a knowledge of workers compensation/labor codes	

and procedures and qualified medical evaluations;	
(9) Coding procedures for current procedural codes including (CPT) and ICD-9 diagnoses;	
(10) Medical-legal report writing, expert medical testimony, and independent medical review;	
(11) Special care/seriously ill patients;	
(12) Emergency procedures	90
(e) Practice Management	
The curriculum in practice management shall consist of at least 45 hours of didactic instruction and shall include the following subjects:	
(1) Record keeping, insurance billing and collection;	
(2) Business written communication;	
(3) Knowledge of regulatory compliance and jurisprudence (municipal, California and federal laws, including OSHA, Labor Code, Health Insurance Portability and Accountability Act of 1996 (HIPAA));	
(4) Front office procedures;	
(5) Planning and establishing a professional office;	
(6) Practice growth and development;	
(7) Ability to practice in interdisciplinary medical settings including hospitals;	
(8) Risk management and insurance issues;	
(9) Ethics and peer review;	45
(f) Public Health	
The curriculum in public health shall consist of at least 40 hours of didactic instruction and shall include training in the principles of public health, including the following subjects:	
(1) Public and community health and disease prevention	
(2) Public health education	
(3) A minimum of eight (8) hours in first-aid and adult/child cardiopulmonary resuscitation (CPR) from the American Red Cross, American Heart Association or other organization with an equivalent course approved by the board;	
(4) Treatment of chemical dependency	
(5) Communicable disease, public health alerts, and epidemiology.	40
(g) Professional Development	
The curriculum in professional development shall consist of at least 30 hours of didactic instruction and shall prepare the student with the skills to expand their knowledge, including instruction in the following subjects:	
(1) Research and evidence based medicine;	
(2) Knowledge of academic peer review process;	
(3) Knowledge and critique of research methods;	
(4) History of medicine	30
(h) Clinical Practice	
The curriculum in clinical practice shall consist of at least 950 hours in clinical instruction, 75% of which shall be in a clinic owned and	950

operated by the school, which includes direct patient contact where appropriate in the following:	
(1) Practice Observation (minimum 150 hours) – supervised observation of the clinical practice of acupuncture and Oriental medicine with case presentations and discussion;	
(2) Diagnosis and evaluation (minimum 275 hours) – the application of Eastern and Western diagnostic procedures in evaluating patients;	
(3) Supervised practice (minimum 275 hours) – the clinical treatment of patients with acupuncture and Oriental medicine treatment modalities listed in the B & P Code section 4927(d) and 4927(b).	

(Excerpted from California Acupuncture Board. 2003 Notice of Proposed Regulations: Educational Curriculum Requirements. “Amended Language”. Adding Section 1399.434 to CA Code of Regulations Title 16. [undated] retrieved 3/16/04 at http://www.acupuncture.ca.gov/law_reg/2003ammended_language.pdf

Admission standards – Policies and procedures for admission (include application, transfer, prerequisites, grading, student conduct, academic policies, evaluation, degree requirements) must be consistent, clear and accessible through current catalog or handbook. Considerations include:

- Policies and practices should be adhered to and support student success
- Transfer and earned credits should comply with CCR § 1399.436
- Documentation and student records should be maintained

Graduation requirements – Rigor and monitoring of standards should be consistent throughout the academic program; requirements for graduation should be defined and accessible to students. Considerations include:

- Award of a diploma or certificate to graduating students
- Degree program consistent with mission and vision of the institution
- Accurate record of student attainment of graduation requirements, documentation

Faculty qualifications – Faculty must hold appropriate credentials for and be numerically sufficient to carry out the educational program offered. Professional and teaching experience is important and should relate to the subject area taught. Faculty should demonstrate they keep current in their own continuing education, and are expected to participate in curriculum development. Faculty hiring and promotion and communication with administration should be outlined in policy. Considerations include:

- Appropriate faculty & faculty/student interaction, teaching outcomes, current faculty files
- Ethnic diversity of faculty
- Adequate faculty to conduct research
- Policies relating to full- and part-time faculty, meetings, academic freedom, evaluation

Student services and records – Programs reflecting defined objectives should promote morale and support student achievement (include advisement, financial aid, counseling and development, placement and health services). Policies of student rights and responsibilities should be outlined and accessible (e.g., handbook). Considerations include:

- Maintain educational records in a secure manner
- Student right to be heard, communication with administration, representation on governing body
- Encourage student and alumni involvement in institutional development; tracking of graduate outcomes

Tuition, fee and refund schedule – Institutions are required to provide clear information for students to protect their consumer rights that is consistent with enrollment agreements. The catalog should reflect total program costs. Considerations include: inclusion of enrollment agreements in each student file.

