



ACCREDITATION MANUAL

STRUCTURE, SCOPE, PROCESS,
ELIGIBILITY REQUIREMENTS
AND STANDARDS



Accreditation Commission for
Acupuncture & Oriental Medicine

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Structure, Scope, Process, Eligibility Requirements and Standards

Preface

Accreditation within American higher education is an external peer review process in which a private, non-governmental agency, formed by the educational institutions and/or the profession that it serves, grants public recognition to an institution or program that meets certain established and nationally accepted criteria of quality. To participate in an accreditation process, an educational program or institution voluntarily undertakes a comprehensive self-assessment of its purpose and of the structures that support that purpose, according to the criteria developed by the accrediting agency.

The higher education community recognizes the following purposes of accreditation:

- 1) To foster excellence in postsecondary education through the development of criteria and guidelines for assuring educational effectiveness;
- 2) To encourage institutional and programmatic self-improvement through continuous self-study and assessment;
- 3) To assure the higher education community, the general public, and other agencies or organizations that an institution or program has clearly defined and appropriate objectives, has the resources for reasonable assurance of the attainment of stated objectives, and is making a continuous effort to produce evidence of the attainment of its objectives;
- 4) To provide counsel and assistance to developing institutions and programs;
- 5) To encourage diversity, experimentation, and innovation within the boundaries of generally accepted standards and guidelines of academic quality;
- 6) To protect institutions against encroachment which might jeopardize educational effectiveness or academic freedom.

1.0 The Accreditation Commission

In June 1982, the professional organization for acupuncture and Oriental medicine education in the United States, the American Association of Acupuncture & Oriental Medicine (“AAAOM”), the Council of Colleges of Acupuncture and Oriental Medicine (“CCAOM”), formerly known as the National Council of Schools and Colleges of Acupuncture and Oriental Medicine, established the National Accreditation Commission for Schools and Colleges of Acupuncture and Oriental Medicine (NACSCAOM) as an independent organization to apply the tenets of accreditation to acupuncture and Oriental medicine education in the United States. In May 1997, NACSCAOM changed its name to the Accreditation Commission for Acupuncture and Oriental Medicine (“ACAOM,” hereinafter referred to as “the Commission”).

ACAOM, as a specialized accrediting agency recognized by the U.S. Department of Education, is the deliberative body for the assessment of compliance with established educational standards for acupuncture and Oriental medicine programs in the United States. ACAOM’s current scope of recognition with the U.S. Department of Education is:

accreditation and preaccreditation (“Candidacy” status) throughout the United States of first-professional master’s degree and professional master’s level certificate and diploma programs in acupuncture and Oriental medicine, as well as freestanding institutions and colleges of acupuncture or Oriental medicine that offer such programs.*

Title IV Note: *Only freestanding institutions or colleges of acupuncture or Oriental medicine may use accreditation by this agency to establish eligibility to participate in Title IV programs.*

“Freestanding” is defined as not part of a larger college or university that is accredited by a regional accrediting agency or another nationally recognized institutional accrediting agency. In general, a freestanding institution is a separate single-purpose institution that offers a specialized program of study in a particular field.

** Preaccreditation status may be used as an alternative to full accreditation by any public or private non-profit institutions accredited by this agency for the purpose of establishing eligibility to participate in Title IV programs. Please note that preaccreditation is not available as an option for establishing such eligibility by a for-profit institution accredited by this agency.*

As an independent agency, the Commission's decisions are not subject to review or alteration by any organization, individual or any other outside agency.

1.1 The Structure of the Commission

The Accreditation Commission is composed of eleven Commissioners who direct and supervise the accreditation process. Commissioners are chosen from among the general public, from among programs that are accredited or in candidate status with the Commission, and from the professional community of acupuncture and Oriental medical practitioners. Commissioners serve in their individual capacities and not as representatives of any institution or organization.

The Commission designates professional staff to carry out its policies and to maintain liaison support between the programs and the Commission. All correspondence to the Commission should be addressed to the Commission's main office.

Meetings of the Commission, to determine policy and to take action on programs, are held at least twice a year, in the summer and in the winter. The Commission reserves the right to make changes at any time to its policies, procedures and processes governing the accreditation review process. Programs will be notified of these changes before they take effect.

The Commission publishes an agenda for each meeting at least one month in advance of its meeting. The agenda is sent to all accredited and candidate programs, applicant programs, programs interested in the Commission's accreditation process, state and national acupuncture and Oriental medicine organizations, the National Certification Commission for Acupuncture and Oriental Medicine ("NCCAOM"), state licensing boards, state departments of education, and other interested parties. The agenda announces programs to be reviewed at the meeting and invites input by interested parties. Parties who wish to provide written testimony must do so at least 15 days prior to the meeting.

Twice a year the Commission publishes a newsletter, which is distributed widely to all communities of interest including the U.S. Department of Education. The newsletter includes the updated list of accredited and candidate programs.

1.2 The Scope of the Commission: Programs and Institutions Eligible for Accreditation

The Commission accredits first professional master's degree and professional master's level certificate and diploma programs in acupuncture and in Oriental medicine with a concentration in both acupuncture and herbal therapies, as well as freestanding institutions and colleges of acupuncture or Oriental medicine that offer such programs.. The Commission is also piloting a process for accrediting post-graduate doctoral programs in acupuncture and Oriental medicine for which the Commission will seek an expansion of scope of its USDE recognition.

1.2.1. Master's-Level and Master's Degree Programs

The professional program in acupuncture shall be at least three academic years in length and follow at least two years of accredited postsecondary education.

The professional program in Oriental medicine shall be at least four academic years in length and follow at least two years of accredited postsecondary education.

1.2.2 Postgraduate Doctoral Programs in Acupuncture and Oriental Medicine

The professional post-graduate doctoral program in acupuncture and in Oriental Medicine (DAOM) shall be sponsored by an institution accredited: (1) by ACAOM; (2) by an accrediting agency recognized by the U.S. Secretary of Education; or, (3) in the case of Canadian programs, the institution must be publicly recognized by the Association of Universities and Colleges of Canada as a member in good standing. If the institution sponsoring the doctoral program also offers an ACAOM-accredited or candidate master's degree or master's level program, it must demonstrate that it has resolved or remediated any outstanding issues of "Non-Compliance" and "Areas Requiring Further Development."

1.2.3 Institutional Accreditation

When an accreditable acupuncture or Oriental medicine program is offered in a non-accredited, freestanding institution offering exclusively programs in acupuncture or Oriental medicine, the Commission provides institutional, as well as programmatic, accreditation.

1.2.4 Programmatic Accreditation

When an accreditable acupuncture or Oriental medicine program is offered in a nationally accredited institution offering degree or comparable certificate programs in fields other than acupuncture and Oriental medicine, the Commission provides programmatic accreditation only.

1.2.5 Multi-Purpose Institutions

When an accreditable acupuncture or Oriental medicine program is offered in a non-accredited institution, which also offers programs in other fields, the Commission may review the acupuncture or Oriental medicine program. Should the program meet ACAOM standards, the program would achieve programmatic accreditation only. Reference to ACAOM accreditation or candidacy in institutional publications shall be limited to the acupuncture or Oriental medicine program only. Programmatic accreditation by ACAOM does not make the acupuncture or

Oriental medicine program (or any other program in the institution) eligible to participate in the federal Title IV program. To be eligible for Title IV, the institution must also achieve institutional accreditation from a multipurpose, institutional accrediting body recognized by the U.S. Secretary of Education.

If an ACAOM-accredited, single-purpose, freestanding institution becomes a multipurpose institution (i.e., also offers a program in a field other than acupuncture or Oriental medicine, or a program which is not approved by ACAOM), ACAOM's accreditation will convert to programmatic accreditation. As such, the eligibility of the institution or program for Title IV participation may be suspended by the U.S. Secretary of Education.

1.2.6 Abbreviated Programs

An institution offering a professional master's or doctoral degree level program in acupuncture or Oriental medicine leading to competency as an independent health care practitioner may not offer a parallel professional program with lesser requirements that leads to the same competency or outcome. All programs offered for the purpose of training an acupuncture or Oriental medicine practitioner for entry level independent practice must be at the professional master's degree level.

1.2.7 Unapproved Programs

Colleges that pursue or have achieved institutional accreditation or candidacy with the Commission may seek to offer programs in acupuncture or Oriental medicine or in other subjects, for which the Commission has not established substantive standards for review and approval. In keeping with the Commission's responsibility to protect the public interest, commencing any such program by a College that has achieved institutional accreditation or candidacy with the Commission is considered a substantive change under Sections 1.14.2 and 2.14.2 of the ACAOM Policies and Procedures Manual. These sections require that an institution secure Commission review and approval prior to commencing new programs for the specific purpose of ensuring that their implementation and operation will not adversely affect the capacity of the institution to continue to meet the Commission's standards, even if such programs will be accredited by another accrediting agency.

1.2.8 Degree-Granting Status

An institution offering a master's level professional program in acupuncture or Oriental medicine is eligible to seek accreditation even if it is located in a state where state law does not permit the program to grant professional master's degrees, as long as the program is at the professional master's degree level.

1.2.9 Correspondence Programs

The Commission does not accredit correspondence programs.

1.2.10 Herbal Training

An institution offering an ACAOM accredited or candidate program, which offers another program that in anyway provides, or which purports to provide, students with sufficient knowledge to enable them to use Oriental herbs in the practice of Oriental medicine, must teach the full range of the application of herbal therapy, as defined in Standard 8. Such programs must be reviewed according to the Standards and Criteria of Accreditation for Oriental medicine programs.

2.0 The Accreditation Process

Accreditation is a voluntary process in which a program chooses to engage. In that process, the Commission assesses the extent to which the institution and its programs achieve their mission, goals, objectives and institution/program and student learning outcomes. The accreditation process provides a structure under which the institution/program can continually assess its effectiveness relative to ACAOM standards. For the Commission to review a program for accreditation, the program (and the institution in which it resides) must fall within the Commission's scope of accreditation (See, Section 1.2).

The initial accreditation process consists of two distinct, yet related processes: the Eligibility Process, whose objective is Candidacy for Accreditation, and the Self-Study Process, whose objective is Accreditation.

2.1 The Candidacy Process

The process for achieving Candidacy with ACAOM has two fundamental components:

- The Eligibility Report, submitted by the program to document evidence of meeting each of the Eligibility Requirements and its progress and action plans for meeting fully the Standards and Criteria for Accreditation; and
- The Eligibility Site Visit, conducted by the Commission to confirm the evidence presented in the Eligibility Report.

