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August 11, 2003

James Mayer
Executive Director
Little Hoover Commission
Suite 805
925 L Street
Sacramento, CA 95814

Dear Mr. Mayer:

I attach our responses to the questions posed of the NCCAOM in your letter of July 18, 2003. My biography was submitted last week.

Should you have any questions concerning the attached information, please contact me by phone at (703) 548-9004, ext. 3250 or by email at cherlihy@nccaom.org.

I look forward to meeting you at the public hearing on August 28, 2003.

Respectfully,

Christina S. Herlihy, Ph.D.
Chief Executive Officer

Enclosure

CC: NCCAOM Board of Commissioners

Dort Bigg, Executive Director, ACAOM

John Myerson, President, FAOMRA
(508) 879-3002, john.myerson@verizon.net

Penny Heisler, Vice President, FAOMRA
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1 **1. What factors and processes would you recommend to policy-makers in**
 2 **deciding whether to use a national examination or a state licensing examination?**
 3

4 There are a number of factors that policy-makers should consider in deciding whether
 5 to use the national examinations in lieu of a state licensing examination. The most
 6 critical of these factors are whether the examination program is *accredited*, and
 7 whether the actual examinations are *valid, reliable, cost-effective and comprehensive*.
 8 Other considerations would be whether the program has valid *appeals processes*, the
 9 degree to which the exam program shoulders *legal responsibility* for psychometric
 10 decisions, and whether all aspects of the program (e.g., *governance, finance,*
 11 *reputation, neutrality, facilities, policies, staff*) are *independently reviewed* to
 12 guarantee that the program maintains the highest standards possible. It is important to
 13 point out that over 17 regulatory bodies have reviewed these very variables and have
 14 decided to require NCCAOM certification for licensure. The remaining licensing
 15 agencies, recognizing the financial, administrative, and legal burdens associated with
 16 the delivery of psychometrically defensible examinations, have elected to simply
 17 adopt NCCAOM's system of examinations. These combined 39 states, including the
 18 District of Columbia, enjoy the fact that they are able to pass on to the NCCAOM the
 19 cost, legal risk, and intensive labor associated with the development of
 20 psychometrically sound examinations. In fact, the substantial savings in
 21 administrative costs and examination development fees that a state stands to realize as
 22 it moves out of the test development business may result in financial benefits for all of
 23 its citizens.

24
 25 "Privatization of various regulatory operations" is cited by Schmitt and Shimberg
 26 (1996) as being the primary approach used by states "to solving budgetary woes."
 27 These authors point out that "for more than half a century," regulators, seeking
 28 avenues by which to "substantially cut the cost of delivering government services"
 29 have depended on the "privatization of exam-related tasks," such that, "the associated
 30 costs of development and administration frequently are borne by candidates who pay
 31 the examination fee directly to an external agency."
 32

33 I now wish to individually address the critical factors identified in the introductory
 34 paragraph. One of the most important factors in evaluating a national examination is
 35 whether it upholds national standards and is peer-reviewed. Since 1991, our
 36 examinations have been judged to be fair, valid and reliable by the National
 37 Commission for Certifying Agencies (NCCA) of the National Organization for
 38 Competency Assurance (NOCA). NCCA/NOCA accreditation represents the highest
 39 voluntary standard in the United States. The **NCCAOM has been accredited for ten**
 40 **years** and in 2002, our third, five-year accreditation term was awarded. In order to
 41 achieve accreditation, the NCCAOM has successfully met or exceeded *all* of
 42 NCCA/NOCA's *21 discrete mandatory standards, which together contain over 46*
 43 *essential elements*. In addition to psychometric policies and procedures,
 44 NCCA/NOCA examines such governance-related issues as the independence of our
 45 board members and committees to ensure that they are not subject to the influence of
 46 special interest groups. The appointment of consumer members to protect the public's

1 interests and the qualifications of such appointments are also mandated and reviewed.
 2 NCCA/NOCA requires fair disciplinary and appeals policies, a trained staff, and
 3 sound financial practices. NCCA/NOCA guarantees *independent quality control* of
 4 every aspect of an examination program.

5
 6 The detailed list of the accreditation standards that we are measured against includes:

- 7
- 8 1. The purpose of the certification program is to conduct certification activities in a
- 9 manner that upholds the standards for competent practice in a profession,
- 10 occupation, role, or skill.
- 11 2. The certification program must be structured and governed in ways that are
- 12 appropriate for the profession, occupation role, or skill that ensure autonomy in
- 13 decision making over essential certification activities.
- 14 3. The certification board or governing committee of the certification program must
- 15 include individuals from the certified population, as well as voting representation
- 16 from at least one consumer or public member. For entities offering more than one
- 17 certification program, a system must be in place through which all certified
- 18 populations are represented, with voting rights, on the certification board or
- 19 governing committee.
- 20 4. The certification program must have sufficient financial resources to conduct
- 21 effective and thorough certification and recertification activities.
- 22 5. The certification program must have sufficient staff, consultants, and other human
- 23 resources to conduct effective certification and recertification activities.
- 24 6. A certification program must establish, publish, apply, and periodically review key
- 25 certification policies and procedures concerning existing and prospective
- 26 certificants, such as those for determining eligibility criteria, application for
- 27 certification, administering assessment instruments, establishing performance
- 28 domains, appeals, confidentiality, certification statistics, discipline, and
- 29 compliance with applicable laws.
- 30 7. The certification program must publish a description of the assessment instruments
- 31 used to make certification decisions as well as the research methods used to ensure
- 32 that the assessment instruments are valid.
- 33 8. The certification program must award certification only after the knowledge and/or
- 34 skill of individual applicants have been evaluated and determined to be acceptable.
- 35 9. The certification program must maintain a list and provide verification of certified
- 36 individuals.
- 37 10. The certification program must analyze, define, and publish performance domains
- 38 and tasks related to the purpose of the credential, and the knowledge and/or skill
- 39 associated with the performance domains and tasks, and use them to develop
- 40 specifications for the assessment instruments.
- 41 11. The certification program must employ assessment instruments that are derived
- 42 from the job/practice analysis and that are consistent with generally accepted
- 43 psychometric principles.
- 44 12. The certification program must set the cut score consistent with the purpose of the
- 45 credential and the established standard of competence for the profession,
- 46 occupation, role, or skill.