Facilities and library – Introductory paragraph is a combination of verbatim and paraphrase of several paragraphs of similar or verbatim to page 37 of the ACAOM Handbook regarding these topics. Additional facility-related requirements condensed in this section address:

- adequate office space and meeting rooms for staff and academic activities,
- maps or diagrams of facilities,
- whether facilities are rented or owned,
- if the campus provides for future expansion,
- appropriate study areas and patient records and waiting areas in clinics.

Library requirements are identical to ACAOM's (Requirement 11) except for additional considerations of Internet access for students and library privileges to outside educational institutions.

Financial aid – The Board has no standards or requirements regarding financial aid. Review assesses that examines if, for institutions that provide aid, financial aid staff are qualified and that appropriate policies are in place to administer the program.

Financial resources – Introductory paragraph is a combination of verbatim and paraphrase of several paragraphs of similar or verbatim to page 38 of the ACAOM Handbook regarding this topic.

Appendix II, Notes #3 – Statutory requirements for institutional approval by BPPVE

To be eligible for approval, an institution must submit: a published or proposed catalog; description of placement services; copies of advertising literature; student enrollment agreements and instruments evidencing indebtedness; contact information for designated agent (responsible person); most current financial report (see below); for non-WASC-accredited schools, certificate of accreditation issued by regional accreditor (WASC-accredited schools are exempt from BPPVE approval process); signatures of owner(s) or corporate officer(s) or designee;

Annual reporting – institutions must report the overall status of its programs, including any significant changes, educational data, finances, and pay annual fee.

Financial report – demonstrates institution can provide the educational services stated in official publications; provide administrative and financial resources to comply with CA law; resources to comply with Maxine Waters School Reform and Student Protection Act of 1989; evidence that the institution or its parent corporation can meet current operating expenses and had a defined asset ratio in the prior fiscal year (see Education Code 94804(4)(b)(1) and (c)(1))

Educational resources and policies – The institution must demonstrate the organizational resources to carry out its educational mission. The focus of the institution must be on education. Faculty must be qualified. The curriculum and activities must relate to each program's objectives and offer education appropriate to the degree granted. Proper recordkeeping must be demonstrated. Institutions cannot offer any program that has not been approved by the Bureau and must direct resources to providing a quality educational experience for students. Institutions must comply with all applicable local, state and national laws.

Documents reviewed include financial records (see above); resumes and certifications of administrators and faculty members; five years written records concerning students; student enrollment or admissions records; course outlines and fee schedules; academic and administrative policies concerning students; grading and completion records and data; and records concerning any off-campus educational activities.

Qualifications and continuing education of institutional leaders – Instructors must have a degree equal or higher than that issued by their program plus three years experience or training in their field. Directors must have three years administrative experience in an approved postsecondary school. Financial aid directors must have five years experience in an approved institution and complete continuing education every two years. Financial aid staff must complete approved continuing education every two years. Instructors and financial aid staff must maintain documentation of their continuing education experience on-site at all times. Certification of continued learning is valid for three years.

Major categories of review conducted by BPPVE in application and site visit process:

- Institutional mission, purpose and objectives
- Governance, administration, and personnel
- Ethical principles, practices and advertising
- Curriculum, degree programs and instruction
- Admission standards
- Scholastic regulations and graduation requirements
- Faculty with qualifications
- Procedures for keeping educational records
- Tuition, fee and refund schedule
- Physical facilities and library
- Student activities, services and financial aid
- Financial statements and records

Sources consulted for Appendix II (including Notes #s 1-3):

Accreditation Commission for Acupuncture and Oriental Medicine. (October 2003). *Accreditation handbook*. Greenbelt MD: ACAOM.

California Acupuncture Board. (2003a). *School approval process*. Retrieved 11/07/03, from www.acupuncture.ca.gov/education/school_approval.htm

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California Bureau of Private Postsecondary and Vocational Education. (August 1, 1998). *Current fee schedule*. Retrieved 02/20/04, from <http://www.bppve.ca.gov/fees0898.pdf>

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California Business & Professions Code § 4939. (2004). Sacramento CA: Legislative Counsel of California.

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California Education Code §§ 94770-94779.4. (retrieved 2/19/04). *Private Postsecondary and Vocational Education Reform Act of 1989*. Sacramento CA: Legislative Counsel of California.

California Education Code §§ 94800-94848. (retrieved 2/19/04). *Private Postsecondary and Vocational Education Reform Act of 1989*. Sacramento CA: Legislative Counsel of California.