These two components of the Candidacy Process are designed to provide the Commission with information sufficient to determine if an acupuncture or Oriental medicine program meets the three fundamental requirements to be a Candidate for Accreditation:

- 1) The program is in compliance with the Commission's Eligibility Requirements and has adopted and initiated action plans to comply fully with the Standards and Criteria for Accreditation during the Candidacy period.
- 2) The program is capable of undertaking and completing the self-study process required for accreditation within three years of achieving Candidacy status.
- 3) The program provides documented evidence that it is making progress towards accomplishing its stated objectives and has a plan for assessing its effectiveness and program and student learning outcomes.

During the Candidacy Process, the Commission reviews each program in accordance with all of the available information gathered through the process and other authoritative data contained in the program record. The Commission review of the program is comprehensive, including all of the program's off-campus sites. While respecting each program's objectives, the Commission assesses the degree to which the program meets its objectives in terms of program and student learning outcomes and judges the integrity, record and ability of the institution/program to meet the Standards and Criteria for Accreditation.

If, following the Candidacy Process, the Commission finds that the program meets the requirements for candidacy and possesses the institutional and program structures necessary for development toward accreditation, the Commission will grant Candidacy to the program. In granting Candidacy, the Commission acknowledges the ability of the program to meet its immediate needs, to undertake realistic analysis and planning to correct any deficiencies, and to organize and acquire any needed resources to accomplish its stated mission, goals, objectives and outcomes.

2.2 The Self-Study and Evaluation Process

Having established that a program possesses adequate educational structures and processes as measured against the Eligibility Requirements and ACAOM Standards (i.e., Standards and Criteria for Accreditation), **the process of accreditation** continues with the program's comprehensive self-evaluation, or "self-study" of those structures and processes. The self-study process must be institution-wide in scope and must focus upon the Standards and Criteria for Accreditation that the Commission uses to determine and assure educational quality.

The self-study process has the following components:

- **The Self-Study Report:** The Self-Study Report is a comprehensive, assessment document submitted by the program, which reports the outcomes

of the self-study process including particular attention to institutional/program and student learning outcomes (Refer to the Self-Study Guide);

- **The Team Site Visit:** The site visit is conducted by a team appointed by the Commission to validate the contents of the self-study report as well as confirm program compliance with ACAOM standards. The team prepares a report of the program Compliance, Non-Compliance and Areas Requiring Further Development relative to ACAOM standards.
- **Formal Institutional Response (FIR):** The program submits a formal institutional response to the site visit team report following an opportunity to correct errors of fact that are confirmed by the team. Factual corrections must be based on evidence that was made available either as a part of the Self Study Report or as updated material provided during the site visit. No amendments to the record are permitted after the final team report has been submitted to the Commission and the institution.
- **Closed Hearing with the Commission:** A closed hearing is conducted only upon request of the Commission or the institution to clarify the program record.

Throughout the self-study and review process, the Commission assesses each program record, with particular attention to the institution's plans for and success in achieving its mission, goals, objectives, and institution/program and student learning outcomes. The Commission assesses the program's compliance with ACAOM standards. Through the process, the Commission seeks to determine that:

1. The mission, goals, objectives, institutional/program and student learning outcomes have been adequately documented;
2. The program has adequate resources to achieve mission, goals, objectives and outcomes;
3. The program is organized in such a way that mission, goals, objectives and outcomes are being supported;
4. The program is achieving its mission, goals, objectives and outcomes; and
5. There is documented evidence of sufficient stability for the program to continue to achieve its mission, goals, objectives and outcomes.

3.0 Eligibility Requirements, Standards and Criteria

Accreditation is not intended to impose upon a program a rigid uniformity of mission, goals, objectives, outcomes, operations or clinical or theoretical content and approaches. Since programs in the same field may have

different objectives, each program is judged in light of its own published mission, goals and objectives in accord with ACAOM standards.

The Commission adopts non-prescriptive standards to assess a program's candidacy or accreditation status. The Commission expects a program, throughout the accreditation process, to demonstrate how it is achieving its mission, goals, objectives and outcomes relative to ACAOM standards.

ACAOM Eligibility Requirements and Standards are arranged into two categories: Eligibility Requirements and Standards and Criteria for Accreditation, which include rubrics or Guidelines.

- The **Eligibility Requirements** are the basic threshold requirements for a master's and post-graduate doctoral level programs.
- The Standards and **Criteria for Accreditation** are benchmarks by which the Commission determines if a program meets ACAOM expectations. They expand and elaborate upon the Eligibility Requirements, describing in greater detail the specific applications of the Requirements and the issues upon which the Commission expects the program to focus in its development.
- Certain ACAOM standards contain rubrics (i.e., **Guidelines**). Rubrics are provided by the Commission for the purpose of consistently interpreting and meeting the Criteria. .

4.0 General Eligibility Requirements for Master's Degree / Master's Level and Post-Graduate Doctoral Programs

To be eligible for Candidacy status, Initial Accreditation or Reaccreditation, an institution and its AOM programs must demonstrate that they meet or continue to meet the following Eligibility Requirements of the Accreditation Commission for Acupuncture & Oriental Medicine. Once eligibility is established, institutions and their AOM programs must then demonstrate that they meet ACAOM Standards.

General Eligibility Requirements

1. The institution is authorized to operate as an educational institution and to award postsecondary degrees, certificates or diplomas by an appropriate governmental organization and other agencies as required by each of the jurisdictions in which it operates. Based on review of individual institutional/program requests, the Commission may determine that governmental authorization from a foreign government or other agency is an acceptable alternative.

2. For those seeking candidacy, the institution and its AOM program(s) are operational with students actively pursuing AOM degree, certificate or diploma programs. For those seeking initial or reaccreditation, the AOM program(s) has graduated students and can demonstrate appropriate learning outcomes.
3. The institution and its AOM programs comply with all federal, state and local laws and regulations applicable to their operations.
4. The institution/program's mission, goals, objectives are clearly defined and adopted by its governance structure consistent with its legal authorization, and are appropriate to the degrees, certificates or diplomas granted upon AOM program completion.
5. The institution and its AOM program(s) provide evidence of basic planning that integrates plans for academic, personnel, information, learning resources, and financial development.
6. The institution and its AOM program(s) document a funding base, financial resources, and plans for financial development adequate to support mission, goals, and objectives of the AOM program(s) and to assure financial stability. The institution regularly undergoes and makes available to the Commission an external audit by a certified public accountant or an audit by an appropriate public audit agency.
7. The institution devotes a sufficient portion of its income to the support of its AOM educational programs.
8. The institution has a functioning governance structure responsible for the quality and integrity of the institution and its AOM programs, as well as to ensure that the institution/program's mission, goals and objectives are being carried out. Its membership is sufficient in size and composition, with public representation adequate to fulfill all responsibilities of the governance structure. The governance structure is an independent policy-making body capable of reflecting constituent and public interest within governance activities and decisions pursuant to ACAOM standards.
9. There is in operation a "conflict of interest policy" for the governance structure (and fiduciary body members, if such a body exists), which addresses matters such as remuneration, contractual relationships, employment, family, financial or other interests that could pose conflicts of interest, and that assures that those interests are disclosed and do not interfere with the impartiality of members of the governance structure or outweigh the greater duty to secure and ensure the academic and fiscal integrity of the institution and its AOM programs.

10. The governance structure is able to assure that the institution and its AOM program(s) adhere to the eligibility requirements, describes itself in identical terms to all accrediting agencies, can be reasonably expected to adhere to ACAOM accreditation standards and policies, communicates any changes in its accredited status, and assures that the governance structure and the institution make freely available to the Commission accurate, fair, and complete information on all aspects of its AOM programs and their operations.
11. The institution has a chief executive officer who is appointed by the governance structure, whose primary responsibility is to the institution, and who does not serve as the chair of the institution's governing body.
12. The institution has qualified administration and staff who provide the administrative services necessary to support its AOM programs and mission, goals and objectives.
13. The AOM programs are congruent with the institution's mission; they have clearly defined and published objectives; they are of sufficient content and length; they are conducted at levels of quality and rigor appropriate to the credentials offered upon program completion.
14. The AOM program engages in systematic evaluation of student achievement.
15. The institution/AOM program engages in evaluating systematically how well and in what ways it is accomplishing its purposes, goals, objectives and outcomes, including assessment of student learning and documentation of effectiveness.
16. The institution provides sufficient learning and information resources and services to support the nature, scope, and level of the AOM programs offered.
17. The institution has adopted and adheres to admissions policies consistent with its mission that specify the qualifications of students appropriate for its AOM programs.
18. Faculty is sufficient in number, background and experience to support the AOM programs offered and includes a core of faculty with sufficient responsibility to the institution to assure the continuity and coherence of its AOM programs. The institution provides a clear statement of faculty responsibilities that include development and review of curriculum as well as assessment of learning outcomes.
19. The institution maintains physical facilities for administration, faculty, students, and programs and services that are appropriate for the institution's mission and its AOM educational programs.

20. The institution provides student services and development programs to students in its AOM programs, which are consistent with student characteristics and its mission, goals, objectives and outcomes.
21. The institution publishes in its catalog or other appropriate places accurate and current information that describes purposes and objectives, admission requirements and procedures, academic calendars, rules and regulations directly affecting students, AOM programs and courses, credentials offered and their requirements, costs and refund policies, grievance procedures, academic credentials of faculty and administrators, and other items relative both to attending and withdrawing from the AOM program(s).

5.0 Accreditation Standards for Master's Degree and Master's Level Programs

STANDARD 1 - PURPOSE

The institution shall have a mission statement that provides clear direction for the institution and its programs. The acupuncture/Oriental medicine program shall include as a formally adopted statement of purpose the preparation of health care practitioners as acupuncture or Oriental medical professionals.

Criterion 1.1 - Content: The statement of purpose must include a brief description of the program's goals.

Guideline: The statement of purpose and goals should reflect the purpose for which the program was founded, the philosophies it represents, the community in which it is located, the constituencies it serves, the needs -- social, cultural and material -- of its community and clientele, and the institution's resources -- human, physical, and financial.

Criterion 1.2 - Educational Objectives: The program must maintain clearly specified and measurable educational objectives which reflect the effects the educational program is designed to have on students and are consistent with its purpose and with the degree or certificate it awards.

Guideline: The educational objectives should provide the parameters within which the program's instructional activities can be verified.

Criterion 1.3 - Relationship: The program must demonstrate that its resources and its current or projected programs, services, and activities are consistent with its statement of purpose and educational objectives, and that the institution is currently achieving its purposes and objectives.