- 1 13. The certification program must document the psychometric procedures used to
- 2 score, interpret, and report assessment results.
- 3 14. The certification program must ensure that reported scores are sufficiently reliable
- 4 for the intended purposes of the assessment instruments.
- 5 15. The certification program must demonstrate the different forms of an assessment
- 6 instrument assess equivalent content and that candidates are not disadvantaged for
- 7 taking a form of an assessment instrument that varies in difficulty from another
- 8 form.
- 9 16. The certification program must develop and adhere to appropriate, standardized,
- 10 and secure procedures for the development and administration of the assessment
- 11 instruments. The fact that such procedures are in force should be published.
- 12 17. The certification program must establish and document policies and procedures for
- 13 retaining all information and data required to provide evidence of validity and
- 14 reliability of the assessment instruments.
- 15 18. The certification program must establish and apply policies and procedures for
- 16 secure retention of assessment results and scores of all candidates.
- 17 19. The certification program must require periodic recertification and establish,
- 18 publish, apply, and periodically review policies and procedures for recertification.
- 19 20. The certification program must demonstrate that its recertification requirements
- 20 measure or enhance the continued competence of certificants.
- 21 21. The certification program must demonstrate continued compliance to maintain
- 22 accreditation.

23
 24 The fact that less than 50 of the approximately 1,700 certification organizations that
 25 exist in the United States today have been judged to meet all of these standards attests
 26 to the stability of our organization and the quality of our examination protocols. This
 27 NCCA/NOCA achievement makes us confident that we can meet the needs of the
 28 great State of California.

29
 30 During this past year, the NCCAOM successfully administered almost 6,000
 31 examinations. Our examinations are offered three times a year at over twenty-five
 32 different sites throughout the United States; three sites currently exist in California.

33
 34 **Validity** and **reliability** are two other critical factors that should be reviewed. How
 35 are our examinations developed and how is validity maintained over time? Job
 36 analyses serve as the primary avenue by which certification programs demonstrate the
 37 content validity of their examinations. The content of NCCAOM's examinations is
 38 based on extensive job analyses conducted at five-year intervals. Our surveys
 39 represent the only *nationally-verified* statements regarding the practice of acupuncture,
 40 Oriental medicine, Chinese herbology, and Asian bodywork therapy. We are proud to
 41 note that NCCAOM recently won a prestigious place on the *2003 Associations*
 42 *Advance America Honor Roll* for its 2002 Job Analysis. This is a national awards
 43 competition sponsored by the American Society of Association Executives (ASAE).

44
 45 NCCAOM's examination blueprints, developed as a result of our periodic national
 46 studies of practice, serve as the guide for all subsequent examination development

1 work. Specifically, practitioners throughout the country are invited to submit
2 questions that address the domains of practice described by the examination blueprint.
3 Four separate Examination Development Committees, each comprised of seven to
4 nine subject-matter experts, sit in committee to review and approve *every question*
5 before it appears on an examination. NCCAOM contracts with Applied Measurement
6 Professionals, Inc. (AMP), one of the leading testing services in the United States, for
7 all psychometric services.

8
9 The process just outlined demonstrates that NCCAOM is committed to the standard
10 followed by all national certification programs, which is *we measure what practice is,*
11 *not what special interest groups may think practice should be.* In other words,
12 NCCAOM examinations test only what has been revealed by national surveys to be
13 critical elements of safe and effective entry-level practice. From a construct validity
14 standpoint, this is the only valid thing we can test.

15
16 As for reliability, our reliability quotients remain consistently in the high nineties.

17
18 In response to the often-heard charge that we let our candidates test after *two* years of
19 school, in fact, candidates currently are allowed to sit in a pre-graduation status after
20 the completion of 1,350 hours, regardless of when those hours are completed, which
21 varies from school to school. Beginning in June 2004, candidates will be allowed to
22 sit in a pre-graduation status for four of our modules after demonstrating the
23 completion of 1,450 hours. They will then be able to sit for our fifth module after
24 demonstrating completion of a total of 2,000 hours. (Certification, however, is only
25 awarded once graduation from an accredited school is documented.) The NCCAOM,
26 like other certification programs, follows the rule that professional examinations of
27 entry-level competence should not be tests of reading skills or other tangential
28 abilities, nor should they be developed as “achievement” tests of the type that teachers
29 give in schools prior to the completion of a course. Rather, they are tests of core
30 competencies that must be in place if the public welfare is to be protected. The fact is,
31 **when** practice-based competencies can be demonstrated is not our primary interest;
32 *whether or not they are demonstrated is our critical concern.* The United States
33 Medical Licensing Examinations (USMLE) system, serves as a good example of this.
34 In the USMLE system, Steps 1 and 2 can be taken **in any order and at any time**
35 within a seven-year period. Upon passing these first two exams, candidates can then
36 sit **at any time** for the Step 3 exam. Again, as is true for our program, the issue is
37 whether the candidate possesses critical competencies with respect to entry-level
38 knowledge, skills and abilities. It is *not* meant to be a measure of time or place in a
39 matriculation calendar.

40
41 **Cost** is another important consideration for every state. As was pointed out earlier,
42 California could presumably benefit financially from the adoption of NCCAOM's
43 examination system, in that it would be able to pass on to NCCAOM the cost, legal
44 risk, and intensive labor associated with the development of psychometrically sound
45 examinations, as have all other states that currently license acupuncturists (with the
46 exception of Louisiana that has no examination requirement). Additionally, each time

1 NCCAOM receives an application and conducts an examination, the costs associated
2 with examination development are offset. The volume of applicants at the national
3 level, and the efficiencies of maintaining a national office with full-time certification
4 and examination specialists, allow the NCCAOM to provide a full-service testing
5 program that realizes economies of scale that can in turn be passed on to the
6 applicants.