California Education Code §§ 94900-94905. (retrieved 2/19/04). *Private Postsecondary and Vocational Education Reform Act of 1989*. Sacramento CA: Legislative Counsel of California.

California Education Code §§ 94915-94930. (retrieved 2/25/04). *Private Postsecondary and Vocational Education Reform Act of 1989*. Sacramento CA: Legislative Counsel of California.

California Education Code §§ 94990-94995.3. (retrieved 1/6/04). *Private Postsecondary and Vocational Education Reform Act of 1989*. Sacramento CA: Legislative Counsel of California.

**Appendix III – Survey Materials:
List of CAB-approved schools invited to participate in survey pertaining to program
approval and accreditation, survey cover letter and survey protocol**

List of invited participants

Academy of Chinese Culture and Health Sciences, Oakland CA
Academy of Oriental Medicine at Austin, Austin TX
Acupuncture and Integrative Medicine College, Berkeley CA
American College of Acupuncture and Oriental Medicine, Houston TX
American College of Traditional Chinese Medicine, San Francisco CA
Emperor's College of Traditional Oriental Medicine, Santa Monica CA
Five Branches Institute: College of Traditional Chinese Medicine, Santa Cruz CA
Pacific College of Oriental Medicine – New York, New York NY
South Baylo University, Anaheim CA
University of East West Medicine, Sunnyvale CA



University of California
San Francisco

January 30, 2004

Center for the
Health Professions
3333 California Street
Suite 410
San Francisco, CA 94118
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fax: 415/476-4113
<http://futurehealth.ucsf.edu>

Survey of randomly selected California-approved acupuncture training institutions – Purpose and instructions

The following questions are related to your institution's approval or accreditation through one or more of the following governmental or non-governmental organizations: the California Acupuncture Board (CAB), the California Bureau for Private, Postsecondary and Vocational Education (BPPVE), and the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM).

Please answer each of the questions as completely as possible using the form fields provided. The response areas for each item have been delineated to allow answers for each organization. If your answers pertain to more than one organization, please indicate each of the organizations concerned; you may combine answers in this way. Please indicate non-applicable by using "n/a".

Since the purpose of this survey is to gather constructive and realistic impressions of the various options for the approval of educational programs that train California acupuncturists, respondents are urged to be as candid as possible in their answers. Findings from this survey and the entire study will be used to make recommendations for continued improvement in state governmental processes and in California acupuncture education, therefore honest feedback is essential whether positive or negative. Survey responses will be incorporated into overall study findings and reported to the Milton Marks Little Hoover Commission. No individual or institution will be associated with specific survey responses. Neither the survey researchers nor the Commission have a direct relationship with any acupuncture training program or any of the approval/accreditation organizations under review.

If you have questions about the survey or require clarification of topics addressed, please do not hesitate to contact Tina McRee at 415-502-4291 or tmcree@itsa.ucsf.edu. You may also fax materials to 415-476-4113.

After you have completed the survey, save the document under a new name and attach your document to an email message (or fax printed responses, see above). Please return the completed survey to Tina McRee **on or before Monday, February 2, 2004**.

Tina McRee

Research Associate
Acupuncture in California
voice: 415-502-4291 fax: 415-476-4113
email: tmcree@itsa.ucsf.edu

1. Please briefly discuss your most positive and most negative feelings about each type of approval/accreditation your institution holds.

CAB -
BPPVE -
ACAOM -

2. What benefit(s) does your program gain from approval/accreditation? Why did your institution seek each type of approval/accreditation?

CAB -
BPPVE -
ACAOM -

3. Does the value or benefit of participating in each type of approval/accreditation justify the expense of human and financial resources devoted to each?

CAB -
BPPVE -
ACAOM -

4. Do you or your staff believe that approval/accreditation is burdensome for your program or school? If yes, what changes would you suggest to relieve this burden?

CAB - Yes No Comments
BPPVE - Yes No Comments
ACAOM - Yes No Comments

5. Do you believe that the requirements for each type of approval/accreditation your institution holds reflect the most adequate preparation for contemporary practice? If so, what are the most important elements? If not, what should be incorporated into educational changes over the coming years?

CAB -
BPPVE -
ACAOM -

6. How have changes by the CAB or the ACAOM in course content, hours requirements, program review process or other changes affected your administrative processes or resource allocation associated with approval/accreditation processes?

CAB -
ACAOM -

7. What are the benefits, if any, and unnecessary burdens, if any, of maintaining both CAB approval and ACAOM accreditation?

8. How would you suggest training programs for California acupuncturists be approved?

Thank you so much for your time and contribution to this study!

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