Guideline: The statement of purpose should guide the adoption of priorities in allocating resources, and should ensure consistency in the conduct of the institution's activities.

Criterion 1.4 - Review: The mission, statement of purpose, and educational objectives must be reviewed periodically by the institution's relevant communities of interest, and revised when necessary to ensure their relevance and accuracy.

STANDARD 2 -- LEGAL ORGANIZATION

The program shall be in a legally organized institution and authorized to conduct its operation under the laws of its own state and community as far as the state and community provide for such authorization, and shall be in compliance with all local, state, and federal (including OSHA) regulations applicable to it.

Criterion 2.1 - Off-campus control: The institution must have ultimate responsibility for all of its off-campus educational activities, regardless of whether the activity has been arranged by agreement with other organizations or individuals.

STANDARD 3 – GOVERNANCE

The institution shall have a governance structure that must exercise ultimate and general control over the institution's affairs. There shall be adequate and effective representation of the public in the governance of the institution.

Guideline: A public member is defined as a person who is not an employee, owner, or shareholder of, or a consultant to, an institution or program in ACAOM's accreditation process; a member of any trade association or membership organization related to the field of Oriental medicine; a spouse, parent, child or sibling of an individual as defined above; or, a practitioner of acupuncture or Oriental medicine.

Guideline: Governance input may come from advisory boards.

Criterion 3.1 - Membership: The membership of the governance structure must effectively represent the needs of the institution's communities of interest.

Criterion 3.2 - Role: The governance structure must include responsibility for establishing broad policy and long-range planning, appointing and evaluating the Chief Executive Officer, ensuring financial stability, reviewing and approving the annual budget, approving major program changes and playing a major role in the development of external relations.

Guideline: Decisions of the governance structure should be made based on input from relevant interested parties.

Criterion 3.3 - Bylaws: The governance structure must have bylaws that explain clearly the power, duties, policies, meeting and membership requirements, terms of office, responsibilities to the program and a Code of Ethics.

Guideline: The Code of Ethics should include provisions for addressing conflicts of interest.

Criterion 3.4 - Meetings: The governance meetings must be held at regularly stated times and be of sufficient length for the governance structure to fulfill competently its responsibilities to the institution. Agendas of the meetings must be prepared and accurate minutes of the meetings kept and filed.

STANDARD 4 - ADMINISTRATION

The program shall have a qualified administrator whose full-time or principal responsibility is to the program and a qualified administrative staff of a size and organizational structure that is appropriate to the size and purpose of the program.

Criterion 4.1 - Chief Administrator: The chief administrator must be responsible for the entire operation of the institution or program, and must be directly responsible for the administration of the policies and procedures as set forth by the Board.

- a) The chief administrator shall serve as the liaison between the governing entity and program staff. He or she shall delegate responsibilities and authority to the administrative staff and provide for regular evaluation of the administrative staff.
- b) The chief administrator shall provide leadership for the development and operation of all institutional or program functions, shall ensure the development and use of appropriate procedures of plant maintenance and fiscal management, shall maintain a sound administrative structure for the orderly operation of the institution or program, and shall be responsible for communications between the institution and its community.

Guideline: The chief administrator should possess a higher education degree and substantial higher education administration experience.

Criterion 4.2 - Organization of staff: The administration must demonstrate stability, be qualified, and be well organized with clearly defined roles and responsibilities.

Criterion 4.3 - Academic Leadership: The program must have a clearly defined and effective structure for academic leadership. The academic leadership structure must effectively facilitate curriculum development and the ongoing

assessment of the program. The individuals responsible for the academic leadership of the program must be qualified for those positions.

Criterion 4.4 - Integrity: The program must conduct its operation with honesty and integrity.

STANDARD 5 - RECORDS

The program shall have accurate and complete record keeping systems.

Criterion 5.1 - Permanent records: Observing the requirements of right-to-privacy legislation, the program must maintain and safeguard accurate permanent academic records that reasonably document the satisfaction of program requirements.

Guideline: The program should have a written plan for storage of permanent student records in the event that the institution closes.

Guideline: For convenient access by students, all student records, including academic, attendance, and financial records, should be maintained and stored at the site at which the substantial portion of the training is provided.

Criterion 5.2 - Clinical records: The program must maintain clinical records of patients currently being seen by students which are accurate, secured, complete and are kept confidential with respect to the generally accepted standards of health care practice.

Guideline: To maintain the highest level of patient care through accessibility to patient records by all current and future caregivers, the program should have provisions for translating into English, if needed, patient clinical records that are recorded in a foreign language.

Guideline: Clinical charts should be signed by the student and the supervisor.

Criterion 5.3 - Data: The program must maintain data that will facilitate the compilation of the following records and statistics: student profiles showing number of students enrolled, graduated and readmitted; admissions data showing the number of applications received and accepted; and ages, sex, educational backgrounds, and racial origins (optional) of the student body.

STANDARD 6 - ADMISSIONS

The program shall have implemented an admissions policy that as a prerequisite for admission into the professional program requires the satisfactory completion of at least two academic years (60 semester credits/90 quarter credits) of education at the baccalaureate level that is appropriate preparation for graduate level work, or the equivalent (e.g., certification in a medical profession requiring at least the equivalent training

of a registered nurse or a physician's assistant), from an institution accredited by an agency recognized by the U.S. Secretary of Education.

Criterion 6.1 - Assessment of prior learning: A maximum of 30 semester credits (or 50%) of the prerequisite two-year education requirement may be earned through prior learning assessment using either or a combination of the following assessment techniques: (1) credit by examination through the use of standardized tests and/or (2) assignment of credit for military and corporate training based on recommendations established by the American Council on Education.

Guideline: Credit by examination can be earned through successful testing and the recommended college credit equivalencies of the College Scholarship Service's AP (Advanced Placement) examinations, the College Scholarship Service's CLEP (College Level Examination Program) examinations, the American College Testing PEP (Proficiency Examination Program) examinations, PONSI (N.Y. State Department of Education Program on Non-collegiate Sponsored Instruction), the USAFI (U.S. Armed Forces Institute) program, and the DANTES (Defense Activity for Non-Traditional Education Support) tests.

Guideline: Credit for military and corporate training may be assigned according to the recommendations established by the American Council on Education in The National Guide to Educational Credit for Training Programs and the Guide to the Evaluation of Educational Experience in the Armed Services.

Guideline: The program should inform students, who are awarded credit through prior learning assessment, that some state licensing agencies and some institutions may not accept prior learning assessment credits that have been awarded by a non-regionally accredited institution.

Guideline: The program may accept credit toward its admissions requirement that has been awarded by portfolio assessment or may accept >50% of credit toward its admission requirement earned through Credit By Examination if that assessment was performed and credit was awarded by an institution (other than the institution itself) accredited by an institutional agency recognized by the Secretary of Education.

Criterion 6.2 - Transfer credit: The program may accept transfer credit toward the professional program that the program judges to be equivalent to its requirements for graduation from the professional program; however, at least one academic year required for completion of the professional program must be taken in the program granting the certificate or degree designating successful completion of the professional program.

Guideline: Admissions standards should reflect that only those applicants who can achieve the educational objectives of the program should be accepted into the program.

Criterion 6.3 - Policy publication: The program's admissions policy, including policies for evaluating transfer credit and prior learning, must be clearly stated in institutional publications. **Published transfer credit policies must include a statement established by the institution regarding the transfer of credit earned at another institution of higher education.** (revised July 2009, effective January 2, 2010)

Criterion 6.4 - Policy planning: The admissions policy must involve careful planning to determine whether it is serving the needs and interests of its students, and how it could be doing so more effectively.

Guideline: In situations beyond the control of a foreign applicant, when transcripts and documents are not available to confirm completion of prior postsecondary education, a special admissions procedure may be employed, on a case by case basis, to determine the level of education earned and/or what additional preparation will be required in order to meet the admissions standard.

Criterion 6.5 - Advanced standing: The program must demonstrate an acceptable process for assuring equivalent competence in the acceptance of transfer and prior learning credits.

Guideline: A statement of the applicant's prior experience, which may be considered as an equivalency to part of the entrance requirement or to the program's requirements, should be articulated and filed, along with the applicant's materials, when the applicant is accepted, and before any classes are commenced.

Guideline: All prior learning and transfer equivalencies should be established, and credit granted, by the end of the first year of enrollment in the professional program, or the student should be dropped from the program.

Guideline: Assessment of prior learning and transfer credits should be completed by persons qualified to make such assessments.

Guideline: In considering the acceptance of education and training obtained in foreign countries, the program should obtain advisory assistance from a reputable foreign credentials assistance agency for the interpretation of foreign educational credentials to assist with approximating comparable levels of educational achievement in the U.S.

Criterion 6.6 - Prerequisites: The program must show evidence that it has developed appropriate course prerequisites and that students enrolled in a course have completed all prerequisites.

Criterion 6.7 - Recruitment: The program must observe honest, ethical, and legal recruiting practices.

Criterion 6.8 - English language competency: (a) English language competency must be required of all students seeking admission to the program taught in English. This may be satisfied by scoring at least 500 on the Test of English as a Foreign Language (TOEFL) and at least the currently reported mean score on the Test of Spoken English (TSE); (b) for those who shall complete the program in another language, a TOEFL score of at least 450 must be obtained and a mean score on the TSE, or the student must have completed a two-year (60 semester credits or 90 quarter credits) baccalaureate level education in an institution accredited by an agency recognized by the U.S. Secretary of Education or from an equivalent English language institution in another country. Applicants who do not satisfy this requirement may be considered for admission with English as a second language, but they must satisfy the proficiency requirement in English before beginning the clinical experience.

Criterion 6.9 - Enrollment: Participation in courses in Oriental medicine (including studies in acupuncture and herbal therapies) presume two years of accredited, postsecondary education at the baccalaureate level prior to enrollment in such courses. Non-matriculated students must meet all entry requirements and course prerequisite requirements for participation in particular courses with the exception of physical exercise courses such as Qi Gong and Tai Chi which may be open to the general public. Programs must have clearly defined policies with respect to allowing non-matriculated students to take courses and must ensure that their participation does not adversely affect the quality of instruction.

Criterion 6.10 - Retention and Graduation Rates: If the program's student retention rate falls below sixty-five percent (65%) or if the program's graduation rate falls below fifty percent (50%), ACAOM shall review the program to determine if it remains in compliance with the accreditation criteria (in trial status).