7
8 National certification provides a centralized system of eligibility review, test
9 development, test administration services, post-examination follow-up, item
10 performance review, individual candidate counseling, etc. We highlight these services
11 because our fees for certification must cover all aspects of the services we provide.
12 However, California *does not have to purchase our full menu of services*. We have
13 repeatedly told the California Board that we are willing to customize the services we
14 provide to the state licensing board according to California's unique requirements. In
15 other words, California could simply contract with NCCAOM for the use of our
16 examinations only. Thus, the oft-repeated claim arguing against the use of national
17 standards in California because NCCAOM examinations are "four times more
18 expensive," is careless and inappropriate. Those making the claim are considering the
19 cost of full certification instead of the cost of our individual examinations (which are
20 again, a subset of full certification costs). Furthermore, we must note that
21 NCCAOM's exam system is a more thorough test of the critical categories of Oriental
22 medicine practice than the 200-item exam offered by California. NCCAOM's costs
23 reflect, as of June 2004, eleven hours of testing and the completion of five, separately-
24 scored examinations. This element must also be considered in making any cost
25 comparisons. *Again, the California Board can purchase what it feels it needs to best*
26 *protect public welfare.*

27
28 The NCCAOM's annual operating budget is more than three million dollars. This
29 represents the amount of money we spend each year developing, maintaining and
30 enforcing our certification programs. In fact, as an example of cost, at the recent
31 annual meeting of NOCA, it was estimated that a single, properly developed exam
32 item costs approximately \$2,500. For a state agency to expend such amounts only to
33 duplicate a structure like NCCAOM's, seems an unnecessary burden, in that this
34 considerable expense is always passed on to the taxpayer, practitioner, and ultimately,
35 the healthcare consumer. Most states feel it is impossible for them to devote a state's
36 limited resources to maintaining such a costly structure for just one examination
37 program – which is why they have chosen to depend on the NCCAOM's system of
38 examinations for licensure.

39
40 Approximately half of all California practitioners now take California's examination
41 as well as NCCAOM's protocols in an effort to demonstrate to their patients that they
42 have met national standards of competence and ensure their future mobility. These
43 individuals would save money by avoiding paying exam fees twice – savings that may
44 well be passed on to the health care consumer. In this era of rising healthcare costs, it
45 would appear that adopting national examinations would result in financial benefits to
46 all Californians.

1 Another important consideration is whether the national examinations are
 2 **comprehensive**. Our separately-scored, discrete measures of competence in the
 3 critical elements of Oriental medicine is a comprehensive system that better protects
 4 the public welfare by *ensuring* that individuals are not licensed on the basis of their
 5 strength in a single area of practice, which ultimately serves to mask critical
 6 weaknesses in other areas.

7
 8 In June 2004, NCCAOM is moving to a modular system of examinations wherein
 9 candidates seeking Oriental medicine certification will be required to complete eleven
 10 hours of testing. The schedule of examinations required for NCCAOM certification is
 11 as follows:

12
 13 **Diplomate in Oriental Medicine**

- 14 • Foundations of Oriental Medicine Module (FOMM) (125 items)
- 15 • Acupuncture Module (AM) (90 items)
- 16 • Point Location Module (PLM) (25 items)
- 17 • Biomedicine Module (BIOM) (50 items)
- 18 • Chinese Herbology Module (CHM) (120 items)

19
 20 **Diplomate in Acupuncture**

- 21 • Foundations of Oriental Medicine Module (FOMM) (125 items)
- 22 • Acupuncture Module (AM) (90 items)
- 23 • Point Location Module (PLM) (25 items)
- 24 • Biomedicine Module (BIOM) (50 items)

25
 26 **Diplomate in Chinese Herbology**

- 27 • Foundations of Oriental Medicine Module (FOMM) (125 items)
- 28 • Chinese Herbology Module (CHM) (120 items)
- 29 • Biomedicine Module (BIOM) (50 items)

30
 31 As is true of other professional certification programs, certification does not simply
 32 represent a passing score on an examination. Rather, those who earn NCCAOM
 33 certification must also meet a list of national standards considered essential for safe
 34 and effective practice. In NCCAOM's case, this includes the completion of an
 35 accredited program of formal education, additional coursework in safety (Clean
 36 Needle Technique), a signed attestation that the practitioner will abide by the
 37 NCCAOM's Code of Ethics, and finally, a review of any mental or physical
 38 limitations, drug and alcohol dependencies, or prior disciplinary actions that may serve
 39 as an indication that safe practice would be compromised. NCCAOM maintains a
 40 rigorous review and discipline program. So far this year, 41 practitioners have
 41 received sanctions including suspension, probation, ineligibility for certification/
 42 recertification, or written reprimand. Currently there are 15 cases under investigation
 43 awaiting information from a state regulatory board or a response from the
 44 Diplomate/applicant. Additionally, NCCAOM maintains a database of individuals not
 45 currently in the NCCAOM system about whom a state regulatory board has notified us
 46 regarding disciplinary action. This database is to ensure that these individuals do not

1 inadvertently become eligible for NCCAOM certification, resulting in a license to
 2 practice in another state.

3
 4 NCCAOM's certification work complements the school accreditation work of the
 5 Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM).
 6 ACAOM accredits more than 45 schools and colleges of acupuncture and Oriental
 7 medicine in the United States and Canada, and is the only accreditation agency
 8 recognized for this purpose by the U.S. Department of Education.

9
 10 Both the NCCAOM and ACAOM strive to promote the safe and competent practice of
 11 acupuncture and Oriental medicine through valid, *peer-reviewed systems* for the
 12 establishment of minimal standards. As indicated at the 1997 National Institutes of
 13 Health Consensus Conference, the unprecedented growth and acceptance of
 14 acupuncture is due in no small part to the existence of legitimate certification and
 15 accreditation programs that are based upon national standards.

16
 17 The final two factors that we believe policy-makers should consider are the
 18 **reputation** of the organization, as well as the position of that organization with
 19 respect to political **neutrality** within the professional landscape. Contacting the
 20 Chairs and/or the Executive Directors of other state regulatory boards would elicit
 21 valuable information regarding their experiences with the national office and the
 22 services they enjoy as a result of their collaboration with us. This may be
 23 accomplished in an efficient fashion by contacting the president and vice president of
 24 the Federation of Acupuncture and Oriental Medicine Regulatory Agencies
 25 (FAOMRA), John Myerson at (508) 879-3002 and Penny Heisler at (410) 764-5925,
 26 respectively. We are confident that you will find that state regulatory boards are
 27 pleased with the services provided by the NCCAOM and are happy to pass on
 28 administrative and psychometric responsibilities, as well as the legal **liabilities**
 29 associated with such activities, to a third party.

30
 31 In addition, NCCAOM enjoys a sterling reputation in the national media. A cursory
 32 review of NCCAOM citations using the search engine, *Google*, reveals that
 33 NCCAOM was favorably referenced in over 8,330 electronic and print publications.
 34 This past year we have been referenced in such prominent publications as *O* magazine,
 35 the *Wall Street Journal*, *MSNBC.com*, and *Parade* magazine. The June 2003 edition
 36 of the *Washingtonian* magazine refers to the NCCAOM as "one of the most respected
 37 associations [sic] for acupuncturists."

38
 39 As for **neutrality**, NCCAOM diligently adheres to an "arms-length" position from the
 40 profession. Our insistence on political neutrality not only complies with strict
 41 NCCA/NOCA accreditation requirements in this area, but is a position that is critical
 42 to accomplishing our mission, which is to *protect and benefit the public*. An example
 43 of how the NCCAOM guarantees neutrality is the requirement in our bylaws that our
 44 board members not serve on any other national, acupuncture, and Oriental medicine
 45 policy-making professional board. California and its citizens can be assured of the
 46 fact that the NCCAOM is not the political arm of any professional organization, does

1 not respond to any political agenda, and that it works diligently to maintain these
 2 separations.

3
 4 In summary, by selecting the NCCAOM examinations, California will have in place
 5 an examination program that:

- 6
- 7 • is **peer-reviewed and accredited** by NCCA/NOCA, representing the highest
 8 standards for certification organizations in the United States;
- 9
- 10 • offers a clear and fair **appeals process** for eligibility, examinations, and
 11 disciplinary matters;
- 12
- 13 • allows **interstate mobility** for its practitioners – something California practitioners
 14 currently do not enjoy;
- 15
- 16 • has a sterling reputation, **never** having had a complaint about its examinations,
 17 eligibility determinations, or certification policies **litigated**, or played out in the
 18 media; and
- 19
- 20 • will result in substantial **cost savings** for its practitioners who now must complete
 21 two examination programs if they wish to additionally demonstrate to consumers
 22 that they have met national standards.

23
 24 NCCAOM has met or exceeded all of the critical areas that should be evaluated when
 25 considering the adoption of a national examination program. The importance of
 26 embracing national standards, which allows an avenue for cost cutting and minimizes
 27 the influence of special interest groups, cannot be overstated at this point in
 28 California's proud history.

29
 30 **2. Are there elements of the examination process that states could control to**
 31 **protect consumers?**

32
 33 By electing to use a NCCA/NOCA accredited examination program, the state
 34 succeeds in controlling the most important elements of the examination process from
 35 the perspective of consumer protection – those of quality control. At no cost to the
 36 state, NCCA/NOCA accreditation indicates that examinations are fair, valid, reliable,
 37 and that the organization's policies and procedures comply with the highest possible
 38 governance standards in the categories of appeals processes, document retention,
 39 security, staff qualifications, procedural manuals, finances, publications, and
 40 confidentiality. The rigorous standards that a nationally accredited examination must
 41 meet in order to maintain accreditation allows the state to be certain that the structure
 42 that supports consumer protection is firmly in place.

43
 44 With quality control established, the state has the further option of determining such
 45 things as which examinations it believes are necessary to completely demonstrate
 46 entry-level competence and thus adequately protect the citizens in their state. The

1 NCCAOM offers certification programs in acupuncture, Chinese herbology, Asian
 2 bodywork therapy and, beginning in June 2004, a new certification program in
 3 Oriental medicine. This program will be the most comprehensive system of testing for
 4 Oriental medicine available anywhere in the world. To date, some states have already
 5 elected to include a requirement for the successful passage of the Chinese herbology
 6 component *in addition to* the acupuncture components already required by most states.
 7 These boards did so because they believed that a separate measure of knowledge in
 8 this critical area offered the best protection to the consumers in their respective state.
 9 In June 2004, the new NCCAOM module on biomedicine will be available. This
 10 module was added due to the results of our recent Job Analysis, and in response to
 11 requests for additional testing in this area from individual state regulatory boards and
 12 FAOMRA.

13
 14 At this point, however, it is important for NCCAOM to point out that, with respect to
 15 the 2002 Job Analysis, where the responses of almost 200 California respondents were
 16 compared to the rest of the nation, not one of the response categories analyzed was
 17 found to be significantly different for California with respect to the rest of the nation.
 18 ***In other words, statistical analyses show that there is no difference in how***
 19 ***acupuncture is practiced in California compared to anywhere else in the United***
 20 ***States today.***

21
 22 Beyond the aforementioned controls, a state could require the testing organization to
 23 send examination results directly to the state regulatory board as a precaution against
 24 receiving examination results that may have been tampered with in some way by the
 25 applicant. Even if the state allows the direct reporting of scores from its applicants,
 26 NCCAOM employs experienced staff members who routinely verify examination
 27 results for state boards throughout the year.

28
 29 Additional elements that could be controlled by the state include the imposing of an
 30 English language testing requirement (NCCAOM offers its examinations in the
 31 English, Chinese and Korean languages); limiting the number of times a person is
 32 permitted to retake the examination after failing; determining the number of times a
 33 person may fail an exam before additional remedial training is required; and/or
 34 electing to set their own passing score (state boards can accept passing scores
 35 recommended by NCCAOM's psychometricians or accept responsibility for setting
 36 their own). State specific exams to address unique needs (e.g., architects in California
 37 are required to demonstrate knowledge of earthquake codes) can also be developed.
 38 We have repeatedly expressed our ability and willingness to accommodate this last
 39 possibility.