STANDARD 7 – ASSESSMENT

The program demonstrates a commitment to excellence through assessment, which assures that its goals and objectives are met, enhances the quality of professional education and training obtained by its students, and contributes to the fulfillment of its institution's mission and program educational objectives and competencies. The program shall demonstrate and document an assessment system that provides accurate information to the student and to the program of the student's educational progress regarding relevant knowledge, skills, competencies, and attitudes.

Criterion 7.1 - Programmatic Review:

- A. The program, with appropriate involvement from all program constituencies,

engages in regular, ongoing assessment, which addresses

- 1) Its effectiveness in achieving program goals and objectives (i.e., its outcomes);
 - 2) How its goals and objectives are met (i.e., its processes); and
 - 3) Its procedures to make program changes as necessary (i.e., feedback loop for improvement).
- B. The program demonstrates commitment to excellence through periodic, systematic reviews of its goals and educational objectives, training model, and curriculum to ensure their appropriateness in relation to:
- 1) The program's mission and goals;
 - 2) Local, regional and national needs for acupuncture/Oriental medicine services;
 - 3) National standards of professional competency and practice;
 - 4) The evolving body of scientific and professional knowledge; and,
 - 5) Its graduates' job placements and career paths.
- C. The program must assess the effectiveness of its training and the accomplishment of its stated objectives by measuring and documenting achievements of a sufficient number of students and graduates in verifiable and internally consistent ways.

Criterion 7.2 - Measurement of Student Achievement: The program must establish principles and methods for the ongoing assessment of student achievement. A variety of assessment measures must be systematically and sequentially applied throughout the professional program in acupuncture/Oriental medicine. Assessment processes must measure student performance in the professional competency areas in accord with the outcome expectations as outlined in STANDARD 8 and the achievement of program educational objectives.

Criterion 7.3 - Assessment of Graduates Success: The program must maintain appropriate records of the professional career development of its graduates.

Criterion 7.4 - Standard Measurement: Equivalent methods and standards of student assessment must be applied at all institutional sites, including externships.

STANDARD 8 – PROGRAM OF STUDY

The professional program in acupuncture shall be based on the following critical elements: It must be at least three academic years in length; it must be a resident program; it must demonstrate attainment of professional competence; it must have an adequate clinical component; and it must include the following minimum core curriculum (#1-10) designed to train students to achieve the competencies of an independent acupuncture provider.

The professional program in Oriental medicine shall be based on the following critical elements: It must be at least four academic years in length; it must be a resident program; it must demonstrate attainment of professional competence; it must have an adequate clinical component; and it must include the following minimum core curriculum (#1-12) designed to train students to achieve the competencies of an independent Oriental medical provider.

The structure and content of these curriculum areas must lead students to achieve or exceed the professional competencies of an independent acupuncture or Oriental medicine provider as listed in Criterion 8.10.

These requirements may be satisfied by courses at a college or university accredited by an agency recognized by the U.S. Secretary of Education provided that the core content is consistent with the program's objectives. The program must ensure that the sequencing, duration, nature and content of all didactic, practical, and clinical training courses are appropriately integrated and consistent with the program's purposes and educational objectives.

1. History of Acupuncture and Oriental Medicine

- Discussion of different traditions in acupuncture and Oriental Medicine and how they relate to Chinese medical history.
- History of the development of acupuncture and Oriental medicine in the U.S. and of development of current professional trends.
- Discussion of history and professional trends in acupuncture and Oriental medicine outside the U.S. and China.

2. Basic Theory

- Qi
- Tonification (supplementation) and sedation (draining) of qi, creation of harmony
- Dao
- Yin Yang
- Eight Parameters/Ba Gang

- Five Elements (phases, correspondences)/Wu Xing and their laws and cycles
- Twelve Officials/Shi Er Guan
- Viscera & Bowels/Zang Fu
- Theory of channel vessels (Meridians)/Jing Luo
- Internal and External causes of disease such as Six External Evils/Liu Xie, Seven Emotions/Qi Qing and Non-internal or External Reasons/bu nei wai yin
- Oriental medicine pathology (bing ji)
- Meaning (significance) of disease, symptoms, signs
- Fundamental Body Substances (e.g. shen, qi, blood, fluid, etc.)

3. Acupuncture, Point Location and Channel (meridian) Theory

- Location systems: anatomically, proportionally, by palpation, Anatomical Chinese inch (cun), fen.
- Systems of nomenclature and knowledge of standards of the WHO Scientific Group to Adopt a Standard International Acupuncture Nomenclature, 1991
- Anatomical locations
- All points on the twelve bilateral channels (meridians) and the Conception/Ren and Governing/Du vessels
- Forbidden points, contraindications of points
- Classification of points
- Functions and Indications of acupuncture points
- Extra Acupuncture Points
- Other categories and types of acupuncture points (e.g. auricular points, scalp points, hand points)
- Special groupings of acupuncture points (for example: transport points, painful or tender points (Ah Shi), local and distal points, Associated Effect and Alarm points, Windows of the Sky, Internal and External Dragons, Seas and Oceans, thirteen ghost points), and other recognized point combinations.
- Traditions of acupuncture; respect for different traditions of evaluating and diagnosing and influencing and correcting the balance of Qi.

4. Diagnostic Skills

- History Taking/Charting
- Acupuncture and Oriental Medicine: Methods: Observation/Wang, Audio-Olfaction/Wen, Inquiry/Wen, Palpation/qie, Differential diagnosis
- Biomedical: Measuring and recording vital signs, i.e., respiratory rate, pulse rate, temperature and blood pressure
- Referrals: Recognition of symptoms requiring referrals, including infectious disease.

5. Treatment Planning in Acupuncture and Oriental Medicine

- Methods and systems for planning, carrying out and evaluating a treatment
- Prognosis
- Contraindications of treatment
- Making appropriate referrals
- Consideration of special factors or symptoms indicating: potential for increased risk to the patient (e.g., immune compromised patient, diabetic patient), the need to modify standard therapeutic approach (e.g., infants and children, pregnancy), and apparently benign presentations that may have a more serious cause (hypertension, headaches).

6. Treatment Techniques

- Needle insertion: depth, duration, manipulation and withdrawal
- Moxa: application, direct & indirect. etc.
- Other techniques (e.g., bleeding, moxibustion, cupping, gua sha, seven star)
- Tonification (supplementation)/bu and sedation (draining)/xie
- Knowledge of methods and application of acupuncture relating to the treatment of acute and chronic conditions, first aid, analgesia, anesthesia, and electrical stimulation
- Safety issues
- Oriental bodywork therapy (e.g., tui na, shiatsu, amma, acupressure etc.)

7. Equipment and Safety

- Selection & maintenance of equipment:
- Needles: gauge, types, selection, replacement, inspection
- Other equipment: cups, moxa, seven star, etc.
- Sterilization: necessity and various methods
- Electronic equipment: selection, maintenance, inspection for hazards
- Relevant State and Federal regulations concerning equipment
- Safety of patient and practitioner:
- Asepsis, Clean Needle Technique
- Avoiding harm from typical procedures: needling, moxa, cupping, bloodletting, etc.
- Fainting during treatment
- Relevant State and Federal regulations concerning safety
- First Aid and CPR
- Personal & office cleanliness and hygiene

8. Counseling and Communication Skills

- Communications skills: listening, counseling, explaining, and teaching
- Managing psychological reactions that may arise during the course of treatment and the ability to make appropriate referrals

9. Ethics and Practice Management

- Confidentiality
- Informed Consent
- Understanding the scope of practice
- Record Keeping: legal requirement, release of data
- Ethical and legal aspects of referring patients to another practitioner
- Professional conduct and appropriate interpersonal behavior
- Overview of the status of acupuncture and Oriental medicine in the U.S.
- Understanding laws and regulations governing the practice of acupuncture and Oriental medicine in the state where the program is offered and that laws and regulations vary from state to state
- Recognition and clarification of patient expectations
- General liability insurance and legal requirements
- Professional liability insurance: risk management and quality assurance
- Building and managing a practice including ethical and legal aspects of third party reimbursement
- Professional development
- Basic bookkeeping

10. Biomedical Clinical Sciences

- Relevant basic sciences that are directed toward attaining the biomedical clinical competencies
- Biomedical and clinical concepts and terms
- Human anatomy and physiology
- Pathology and the biomedical disease model
- The nature of the biomedical clinical process including history taking, diagnosis, treatment and follow-up
- The clinical relevance of laboratory and diagnostic tests and procedures as well as biomedical physical examination findings
- Infectious diseases, sterilization procedures, needle handling and disposal, and other issues relevant to blood borne and surface pathogens
- Biomedical pharmacology including relevant aspects of potential medication, herb and nutritional supplement interactions, contraindications and side effects and how to access this information
- The basis and need for referral and/or consultation
- The range of biomedical referral resources and the modalities they employ

11. Oriental Herbal Studies

This component shall be included in any continuing education program in herbal therapy or any herbal component of any other type of program that provides students with sufficient knowledge to enable them to use Oriental herbs in the practice of Oriental medicine.

- Introduction to Oriental Herbal Medicine

- Development of herbal medical systems throughout the Orient
- History of the development of Oriental herbal medicine in the USA
- Legal and ethical considerations of herbal medicine

Basic Herbal Medicine Theory

- Plant-part terminology and significance to usage
- Herbal properties, e.g., concepts of herbal categories, taste, temperature, entering meridians
- Methods of preparation, i.e., dried, honey-baked.
- Methods of delivery, e.g., decoction, topical, timing (before meals)
- Laws of combining, including common contraindications, prohibitions, precautions
- Methods of treatment, i.e., induce sweat, clearing, harmonize

Oriental Diagnostic And Treatment Paradigms As They Pertain To Herbal Medicine, e.g.,:

- Shan Han/6 stages
- Wen Bing/4 levels
- Zang Fu
- Chinese Internal and External Medicine

Herbal Treatment Strategies

- Methods and systems for planning, carrying out and evaluating a treatment
- Differentiation and modifications of herb formula for various patterns of disharmony according to Chinese medical principles
- Chinese herbal medicine protocols applied to patients with a biomedical diagnosis

Materia Medica - Instruction in a minimum of 300 different herbs

- Categories: functions and meaning
- Visual identification including differing methods of cutting
- Temperature, taste, and entering meridians
- Taxonomy and nomenclature
- Introduction to Chinese names of herbs
- Functions and actions; classical and new developments
- Specific contraindications for each herb
- Applications of herbal dosages
- Current developments in individual herb research
- Endangered species and substitutions for them

Herbal Formulas - Instruction in a minimum of 150 formulas

- Traditional formula categories, functions and meanings
- Meanings of the traditional Chinese formula names

- Functions and actions; classical and new developments
- Specific contraindications for each formula
- Current developments in formula research
- Composition and proportion of individual herbs in each formula
- Major modifications of formulations
- Patient education regarding administration, potential side effects, preparation and storage of formulas
- Prepared herbal formulations: modifications and format of delivery

Food Therapy/Nutrition

- Categorization of foods with regard to temperature, taste, and function
- Dietary advice for various conditions
- Preparation of common food/herbal recipes

Clinical Internship and Herbal Dispensary

- Clinical internship in which students interview, diagnose and write appropriate herbal formulae moving from complete supervision to independent formula development
- Standards of cleanliness in a herbal dispensary
- Storage of herbs (both raw and prepared formulas), covering issues of spoilage and bugs
- Practice in the filling of herbal formulas in an herbal dispensary setting
Western Science for Herbal Medicine
- Botany, non-botanical and horticulture (e.g., changes in the characteristics of herbs due to environmental factors) as they pertain to herbal medicine
- General principles of pharmacognosy:
 - a) Biochemical components of herbs and natural substances
 - b) Considerations of pharmaceutical interactions with reference to current texts

12. Other Oriental Medicine Modalities

- Oriental manual therapy, including bodywork and physiotherapies
- Exercise/breathing therapy
- Diet counseling

Guideline: The program should provide either as an elective or as part of the core program, courses required for licensure in the state in which the program is located and in states in which the program is explicitly approved for its graduates to sit for licensure. Prerequisite college level courses available in colleges and universities accredited by an agency recognized by the U.S. Secretary of Education are acceptable.