40
 41 **3. How do other states that use the NCCAOM's examination for licensure**
 42 **monitor the process and ensure quality control?**

43
 44 Every state that relies on the NCCAOM examination enjoys the benefits and
 45 guarantees that NCCA/NOCA accreditation offers with respect to the monitoring of
 46 the quality of the NCCAOM examinations, *at no additional cost to the state.* These

1 states are assured that accreditation means that the necessary controls are already in
2 place to protect their citizens and that independent experts in the fields of
3 psychometrics and credentialing have reviewed every aspect deemed important by
4 law, national standard-setting bodies, and the credentialing community itself. They
5 benefit from the fact that every aspect of NCCAOM's programs has been thoroughly
6 evaluated every five years, with yearly demonstrations of compliance also being
7 required.

8
9 In addition to monitoring that NCCAOM accreditation remains current, every state
10 requires a formal report of individual exam results from NCCAOM for applicants
11 seeking a license. This report is sent directly to the state licensing board by
12 NCCAOM. This report is more than a confirmation of exam results; it is an important
13 tool in monitoring the examination process because it provides the state boards with
14 additional information with which to evaluate an applicant's credentials. For example,
15 our reports to the states include information regarding the language in which the
16 examination was taken, whether the individual was certified and if so, the certification
17 date, the certificate number and the expiration date. It also confirms whether or not
18 the individual completed a clean needle technique course, a requirement for licensure
19 in most states.

20
21 Although state boards that require NCCAOM certification already know that our
22 process includes careful verification of such things as an applicant's education, some
23 states require that the applicant submit a transcript (usually sent by the school directly
24 to the board), along with a copy of the diploma as a second check on an individual's
25 credentials. Many states additionally set minimum educational requirements of their
26 own (e.g., baccalaureate degree, specific number of hours in allopathic medicine).
27 States often require that applicants with an education obtained outside the United
28 States submit their credentials to the state board for evaluation. NCCAOM uses a
29 nationally known and respected foreign credentials evaluation service, the American
30 Association of Collegiate Registrars and Admissions Officers (AACRAO), to evaluate
31 the credentials of applicants with a foreign education. Several states pass on to the
32 NCCAOM the performance of this category of costly and laborious eligibility
33 evaluations by requiring that an applicant be actively certified by NCCAOM at the
34 time of application for licensure.

35
36 As a part of the monitoring process, state representatives contact NCCAOM
37 frequently for answers to questions regarding testing and eligibility issues.
38 NCCAOM recognizes the importance of communicating with the states regarding
39 these issues and employs a full-time Director of State Relations to ensure a rapid and
40 complete response to all inquiries from state regulatory boards.

41
42 NCCAOM actively participates with state licensing boards in the exchange of
43 information about disciplinary matters. Sharing information with the states regarding
44 potential or actual violations of professional conduct is a vital component of the
45 partnership that exists between NCCAOM and the states. We recognize that the
46 responsibility of NCCAOM and the state regulatory boards does not end with the

1 completion of an examination; therefore, in order for us to fulfill our common missions
 2 of protecting public safety, we work collaboratively on many other matters.

3
 4 Finally, NCCAOM's policies are such that, upon formal request, states may access
 5 information about a candidate's eligibility review and other certification-related
 6 matters. Specifically, our policy states:

7
 8 *The NCCAOM respects the privacy of all applicants, candidates, and*
 9 *Diplomates. All materials submitted or received in connection with*
 10 *applications and all test scores are held in confidence, except upon*
 11 *permission for disclosure from the applicant, candidate, or Diplomate*
 12 *or expect as required by law, including governmental licensing bodies*
 13 *upon appropriate written request.*

14
 15 Except for reprimands, final disciplinary actions taken by NCCAOM will be reported
 16 to appropriate state licensing boards or regulatory agencies. In the case of a voluntary
 17 surrender of a certificate by a Diplomate, NCCAOM may communicate the fact and
 18 date of the resignation to an appropriate state licensing board or regulatory agency.

19
 20 **4. If California were to rely on a national examination what mechanisms could**
 21 **the State employ to protect its interests?**

22
 23 Licensing agencies have several mechanisms available to protect their interests when
 24 choosing to rely on the national examination. As stated previously, the state
 25 immediately protects its interests with respect to the liability that is an inherent aspect
 26 of credentialing-related, high-stakes decision-making when it requires an examination
 27 that is nationally accredited. By shifting from the state to the testing organization the
 28 burdens associated with supporting the rigorous psychometric and administrative
 29 structure required to maintain a legally defensible examination program, an "insurance
 30 policy" is in place, with all "premiums" paid for by the NCCAOM. California already
 31 uses nationally accredited examinations for the licensing of other healthcare
 32 professionals. Specifically, chiropractors, nurses, physical therapists, doctors, and
 33 dentists all must pass a national examination as part of their licensure requirements.
 34 This would seem to indicate that other state regulatory boards that oversee healthcare
 35 practice deem it prudent to require the measurement of its practitioners against a
 36 national standard.

37
 38 Although a state may elect to use NCCAOM's examinations, this is only the
 39 beginning of their options. Each state may determine the examination complement
 40 that best meets their needs. Should California decide to require the full complement of
 41 examination modules, the state would be assured that an individual was tested in all of
 42 the critical areas identified in the most recent NCCAOM Job Analysis Survey, which,
 43 of course, includes survey results from California. It is important to note at this point
 44 that our job analysis surveys employ stratified random samples such that all states are
 45 proportionally represented. That is, California practitioners were sampled according
 46 to demographically appropriate ratios. In fact, in our 2002 award-winning survey, we

1 received responses almost equal to the number of responses analyzed in the job
 2 analysis conducted by California. We also note that many of our subject-matter-
 3 experts are drawn from the community of California Diplomates, and the NCCAOM
 4 conducts online item-writing in order to ensure equal geographic access.