Criterion 8.1 - (a) Program length: (These credit requirements are over and above the 60 semester credits required for admission to the professional master's degree level program).

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

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

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

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

Guideline: Herb certificate training programs for Master of Acupuncture students and practitioners will be a minimum of 450 hours of didactic instruction in herbs and 210 hours of herbal clinical training.

(b) Minimum/maximum time frame

The professional acupuncture program must require a minimum of 90 instructional weeks to be completed in not less than 27 calendar months. The professional Oriental medicine program must require a minimum of 120 instructional weeks to be completed in not less than 36 calendar months. The program must set a maximum time frame to complete the program, which should be no more than 6 calendar years for the acupuncture program and no more than 8 years for the Oriental medicine program.

(c) Clock to credit hour conversion

One semester credit is granted: for each 15 hours of classroom contact plus appropriate outside preparation or the equivalent; for each 30 hours of supervised laboratory or clinical instruction plus appropriate outside preparation; and for each 45 hours of clinical externship or independent study. One quarter credit is granted: for each 10 hours of classroom contact plus appropriate outside preparation or the equivalent; for each 20 hours of supervised laboratory or clinical instruction plus

appropriate outside preparation; and for 30 hours of clinical externship or independent study.

Guideline: An academic year is defined as at least 30 instructional weeks.

Guideline: If translation is provided for a class taught by an instructor who is not fluent in the language of the students, the program should take into account an adjustment to the class-to-credit-hour-ratio to allow for the extra time needed for translation.

Guideline: The program should regularly assess the impact of its academic load on students. While the maximum load that can be taken in one semester is left up to the program, it should have a policy in place so that the public is aware of how an academic load is authorized.

Guideline: Program length in terms of clock or credit hours and the number of courses per semester should be sufficient to enable the student to achieve the program's educational objectives and should be in accordance with acceptable educational practices.

Guideline: The program is expected to articulate its curriculum for each academic year, identifying semesters, courses and precise clock or credit hours. A credit hour is 50 minutes of instruction per week for a specified term or semester.

Criterion 8.2 - Completion Designation: To each person successfully completing the professional program, the program must award a certificate, diploma, or degree following both the general practices of higher education and the requirements of individual state jurisdictions.

Guideline: The preferred designation for a degree in the field of acupuncture is the Master of Acupuncture.

Guideline: The preferred designation for a degree in the field of Oriental medicine is the Master of Oriental Medicine.

Criterion 8.3 - Consistent with purpose: The program in acupuncture or Oriental medicine must offer a program of study that is consistent with and clearly related to its statement of purpose and educational objectives.

Criterion 8.4 - Appropriate level of instruction: The program must be appropriate to an institution of higher education offering a professional master's degree level program in acupuncture or Oriental medicine. The program must be sufficiently rigorous in breadth and depth and appropriate to the education and training of independent practitioners in the field of acupuncture and/or Oriental

medicine. For a program taught in multiple languages or locations, the level of instruction must be consistent.

Criterion 8.5 - Off-Campus Training: If components of the program are conducted at sites geographically separated from the main campus, the academic leadership of the program must ensure that all educational components and services of the program are sufficient in quality. The academic leadership shall be responsible for the conduct and maintenance of quality of the educational experiences offered at the geographically separated sites and for identification of faculty at all sites.

Criterion 8.6 - Syllabi: A syllabus must be prepared for each course or major unit of instruction, must be distributed to each student in the course and must be maintained in the program's curriculum files. A syllabus must contain at least the following: the purpose of the course; the objectives of the course in specific terms; the prerequisites of the course; an outline of the content of the course and laboratory instruction in enough detail to permit the student to see its full scope; the method(s) of instruction; the requirements of the course with important dates (e.g., papers, projects, examinations); the type of grading system used; and the required and recommended reading.

Guideline: Syllabi should be made available to faculty members so that they may learn what the various courses in the curriculum include and can relate their instruction to other courses.

Criterion 8.7 - Clinical training: Clinical education and training must consist of clinical observation and the supervised care of patients which leads the student through gradually increasing levels of responsibility for patient care resulting in the ability to function independently by graduation. The program must provide a clinical education program of sufficient volume, variety, and quality to fulfill its educational purposes. The number of clinical supervisors must be sufficient to ensure effective instruction of and safe practice by interns. Student interns must receive training from a variety of clinical faculty members.

Guideline: Generally, a supervisor should not simultaneously supervise the treatments of more than four patients by interns.

Criterion 8.8 - Clinical observation: The program must assure that each student fulfill at least 150 hours observing acupuncturists and senior student interns performing acupuncture and/or Oriental medicine therapies in a clinical setting. A significant portion of the clinical observation experience must be with experienced practitioners.

Guideline: A clinical setting is defined as a place where patients are regularly treated. If any observation is conducted outside of a clinical setting, an educationally justifiable reason for considering it to be observation is necessary.

Criterion 8.9 - Supervised clinical practice: The program must assure that each student participate in a minimum of 500 hours in the supervised care of patients for an acupuncture program or 700 hours for an Oriental medicine program. This portion of the clinical training, conducted under the supervision of program-approved supervisors, must consist of a least 250 intern-performed treatments for an acupuncture program or 350 intern-performed treatments for an Oriental medicine program where interns conduct patient interviews, perform diagnoses and treatment planning, perform appropriate acupuncture and/or Oriental medicine treatments, and follow-up on patients' responses to treatment. The supervised clinical practice must be an internship (see definition of "internship" in Glossary) and must be conducted in a teaching clinic operated by the institution or in a clinical facility with a formal affiliation with the institution where the institution exercises academic oversight substantially equivalent to the academic oversight exercised for teaching clinics operated by the institution, where: (1) Clinical instructors' qualifications meet school requirements for clinical instruction; (2) Regular, systematic evaluation of the clinical experience takes place; and, (3) Clinical training supervision procedures are substantially equivalent to those within the teaching clinic operated by the institution.

Guideline: Generally, no more than two interns should receive patient treatment credit for a single patient, absent an educationally justifiable reason.

Criterion 8.10 - Professional Competencies: The acupuncture program of study must lead to the following professional competencies (#1-7) to be attained through learning experiences included in the curriculum. The Oriental medicine program of study must lead to the following professional competencies (#1-10) to be attained through learning experiences included in the curriculum.

1. Collecting Data and Using the Following Examinations of the Patient in Order to Be Able To Make a Diagnosis:

- Observation - noting the spirit, color, body structure, tongue, symptom site and complexion of the patient
- Olfactory examination - noting the general odor of the patient's body and of the patient's secretions, discharges and breath
- Audio examination - listening to the sound of the patient's voice, abdominal sounds, sounds of respiration and cough quality
- Palpation - noting the temperature, moisture, texture, sensitivity, tissue structure, rhythms and qualities of the abdomen, the chest, the ear, the channels and points, and the radial and regional pulses
- Inquiry - asking general questions, questions about medical history, chief and secondary complaints, sleep patterns, excretions, thirst and appetite, digestion, nutritional levels and patterns, medications, chills

and/or fever, perspiration, pain, emotional state, lifestyle, exercise, use of alcohol, tobacco and drugs, reproductive cycles and menstruation, leukorrhea, sensations of heat, cold, dizziness, tinnitus, palpitations and chest constriction

- Physical examination adjuncts such as akabane and electrical stimulation

2. Formulating a Diagnosis by Classifying the Data Collected and Organizing It According to Traditional Oriental Medical Theories of Physiology and Pathology. This Skill Implies Comprehensive Understanding of the Following Fundamental Theories and Concepts:

- Five Phases Theory
- Yin-Yang Theory
- Channel Theory
- Organ Theory
- Causes of Disease, including the exogenous, endogenous and independent factors
- Stages of Disease Progression, including the six-stage and four-aspect disease progressions
- Triple Warmer Theory
- The natural progression of untreated disease

3. Determining Treatment Strategy Based on the Diagnosis Formulated:

- The availability of additional appropriate modalities for patient referral
- The ability to communicate with other health professionals regarding patient care, utilizing commonly understood medical terminology
- The functions of the acupoints

4. Performing Treatment by Applying Appropriate Techniques, Including Needles, Moxa, Manipulation, Counseling, and the Utilization of Skills Appropriate For Preparation of Tools and Instruments:

- Proper sterilization and aseptic procedures
- Preparation of the patient, including proper positioning for application of techniques
- Effective communication with the patient regarding the nature of the illness and the treatment plan
- Accurate location of acupoints
- Safe and effective needle insertion techniques based upon the function of the point, the recommended needling depths, the underlying anatomy at the site, the desired effect of needling, and the nature of the illness
- Accepted clean needle insertion practices, including protocols adequate to allow compliance with NCCAOM guidelines on sanitation, asepsis, and clean needle handling

- Safe and effective application of adjunctive techniques, including moxibustion, electrical stimulation and manipulation
- Effective control of emergency situations

5. Assessing the Effectiveness of the Treatment Strategy and its Execution:

- By re-examination of the patient
- By comparison with previous conditions and expectations
- By modification of the treatment plan, if required, based upon that assessment

6. Complying with Practices as Established by the Profession and Society at Large Through:

- Application of a code of ethics
- Practice of responsible record keeping and patient confidentiality
- Maintenance of professional development through continuing education
- Maintenance of personal development by continued cultivation of compassion

7. In order to be able to:

- Recognize situations where the patient requires emergency or additional care or care by practitioners of other health care (or medical) modalities, and to refer such patients to whatever resources are appropriate to their care and well-being
- Appropriately utilize relevant biomedical clinical science concepts and understandings to enhance the quality of Oriental medical care provided
- Protect the health and safety of the patient and the health care provider related to infectious diseases, sterilization procedures, needle handling and disposal, and other issues relevant to blood borne and surface pathogens
- Communicate effectively with the biomedical community

The Student Must Have an Adequate Understanding of:

- Relevant biomedical and clinical concepts and terms
- Relevant human anatomy and physiological processes
- Relevant concepts related to pathology and the biomedical disease model
- The nature of the biomedical clinical process including history taking, diagnosis, treatment and follow-up
- The clinical relevance of laboratory and diagnostic tests and procedures, as well as biomedical physical examination findings
- Relevant pharmacological concepts and terms including knowledge of relevant potential medication, herb and nutritional supplement interactions, contraindications and side effects

8. Making A Diagnosis/Energetic Evaluation by:

- Identifying position, nature and cause of the dysfunction, disorder, disharmony, vitality and constitution. This evaluation is based on the 13 concepts below plus knowledge of distinctive patterns of herbal combinations and recognition of medical emergencies.

9. Planning and Executing an Herbal Treatment using the following knowledge:

- Identification of most commonly used raw and prepared substances in Materia Medica
- Use of common foods as healing modalities
- Properties of substances in Materia Medica:
 - Taste, temperature, entering meridians, actions and clinical applications; identification of common biochemical constituents and common dosage guideline
- Contraindications of individual herbs:
 - Toxicity, both traditional and biochemical; rules of combination, effect of preparation, dosage variance, and possible side effects
- Traditional strategies of herbal formulation:
 - Sweating (sudorific), Clearing, Ejecting (emetic), Precipitating (purgative), Harmonizing, Warming, Supplementing (tonic), Dispersing
- Composition of formulas:
 - Hierarchy of ingredients, internal dynamics of ingredients, changes in hierarchy of ingredients by modification of ingredients or dosage
- Preparation and administration of formulas:
 - Dosage, timing, frequency, duration, extraction times, etc.
- Indications and functions of representative herbal formulas
- Selection, modification and development of appropriate formulas consistent with the pattern of disharmony and treatment plan
- Current types of prepared formulations available (pills, powder, tincture, etc.)
 - Dosage variances, side effects and toxicity associated with usage, timing, frequency, duration, extraction times, etc.
 - Understanding the issues surrounding non-traditional additives to prescriptions
- Selection of the appropriate modality or modalities for treatment:
 - Acupuncture, herbs, Oriental manual therapy, exercise, breathing therapy, and diet counseling
- Consultation with patient regarding treatment plan, side effects, outcomes, and healing process
- Biomedical considerations of herbal preparations:
 - Contraindications, drug interactions, etc.

10. Understanding Professional Issues Related to Oriental Herbs:

- The ethical considerations with respect to prescribing and selling herbs to patients
- How and when to consult and refer with appropriate biomedical or allied health practitioners regarding drug interactions and herbal therapy
- The appropriate management, care, and storage of herbs and herbal products

Criterion 8.11 - Continuing Education: When continuing education programs and special instructional activities are offered, provision for such activities must include an adequate administrative structure, a sound financial base, and appropriate facilities. Continuing education courses cannot be converted to usable credits that will meet the program's graduation requirements.

Criterion 8.12 - Licensure and Certification Exam Rates: If the program's licensure exam pass-rate falls below sixty percent (60%) or if its NCCAOM certification exam pass-rate falls below seventy percent (70%), ACAOM shall review the program to determine if it remains in compliance with the accreditation criteria.

STANDARD 9: Faculty

The program shall have faculty adequate for the educational programs offered.

Criterion 9.1 - Faculty size and qualifications: The program must maintain a faculty that is academically qualified and numerically sufficient to perform the responsibilities assigned to it.

Criterion 9.2 - Faculty background and experience: The general education, the professional education, the teaching experience and the practical professional experience must be appropriate for the subject area taught. Every faculty member must demonstrate successful experience and provide continuing evidence of keeping abreast of developments in his or her field.

Guideline: The program should verify the appropriate credentials of its faculty and maintain such in the faculty member's file.

Criterion 9.3 - Professional development and benefits: Conditions of service must be adequate and equitable, and administered ethically, to provide faculty members with academic freedom, opportunities for professional growth and development, and adequate preparation time.

Guideline: Provisions for benefits and/or professional development should be reviewed periodically.

Guideline: Faculty contracts should clearly specify responsibilities.

Guideline: Evaluation of individual faculty performance should be carried out periodically.

Criterion 9.4 - Policies and procedures: The recruitment, appointment, promotion and retention of well-qualified faculty members must be outlined in policies and procedures that are stated clearly in institutional documents. Due attention must be given to pertinent legal requirements in areas of non-discrimination, equal opportunity, and affirmative action employment practices.

Criterion 9.5 - Communication: Provision must be made for regular and open communication among members of the faculty and between the faculty and administrative officers of the institution.

Guideline: The faculty should adopt, subject to the approval of the board, a set of bylaws, which delineate faculty governance and faculty responsibilities within the institution.

Guideline: The faculty should hold meetings several times a year to consider educational policies and issues.

Guideline: Minutes of faculty meetings should be taken and should be kept in a permanent file within the institution.

STANDARD 10: Student Services and Activities

The program shall provide student services and activities that reflect the program's objectives, create good student morale, and assist students in the achievement of personal and professional growth while making progress toward their career goals.

Criterion 10.1 - Support fulfillment of objectives: Student services and activities must fulfill the objectives of the program and meet public and community service needs.

Guideline: The institution or program should assure all students access to a well-developed program of counseling, advisement, orientation, financial aid, career development, placement and health services. The organization of the services, as well as the resources and staffing provided, should be determined by the institution as long as provision for all the above services are made.

Criterion 10.2 - Published, fair student policies: The program must develop a statement of the rights, privileges, and responsibilities of students and of disciplinary proceedings for violations of those responsibilities. This statement must be made available to students through the catalog, student handbook, or other appropriate means.

Guideline: There should be a fair and relatively formal process for the faculty or administration to follow when taking any action that adversely affects the status of a student. The process should include timely notice of the impending action, disclosure of the evidence on which the action would be based, and an opportunity for the student to respond.

Guideline: Enrollment, cancellation and refund policies should comply with applicable federal and state laws and regulations.

Criterion 10.3 - Opportunity to be heard: Some provision or vehicle must be provided for obtaining student views and input into institutional decision making.

Guideline: The interest of students and alumni in institutional development should be encouraged.

Guideline: Student personnel policies should foster associations among students, faculty, and the administration and provide opportunities for the development of individual potential.

Criterion 10.4 - Grievances: The program must have fair and efficient procedures for reviewing and responding to legitimate grievances made by students and must maintain a record of all student complaints during the preceding three-year period demonstrating that these complaints were handled in a fair and equitable manner. The program must disclose the Commission's address in its published policy on student complaints so that, if upon the program's disposition of a legitimate student complaint, the student is not satisfied that the program has adhered to its policy or been fair in its handling of the complaint, the student may contact the Commission.

STANDARD 11: Library and Learning Resources

The program shall have learning resources and equipment adequate for the educational programs offered, or shall have made specific long-term written arrangements for access to such resources.

Criterion 11.1 - Resources and access: The institution must have its own library or collection of learning resources, or must have executed long-term written contracts providing for usage of other specific library resources for the students if adequate and reasonable accessibility is ensured.

Guideline: The library's materials, services, and related equipment should facilitate and improve learning, foster inquiry and intellectual development, and support the educational program.

Guideline: The library should be housed in a convenient location, be available to students, faculty, and the community, as appropriate, and it should contri-

bute sufficiently to the achievement of the educational objectives of the program.

Guideline: Expenditures and materials should be consistent with accepted standards.

STANDARD 12: Physical Facilities and Equipment

The program shall provide facilities that are safe, accessible, functional, flexible, appropriately maintained and sufficient to house the program, to provide for effective functioning, and to accommodate the staff and the student body. The facilities shall include a clinic and, if applicable, an herbal dispensary; appropriate media and learning equipment adequate for the educational programs offered; or in lieu of a clinic, have made specific long-range written arrangements for reasonable student access to such resources.

Criterion 12.1 - Classroom size and equipment: The program must provide classroom space properly equipped and appropriate to its curriculum and size.

Criterion 12.2 - Compliance with standards: Facilities must meet federal, state and local fire, safety and health standards.

Criterion 12.3 - Upkeep: Provisions for the cleaning, repair and maintenance of buildings and grounds, and specific responsibilities for care of grounds, security, fire protection, utilities and plant upkeep must be appropriately assigned.

Criterion 12.4 - Staff and faculty space and equipment: Adequate facilities and appropriate media and learning equipment must be available for administrative and faculty support as well as for students.

Guideline: Conference space should be accessible to faculty and administrators.

Guideline: Facilities and equipment should be adequate to maintain and process records.

Criterion 12.5 - Clinic space and equipment: The program must provide clinic space with sufficient equipment and facilities, including sterilizers, sinks, work areas, storage and disposal.

STANDARD 13 - FINANCIAL RESOURCES

The program shall have an adequate financial base for existing program commitments, shall provide evidence of adequate financial planning and shall have an appropriate financial management system. The program must be financially stable, with resources sufficient to carry out its objectives, to complete the instruction of all enrollees, and to support adequately its

programs and activities now and in the foreseeable future. (In the case of a program in an institution that is a sole-proprietorship, books and bank accounts for the program are required, and those books shall be distinct from the books and accounts for any other enterprise owned by the proprietor).

Criterion 13.1- Resources: The program shall have the financial capacity to respond to financial emergencies or unforeseen occurrences. If an accumulated deficit has been recorded, a realistic plan with reasonable and attainable benchmarks to eliminate the deficit must be clearly presented, understood, and approved by the governing entity. If a program has an operating loss for two consecutive years, it will be required to submit a financial plan.

Criterion 13.2 - Control: The institution must have control of its financial resources and budgetary process and be free from undue influence or pressure from external funding sources or agencies. In multi-purpose institutions, the program must have sufficient control over its program budget.