5
 6 In addition to deciding which examinations a practitioner must pass in order to
 7 practice in California, the state could contract with NCCAOM for the use of specific
 8 examination modules for licensure purposes only, as opposed to requiring full
 9 NCCAOM certification. This would allow the state to determine the eligibility
 10 standards that must be met before an applicant would be allowed to sit for the
 11 examination, and any other interests it feels are important to control. Finally,
 12 examinations can be customized to meet any special needs identified by the state (e.g.,
 13 applicants' knowledge of state laws unique to California).

14
 15 **5. Examinations are just one mechanism for ensuring the quality of health**
 16 **practitioners to protect patients. What specific additional practitioner quality**
 17 **control mechanisms do you recommend California adopt if a decision is made to**
 18 **use the NCCAOM examination?**

19
 20 Licensing agencies have several obligations with respect to carrying out their mandate
 21 of protecting patients and ensuring the quality of healthcare practitioners beyond
 22 examining for competence. For example, they must monitor compliance with practice
 23 laws, investigate complaints, institute proceedings for disciplinary actions, allow for
 24 appeals of all their decisions, etc. Each of these elements in the regulatory process has
 25 a specific and critical purpose and the state is responsible for each of them.

26
 27 California could choose to require additional safety courses such as a separate course
 28 in Clean Needle Technique (CNT). This course is required by NCCAOM for
 29 certification. In addition, most states require that applicants for licensure graduate
 30 from a school approved by the Accreditation Commission for Acupuncture and
 31 Oriental Medicine (ACAOM). Some states accomplish this by requiring NCCAOM
 32 certification, in that applicants who apply for NCCAOM certification must graduate
 33 from an ACAOM approved school. (Please see our website, www.nccaom.org, for a
 34 complete description of our accreditation policy.)

35
 36 Continuing education is another aspect related to practitioner quality that California
 37 could control. Many states require that applicants for renewal be actively certified by
 38 the NCCAOM, since demonstration of continuing competence is built into our system.
 39 NCCAOM certification is valid for four years. At the end of that period, a Diplomate
 40 must demonstrate the completion of 60 Professional Development Activity points
 41 (PDAs) in order to renew their certification. Several states require a statement
 42 verifying current certification directly from NCCAOM before a license is renewed.

43
 44 Various other controls that California could consider have been covered in previous
 45 answers. To reiterate, a state can require testing in English only, it can decide on the
 46 number of times an applicant can retake the examination(s) after failing, and when

1 remedial education is indicated. The state can mandate that an applicant must be free
2 from disciplinary action and/or any impairment or dependency that could interfere
3 with an individual's ability to practice safely.

4
5 Each state determines the criteria that it believes best meets the needs of its citizens.
6 Decisions on the examinations, educational standards, and the other critical elements
7 described herein, are common to all state boards responsible for monitoring healthcare
8 professions. Adopting national standards will allow the California Board to
9 concentrate its resources on the other mandates with which it is charged to implement
10 and control.

11
12 **6. Can you explain the differences between a certification examination and a**
13 **licensure examination? Is it appropriate for a certification examination to be**
14 **used to qualify for licensure?**

15
16 The difference between certification and licensure is the difference between self-
17 regulation and governmental regulation of a profession. **Certification**, as a form of
18 self-regulation, represents a voluntary program set up by a private, nonprofit
19 organization to evaluate those desiring to practice in a particular profession or
20 business. The goal of a certification organization is to serve the public by
21 distinguishing among individual practitioners using objective evaluation criteria,
22 including but not limited to, educational achievements and performance, experience,
23 and scores on standardized tests.

24
25 **Licensure**, on the other hand, is the process by which a governmental unit (federal,
26 state, or local) grants an individual permission to pursue an occupation or carry out a
27 business subject to regulation under the government's authority. This authority is
28 conferred on state and local governments, through which they are enabled, among
29 other things, to adopt laws and regulations to prevent the commission of fraud and
30 crime and maintain the safety, comfort, health, and prosperity of their citizens.

31
32 Obtaining a license in order to practice a profession or conduct a business is
33 mandatory, and states can assess fines or other penalties on those that practice or
34 operate without a license. Requirements for licensure are set forth in laws enacted by
35 state legislatures and vary among jurisdictions. Usually, a state regulatory or licensing
36 board is established to oversee the licensing process. In most states, passing
37 NCCAOM's certification examination and/or obtaining certification is just one of the
38 requirements that must be met by a practitioner before he or she can obtain a license.

39
40 Schmitt and Shimberg (1996) state that "since the 1970's, ... as many allied health
41 groups have elected to forego licensure – probably because of the time and expense
42 involved in securing state-by-state regulatory legislation – the distinction between
43 certification and licensure has become less obvious. These professions have
44 established national certification programs instead. In these instances, the professions,
45 and often state regulatory agencies, view certification as documenting entry-level
46 competence."

1 Certification organizations, like licensing boards, establish a level of competence for
2 those who wish to begin or continue practicing in a certain profession. Both
3 certification and licensure are not a guarantee that an individual necessarily provides
4 services of a certain quality. They are essentially a method by which to limit harm to
5 the consumer by depending on a process that determines whether or not critical skills
6 are in place. Certification, like licensure, is usually granted for a limited period of
7 time and must be renewed. Those who wish to maintain certification and licensure
8 must continue to meet certain requirements and practice in accordance with ethical
9 and legal rules and regulations.

10
11 NCCAOM, like most certification organizations, has adopted a Code of Ethics setting
12 forth certain guidelines that describe how certified practitioners should conduct
13 themselves professionally. The guidelines are not all-inclusive and do not establish
14 limits of the ethical responsibility of NCCAOM certificants. Instead, they identify
15 important practice principles that NCCAOM believes help protect members of the
16 public when they seek services of practitioners in acupuncture, Oriental medicine,
17 Chinese herbology, and/or Asian bodywork therapy. Violations of the NCCAOM
18 Code of Ethics may lead to disciplinary action, including suspension or revocation of
19 certification.