Criterion 13.3 - Expenditure: The income of the program must be expended to provide adequately for instruction, administration, learning resources, student services and activities, maintenance, equipment, supplies, and other specific functions that are consistent with the goals of the program.

Criterion 13.4 - Budgetary process: The process by which the program's annual budget is established, and resources allocated, must be clearly defined and consistently implemented. It must provide a realistic projection of the program's revenue and expenditures. The budget must be reviewed and approved by the institution's governing entity. The program must be able to project its expenditures and revenues for at least a three-year period. The budget shall include notes explaining the assumptions on which the projected figures are based, e.g., the basis for increases or decreases in revenue or expenses.

Criterion 13.5 - Management: The financial management system must be set up to allow for a full audit by an outside independent certified public accountant. Each year, a minimum of a reviewed financial statement must be prepared. An accrual basis of accounting is required.

Criterion 13.6 - Audit: For the most recent year prior to submitting an Eligibility or Self-Study Report, a full audit with a management letter, certified by a licensed CPA, must be available to provide a detailed and accurate picture of the financial status of the program since the preceding year's reviewed financial statement. It must include a balance sheet statement, certified for one year, the statement of revenue and expenditures, and change in fund balance and/or financial position, all certified by an independent auditor with no relation to the institution. This audit must be reviewed by the appropriate individuals or responsible groups within the program.

Guideline: The accountant that conducts the school's audit should be knowledgeable regarding higher education institutions.

Criterion 13.7- Indebtedness: Adequate resources must be available to meet debt-service requirements of short-term and long-term indebtedness without adversely impacting the quality of the program.

Criterion 13.8 - Financial aid operation: If the program utilizes public resources for financial aid, the financial aid operation must be capably administered as documented by reports from the funding source.

Criterion 13.9 - Default rate: If the program's cohort default rate exceeds 25%, or if it is 15% or higher and has increased 50% over the prior year's rate, the Commission shall review the program to determine if it remains in compliance with the accreditation criteria.

Criterion 13.10 - Refund Policy: The program must clearly define and uniformly follow a fair and equitable refund policy for unearned tuition that complies with applicable state and federal laws and regulations.

Guideline: The pro rata amount may be computed by using the ratio of the number of weeks of instruction completed to the total number of weeks of instruction scheduled for the period of enrollment.

Guideline: Refund computations should apply to the stated tuition charges attributable to each school term.

STANDARD 14: Publications and Advertising

The program shall publish, and make available to students and to the general public, a catalog or comparable official publication that honestly and accurately sets forth its:

- Current purposes and educational objectives
- Entrance requirements and procedures
- Admissions and transfer credit policies
- Rules and regulations for conduct and attendance
- Opportunities and requirements for financial aid (if applicable)
- Procedures for discipline and or dismissal (for academic and other reasons)
- Grievance procedures for students
- Grading policy
- Fees and equitable refund policies
- Program completion and performance requirements
- Members of the administration

- Professional education and qualifications of full- and part-time faculty (If degrees are listed, the institution from which the higher degree was issued must be listed; when indicating an earned doctorate, designation of the country of origin, other than the U.S., in which the degree is conferred shall be listed, e.g., Ph.D. (China), M.D. (China))
- Members of the governing and advisory boards
- Non-discrimination policy
- Curriculum with course descriptions of each course
- Academic calendar
- Course schedule
- Description of each academic program and course of study
- Description of the learning and other physical resources
- Sources from which students and prospective students can obtain the legal requirements for licensure and entry into the profession in the state in which the program is located and other states in which the program is explicitly approved for its graduates to sit for licensure. The program shall also state whether its graduates are eligible for licensure in the state in which the program is located.

Criterion 14.1 - Completeness and accuracy: Publications, advertising, and other communications of information concerning the institution's programs, services, activities, and personnel must fully disclose the institution's educational offerings and must represent them to students, faculty, staff, the public and the Commission in language that is accurate, honest, clear, and unambiguous.

Guideline: Degree titles of faculty should reflect the actual degree conferred.

Criterion 14.2 - Accurate disclosure: Programs, courses, services, and personnel not available during a given academic year must be identified clearly.

Criterion 14.3 - Representation of opportunities: Publications and advertising must not misrepresent employment, career, or licensure opportunities.

Criterion 14.4 - Status with ACAOM: The program must report accurately to the public its status and relationship with the Commission according to the statements provided to it by the Commission.

6.0 Eligibility Requirements and Accreditation Standards for Postgraduate Doctoral Programs

Eligibility Requirements for Accreditation

ACAOM will consider applications for candidacy and accreditation from programs that meet the following prerequisites:

- a) The program's purpose must be within the Commission's scope of recognition and must be pursued in an institutional setting appropriate for doctoral education in Oriental medicine. The program shall be supported by an academic, clinical, and administrative infrastructure consonant with the goals and standards of professional doctoral education within the United States;
- b) The program must be sponsored by an institution accredited: (1) by ACAOM; (2) an accrediting agency recognized by the U.S Secretary of Education; or, (3) in the case of Canadian programs, the institution must be publicly recognized by the Association of Universities and Colleges of Canada as a member in good standing;
- c) The program must be offered in an institution that offers a master's degree program in acupuncture or Oriental medicine which is accredited by ACAOM or its equivalent;
- d) The program must be an integral part of the mission of the academic department, college, school or institution in which it resides. The program must be represented in the institution's operating budget and strategic plans in a manner designed to enable the program to achieve its goals and objectives. The program must have students in sufficient numbers and the facilities necessary to ensure meaningful peer interaction, support and socialization;
- e) The institution in which the program is offered has formal authorization from the appropriate state agency to offer a doctoral degree in Oriental medicine or must actively seek doctoral degree-granting status for the Oriental medicine program;
- f) The program must be a minimum of 1200 hours of advanced AOM training at the doctoral level.
- g) The institution must demonstrate that its ACAOM-accredited master's degree program has resolved any outstanding areas of "non-compliance" and has a plan in place to remedy all outstanding "areas requiring further development" previously identified by the Commission, and;
- h) The program must conduct its operations with honesty and integrity.

STANDARD 1 - PURPOSE

The institution shall have a formally adopted statement of purpose that provides clear direction for the institution and its post-graduate doctoral (DAOM) program. The doctoral program must have a formally adopted statement of purpose that provides clear direction for the program and is based upon the following principles:

- a) The program will provide advanced training for the purpose of deepening the practitioner's existing knowledge and skills and broadening their competencies in core, specialty and clinical areas particularly in the areas of clinical assessment, diagnosis, and intervention.
- b) The program shall impart a deepened ability to apply major Oriental medicine modalities including acupuncture, herbal medicine, qi cultivation and energetics, diet and nutrition, and manual therapy.
- c) The program shall provide opportunities for specialization.
- d) The program will provide the practitioner with a broadened perspective with which to engage in collaborative interactions between Oriental medicine practitioners and other health care practitioners and patients.
- e) The program will develop students' abilities to synthesize knowledge, engage in scientific and scholarly inquiry, and to think critically and creatively.
- f) The program shall provide the competencies necessary to facilitate the growth of knowledge, skills, and attitudes in the Oriental medicine practitioner as a lifelong learner.
- g) The program shall encourage the academic discourse between faculty and students which results in the development of an academic community that will enrich and advance the profession, and contribute to the development of future generations of practitioners, faculty, researchers, clinical supervisors, and leaders of the profession.

Criterion 1.1 - Relationship: The program must demonstrate that its resources, and its current or projected programs, services and activities, are consistent with its statement of purpose, and that the institution is currently achieving its mission, goals and objectives.

Guideline: The statement of purpose should guide the adoption of priorities in allocating resources and should ensure consistency in the conduct of the institution's activities.

Criterion 1.2 - Review: The statement of purpose must be reviewed periodically by the institution's relevant communities of interest, and revised, when necessary, to ensure its relevance and accuracy.

Guideline: The re-examination of purpose should determine whether programs are relevant to stated purposes, whether they are being fulfilled, and whether the statement is understood adequately by all those involved. This review process should be accomplished by representatives of the student body, faculty, administration, governing board, acupuncturists and Oriental medicine practitioners and other appropriate members of the community.

Criterion 1.3 - Educational Objectives: The program must maintain clearly specified and measurable educational objectives which reflect the effects the educational program is designed to have on students and are consistent with its purpose and with the degree or certificate it awards. The educational objectives must provide the parameters within which the program's instructional activities can be verified through its evaluation processes.

STANDARD 2 - LEGAL ORGANIZATION

The program shall be in a legally organized institution and authorized to conduct its operation under the laws of its own state and community as far as the state and community provide for such authorization, and shall be in compliance with all local, state and federal regulations applicable to it. The institution in which the program is a part must have or actively pursue doctoral degree-granting status for the program with the appropriate state authorities.

STANDARD 3 - GOVERNANCE

The composition of the governance structure of the institution must be appropriate to an institution offering doctoral education.

Criterion 3.1 - Off-Campus Activities: The institution must be directly responsible for all of its off-campus educational activities, regardless of whether the activity has been arranged by agreement with other organizations or individuals. If components of the program are conducted at sites geographically separated from the main campus or the program is offered through a consortium at separate sites, the institution(s) and consortium must ensure that all educational components and services of the program are equivalent in quality. Any agreement with the institution for off-campus training or for the establishment of consortiums must be consistent with the school's mission.

Criterion 3.2 - Consortium: A doctoral program may only be offered by a college or program that is ACAOM-accredited and in good standing. Such schools or programs may formally agree to pool resources to offer a doctoral program in the form of a consortium. A consortium comprises multiple, independently adminis-

tered entities that have, in writing, formally agreed to pool resources to conduct a doctoral training program. Written consortium agreements must articulate:

- a) The nature and characteristics of the participating entities;
- b) The rationale for the formation of the consortium;
- c) Each partner's commitment to the training/educational program, its philosophy, model, and goals;
- d) Each partner's obligations regarding contributions and access to resources;
- e) Each partner's adherence to central control and coordination of the training program; and,
- f) Each partner's commitment to uniform administration and implementation of the program's training principles, policies, and procedures addressing trainee/student admission, financial support, training resource access, potential performance expectations, and evaluations.

STANDARD 4 - ADMINISTRATION

The program shall have a qualified program director whose full-time or major responsibility is to the program and a qualified administrative staff of a size and organizational structure that is appropriate to the size and purpose of the program.