20
21 The appropriateness of using certification examinations for licensure is supported by
22 the decisions of almost 40 state acupuncture and Oriental medicine boards and the
23 countless other regulatory boards in other professions. The beauty of using national
24 standards in the areas of certification and accreditation is that certain guarantees are
25 affirmed by outside, independent bodies. Accredited certification programs, such as
26 the NCCAOM's, have demonstrated compliance with the psychometric procedures
27 established by the industry as the appropriate elements in the formula for setting
28 standards and testing individuals. Accreditation organizations, such as ACAOM, that
29 are approved by the U.S. Department of Education, likewise follow set protocols as
30 they establish their standards. Specifically, highly-regarded panels of educators, after
31 years of study and countless opportunities for public comment and testimony, set
32 standards that are deemed fair and sufficient for safe and effective practice.

33
34 Both certification and accreditation programs must continually demonstrate autonomy
35 from the pressures that typically come from societies that represent the interests of the
36 profession. It has been historically recognized that professional societies have
37 interests that can at times compete with the goal of protecting the public welfare. For
38 example, in an effort to protect the financial interests of its members, a society might
39 make an entry-level exam more difficult or increase the number of hours deemed
40 necessary to practice in an attempt to limit the number of people entering the
41 profession. For these reasons, independent certification and accreditation programs
42 that undergo peer review, set standards using a prescribed, consensus process, and
43 remain at "arm's length" from the profession, are viewed as the best resource for state
44 licensing bodies as they mandate the rules and regulations for the licensure of
45 healthcare practitioners.

1 **7. Under what circumstances do you believe that California could utilize your**
2 **organization's examination to improve consumer protection?**

3
4 The adoption of national standards *is* seen as serving the best interest of the public and
5 *is* the model for licensure in other major healthcare professions. California currently
6 requires that nurses, chiropractors, physical therapists, doctors and dentists, for
7 example, pass a national examination as part of the licensing process. Based on a
8 quick review of regulations of healthcare professions in California, *acupuncture*
9 *appears to be the only healthcare profession in which passage of a national*
10 *examination is not required.*

11
12 We believe that consumers in California are better protected when their healthcare
13 practitioners have met national standards of competence. This is because NCCAOM's
14 comprehensive, peer-reviewed system of examinations – unlike California's 200-item
15 examination that tests all aspects of Oriental medicine – requires passage of *five*
16 separately-scored modules. The list of modules includes Foundations of Oriental
17 Medicine, Acupuncture, Point Location, Biomedicine and Chinese Herbology. It is
18 our belief that such separately scored, discrete measures of competence in the critical
19 areas of Oriental medicine practice better protects the consumer by ensuring that
20 individuals are not licensed on the basis of their strength in a single area of practice,
21 which ultimately serves to mask critical weaknesses in other areas.

22
23 Take, for example, the separately-scored Point Location Module offered by NCCAOM.
24 This module tests a candidate's knowledge of acupuncture points on the body, and is an
25 exam that we understand California was forced to abandon. We are told point location
26 questions are now merged into the 200-item California licensure exam. The NCCAOM
27 considers point location knowledge to be an integral part of the safe practice of
28 acupuncture and Oriental medicine and feel our separately-scored examination in this
29 area is a critical discriminator of competence. Anecdotally, we find that our exam, in
30 which an individual must identify points on graphics that cover *all body views* (closely
31 approximating the universe of point location decisions that a practitioner must make in
32 the course of daily practice), is an important tool for weeding out gross incompetence.
33 When we review the performance of those who do not pass this exam module, we find
34 that candidates fail due to serious errors of the type where points that should be located
35 on the foot, for example, are mistakenly placed on the face. These findings constantly
36 reinforce our opinion that the cost and effort associated with the psychometric
37 maintenance of this exam module are indeed justified. In our opinion, the failure of
38 California to independently assess this important body of knowledge seriously
39 undermines the "comprehensiveness" of its exam format. It is important to note that the
40 California pass rate on our point location examination has dropped over the past five
41 years to an all-time low of 75% in 2002, a pass rate that falls below the national pass
42 rate of 77%. It would appear that a test of point location skills would indeed be an
43 element that the California consumers would want if they knew that 25% of their
44 practitioners do not pass such an examination.

45

1 Unlike the NCCAOM exam, the California Acupuncture Board's exam is not
 2 recognized by any state where licensure exists, and it is an exam that is not reviewed
 3 by any independent, third-party system of evaluation. In the absence of such
 4 independent evaluations, there are no objective assurances that the California Board's
 5 exam meets industry standards.
 6

7 In addition to concerns about quality of care, most consumers are also interested in
 8 controlling the ever-escalating cost of healthcare. California could presumably benefit
 9 financially from the adoption of NCCAOM's examination system in that it would be
 10 able to pass on to NCCAOM the cost, legal risk, and intensive labor associated with the
 11 development of psychometrically sound examinations. According to Knapp (2000), the
 12 start-up costs for developing a single certification program, including validity studies,
 13 assessment instrument development (mainly multiple-choice tests), programming, and
 14 systems development, are well over \$250,000, with additional operating costs for a
 15 program certifying 10,000 candidates a year as high as \$1 million. Additionally,
 16 development estimates for performance or product assessments range from \$500,000 to
 17 \$1 million; delivery and program administration costs range from \$250 to \$750 per
 18 candidate, depending on the complexity of the assessment procedures. These expenses,
 19 which the State of California must now cover, could be assumed by NCCAOM. Why
 20 wouldn't California take advantage of the existence of an accredited certification
 21 program and realize the obvious savings? Since approximately half of all California
 22 practitioners who take California's licensing examination also complete NCCAOM's
 23 protocols in an effort to demonstrate to their patients that they have met national
 24 standards of competence and ensure their future mobility, the individual applicant
 25 would save money by not having to pay two sets of exam fees. These savings might
 26 then be passed on to the health care consumer. In this period of increasing deficits, it
 27 would appear that adopting the national examination would result in financial benefits
 28 to all Californians.
 29

30 **8. Please provide the Commission information on your organization's**
 31 **membership, history, organizational structure and financing, as well as goals for**
 32 **acupuncture in California.**
 33

34 NCCAOM is a fully autonomous, non-profit organization established in 1982. It
 35 currently operates under Section 501(c)(6) of the Internal Revenue Code. Our mission
 36 is to establish, assess, and promote recognized standards of competence and safety in
 37 acupuncture and Oriental medicine for the protection and benefit of the public. In
 38 order to fulfill this mission, we have developed a certification process that provides a
 39 unified set of nationally-verified, entry-level standards for safe and competent
 40 practice. To date, we have certified a total of more than 13,000 Diplomates.
 41

42 NCCAOM is justifiably proud that since 1991, our examinations have been judged to
 43 be fair, valid, and reliable by the National Commission for Certifying Agencies
 44 (NCCA) of the National Organization for Competency Assurance (NOCA). This
 45 accreditation represents the highest voluntary standard in the United States. The fact
 46 that less than 50 of the approximately 1,700 certification organizations that exist in the

1 United States today have earned this accreditation attests to the quality of our exam
 2 protocols. NCCAOM has continuously maintained accreditation since 1991.
 3 The NCCAOM contracts with Applied Measurement Professionals (AMP). AMP, one
 4 of the leading testing services in the United States, is a research and development firm
 5 that conducts professional competency assessment research and provides examination
 6 services for a number of credentialing programs. AMP administers, scores and
 7 provides all psychometric analyses of the NCCAOM examinations.

8
 9 The expertise and policies of these three groups – AMP, NOCA, and NCCA – have
 10 contributed to NCCAOM's reputation as a certification process that gives full
 11 recognition to the diversity of acupuncture and Oriental medicine in the US, while also
 12 providing a unified set of national standards for safe and competent practice.

13
 14 All revenue collected by the organization is used to enhance NCCAOM certification
 15 programs; improve the quality of its examinations; advance certification research and
 16 development; provide services to its Diplomates; and fulfill its responsibility of
 17 protecting the public from unsafe practice.

18
 19 It is a considerable professional achievement to become a Diplomate of the
 20 NCCAOM. Certification indicates to employers, patients, and peers that one has met
 21 national standards for safe and competent practice, as defined by the profession.
 22 National board certification has been the mark of excellence in acupuncture and
 23 Oriental medicine since the inception of the Commission.

24
 25 Nine commissioners, who are either voted into office by general election or appointed
 26 by the full board to fill vacancies and public/consumer member seats, govern the
 27 NCCAOM. In making nominations, the Nominating Committee considers diversity in
 28 ethnicity, gender, geographic distribution, professional experience, and education.

29
 30 The first NCCAOM Comprehensive Written Examination (CWE) in Acupuncture
 31 (ACP) was given in March 1985. It was developed during a three-year period with the
 32 help of leading acupuncturists throughout the nation. Throughout this development
 33 period, the NCCAOM followed national guidelines for certification and testing in
 34 order to ensure a fair, valid, and reliable examination. The first administration of this
 35 examination was a milestone event in the growth of the profession in the United
 36 States.

37
 38 The Practical Examination of Point Location Skills (PEPLS) was added as a
 39 component of NCCAOM's Acupuncture Examination in September 1989. The Clean
 40 Needle Technique (CNT) portion was added to the acupuncture written exam two
 41 years later. This separately scored CNT exam was merged into the Comprehensive
 42 Written Examination in Acupuncture in 1998. A requirement for the completion of a
 43 separate and independent CNT course continues.

44
 45 In 1989, the profession asked the NCCAOM to develop a certification program
 46 measuring entry-level competence in the practice of Chinese herbology. After three

1 years of research, the organization opened the Credentials Documentation Review
 2 (CDR) period for Certification in Chinese Herbology. The first national
 3 Comprehensive Written Examination in Chinese Herbology was given in April 1995.

4
 5 The NCCAOM then developed a third certification program in response to requests
 6 from the profession. NCCAOM Certification in Asian Bodywork Therapy (ABT) was
 7 offered in 1996 through Credentials Documentation Review. CDR for certification in
 8 Asian Bodywork Therapy closed in December 1997. The first Comprehensive
 9 Written Examination in ABT was given in October 2000.

10
 11 Beginning in June 2004, NCCAOM will offer a certification program in Oriental
 12 medicine, an umbrella program offering an applicant the opportunity to demonstrate
 13 competence in the full range of the Oriental medicine branches. We will begin
 14 accepting applications in December from individuals who wish to earn the credential
 15 *Diplomate in Oriental Medicine (Dipl. OM)*. Our current programs in acupuncture,
 16 Chinese herbology, and Asian bodywork therapy will continue to be offered.

17
 18 As stated above, the mission of the National Certification Commission for Acupuncture
 19 and Oriental Medicine (NCCAOM) is to establish, assess, and promote recognized
 20 standards of competence and safety in acupuncture and Oriental medicine for the
 21 protection and benefit of the public. Our goal, therefore, with respect to acupuncture in
 22 California is singular - that the citizens in the great State of California may come to
 23 enjoy the benefits and protection afforded by a system of competency assessment that is
 24 ***nationally-verified, peer-reviewed and designed with public protection as its***
 25 ***overriding goal.***

26
 27
 28 **References**

29
 30 Google Search Engine.

31
 32 Knapp, Joan E. *Designing Certification and Accreditation Programs*, The
 33 Associations Educator's Toolkit. American Society of Association Executives,
 34 Washington, D.C., 2002.

35
 36 NCCA/NOCA Accreditation Standards, www.noca.org.

37
 38 NCCAOM website, www.nccaom.org.

39
 40 Schmitt, Kara and Benjamin Shimberg. *Demystifying Occupational and Professional*
 41 *Regulation: Answers to Questions You May have Been Afraid to Ask*. The
 42 Council on Licensure, Enforcement and Regulation, Lexington, 1996.