Criterion 4.1 - Organization of staff: The administrative staff must be stable, qualified, and well organized with clearly defined roles and responsibilities. Individuals in the organization should be knowledgeable of their responsibilities and aware of those of each of the other principal positions in the administrative structure.

Criterion 4.2 - Academic Leadership: The program must have a clearly defined and effective structure for academic leadership to facilitate curriculum development and the ongoing assessment of the program. The individuals responsible for the academic leadership of the program must be qualified for those positions.

- a) The program shall designate a qualified individual responsible for the educational aspects of the doctoral program. This position will provide oversight of the doctoral program including faculty hiring, in-service training and evaluation as well as responsibility for overall academic affairs including curriculum development, evaluation and quality assurance. This individual shall possess a doctorate from an accredited institution. This individual shall also have competence in dealing with the issues of doctoral level education in the United States or Canada.

- b) The program shall designate a qualified clinical director, as documented through significant education, training and professional experience appropriate to doctoral level training, who is responsible for the oversight and coordination of all doctoral clinical education activities.

Guideline: A qualified clinical director should have a minimum of 10 years of documented professional experience as a practitioner.

- c) All individuals responsible for the leadership of the program (e.g., program director, academic dean, clinical director) must hold tenured or senior appointments at the institution and must be role models for faculty, staff and students as demonstrated (in addition to licensure/certification) by recognition or distinction within professional organizations or their field(s) of expertise. They should possess documented qualifications through education, training and professional experience appropriate to their respective roles.

STANDARD 5 - RECORDS

The program shall have accurate and complete record keeping systems.

Criterion 5.1 - Permanent Records: Observing the requirements of right-to-privacy legislation, the program must maintain and safeguard accurate permanent academic records that reasonably document the satisfaction of program requirements. The program must have a written plan for storage of permanent student records in the event that the institution closes.

Criterion 5.2 - Clinical Records: The program must maintain clinical records of patients currently being seen by students that are accurate, secured, complete and are kept confidential with respect to the generally accepted standards of health care practice. Clinical charts must be signed by the student and the supervisor. To maintain the highest level of patient care through accessibility to patient records by all current and future caregivers, the program must have provisions for translating patient records into English or, where mandated, into the language of the country or province in which the program is located if patient clinical records are recorded in other languages.

Criterion 5.3 - Data: The program must maintain data that will facilitate the compilation of the following records and statistics: student profiles showing number of students enrolled, graduated and readmitted; admissions data showing the number of applications received and accepted; and ages, sex, educational backgrounds, and racial origins (optional reporting by student when permitted by law) of the student body.

STANDARD 6 - ADMISSIONS

The program must have admission policies, procedures and practices that are appropriate for doctoral education. Admissions policies, procedures and

practices must result in a body of matriculated students who are capable of meeting the rigors of a doctoral program in Oriental medicine.

Criterion 6.1 - Standard Admissions: The program shall have implemented an admissions policy that as a prerequisite for the admission into the professional doctoral program requires the satisfactory completion of a master's degree or master's level program in Oriental medicine from an ACAOM-accredited or candidate institution or its equivalent.

Criterion 6.2 - Special Admissions:

- a) Admissions with Deficiencies: The program may admit students with particular educational deficiencies of a limited nature who possess an ACAOM-accredited or candidate degree or its equivalent provided that such persons complete any course work deficiencies prior to taking relevant doctoral program courses for which such course work is a prerequisite.
- b) Experienced Practitioners: The program may admit students who are experienced practitioners that do not otherwise meet the criteria for standard admissions who meet all of the following criteria:
 - 1) A thorough entrance evaluation of each candidate to establish a foundation of knowledge and skills that are appropriate for admission to a clinical doctoral program.
 - 2) Documentation of five years of full-time clinical practice in acupuncture or Oriental medicine.
 - 3) Successful completion of an identified curriculum from the institution's master's level program to rectify any deficiencies identified through the program's entrance evaluation and admission standards. Completion of the identified curriculum can be accomplished through the successful completion of specified courses, or by demonstrating achievement of the specific course objectives through successful completion of challenge examinations.

The program must identify the specific courses of the master's level curriculum that the applicant must complete, articulate and document the rationale for its decision in relation to the doctoral program, and maintain a record of this process with respect to each candidate.

Criterion 6.3 - Transfer Credit: The program may accept transfer credit for prior course work toward the clinical doctoral program that the program judges to be equivalent to its requirements for graduation from the doctoral program. The program must demonstrate an acceptable process for assuring equivalent competence in the acceptance of transfer credit. Transfer credit awarded by the

program shall be no more than one-third of the credits beyond the master's level program. Transfer credit may only be awarded for course work at the doctoral level that supports the program's objectives and meets the standards for completion of the program. These credits must come from an accredited institution or its international equivalent.

Criterion 6.4 - Policy Publication: The program's admissions policies and procedures must be fully and clearly stated in institutional publications.

Criterion 6.5 - Policy Planning: The admissions policy must involve careful planning to determine whether it is serving the program's needs and the interests of its students, and a careful assessment of how it could be doing so more effectively.

Criterion 6.6 - Recruitment: The program must observe honest, ethical and legal recruiting practices.

Criterion 6.7 - English Language Competency: English language competency must be required of all students seeking admission to the program.

Criterion 6.8 - Non-Matriculated Students: Non-matriculated students who are enrolled in doctoral-level courses must meet all entry requirements and course prerequisites for participation in particular courses or demonstrate sufficient prior education and experience to successfully complete the specific course. Doctoral programs must have clearly defined policies with respect to allowing non-matriculated students to take courses and must ensure that their participation does not adversely affect the quality of instruction.

Criterion 6.9 – Retention and Graduation Rates: If the program's student retention rate falls below sixty-five percent (65%) or if the program's graduation rate falls below sixty percent (60%), ACAOM shall review the program to determine if it remains in compliance with the accreditation criteria.

STANDARD 7 - EVALUATION

The program demonstrates a commitment to excellence through self-evaluation, which assures that its goals and objectives are met, enhances the quality of professional education and training obtained by its students, and contributes to the fulfillment of its institution's mission. The program shall demonstrate and document an evaluation system that provides accurate information to the student and to the program of the student's educational progress regarding relevant knowledge, skills, competencies, and attitudes.

Criterion 7.1 - Programmatic Review:

- A. The program, with appropriate involvement from all program constituencies, engages in regular, ongoing self-evaluations that address:
 - 1) Its effectiveness in achieving program goals and objectives (i.e., its outcomes);
 - 2) How its goals and objectives are met (i.e., its processes); and
 - 3) Its procedures to make program changes as necessary.
- B. The program demonstrates commitment to excellence through periodic, systematic reviews of its goals and objectives, training model, and curriculum to ensure their appropriateness in relation to:
 - 1) The program's mission and goals;
 - 2) Local, regional and national needs for Oriental medicine services;
 - 3) National standards of professional competency and practice;
 - 4) The evolving body of scientific and professional knowledge; and,
 - 5) Its graduates' job placements and career paths.
- C. The program must evaluate the effectiveness of its training and the accomplishment of its stated objectives by measuring and documenting the achievement of a sufficient number of students and graduates in verifiable and internally consistent ways.

Criterion 7.2 - Measurement of Student Achievement: The program must establish principles and methods for the ongoing evaluation of student achievement. A variety of evaluation measures must be systematically and sequentially applied throughout the professional program in Oriental medicine. Assessments must measure the following: advanced patient assessment and diagnosis; advanced clinical intervention and treatment; consultation, collaboration, clinical supervision and management skills; clinical research skills; and competencies in the specialty area(s) of the program. The evaluation processes must measure student performance in the professional competency areas in accord with outcome expectations as outlined in the Program of Study section.

Criterion 7.3 - Assessment of Graduates' Success: The program must make a systematic effort to record the professional career development of its graduates.

Criterion 7.4 - Standard Measurement: Equivalent methods and standards of evaluation must be applied to students at all institutional sites, including externships.

STANDARD 8 - PROGRAM OF STUDY

The Doctor of Oriental Medicine shall be a clinically based, professional degree program. The doctoral program shall provide advanced graduate studies in core, clinical, and specialty areas and require a clinical research project. The program must ensure that the sequencing, duration, nature, and content of all didactic, practical, and clinical training courses are appropriately integrated and consistent with the program's goals and objectives.

Criterion 8.1 - Core Curriculum: The core curriculum must include instruction necessary to provide knowledge and skill development in critical thinking, problem solving, and communication skills that transmit the essence of Oriental medicine and prepare graduates for leadership roles within the field. The need for lifelong learning must be reflected as an integral theme of the curriculum. The core curriculum must emphasize knowledge and skill development that reflects the changing roles and responsibilities of the practitioner and the dynamic nature of the profession.

The clinical doctoral program must provide a curriculum covering the competencies in the following core areas:

1. Advanced patient assessment and diagnosis;
2. Advanced clinical intervention and treatment;
3. Consultation and collaboration;
4. Clinical supervision and practice management;
5. Clinical evaluation and research

The first two areas constitute a qualitatively advanced level of training which involves a significant broadening and deepening of those competencies achieved at the master's level.

Consultation and collaboration refers to the interaction between the Oriental medicine practitioner and others, including patients, clients and other health care professionals. Clinical supervision is clinical teaching with the goal of enhancing the supervisee's competencies. Clinical practice management consists of those activities, including practical aspects, that direct or organize the provision of patient care services. Evaluation and research enables graduates to become critical consumers of the body of professional literature. These latter competencies must further encompass the competencies that will enable graduates to participate in research projects in Oriental medicine.

Across the core curriculum, the doctoral program must have an articulated, clear and coherent curriculum plan for students to acquire and demonstrate the following competencies:

- 1) Utilizing assessment, diagnosis, intervention and treatment modalities of Oriental medicine with advanced and deepened competence in core, specialty and clinical areas;
- 2) Understanding the foundations of Oriental medicine as represented in the classical texts of acupuncture and Oriental Medicine, including interpretation and use of historical cultural perspectives and demonstrating relevant Chinese language terminology skills sufficient to clarify essential concepts in Oriental medicine;
- 3) Demonstrating biomedical assessment knowledge, skills, and abilities including, but not limited to, physical exams, related laboratory tests, and narrative report writing sufficient to evolve the practice of acupuncture and Oriental medicine and facilitate patient care in collaboration with other health care personnel;
- 4) Demonstrating consultative and collaborative knowledge and skills when interacting with biomedical health care personnel in case management;
- 5) Demonstrating general clinical management and supervision knowledge and skills; and,
- 6) Demonstrating knowledge and skills in clinical research and design sufficient to provide an understanding of currently accepted research standards and methodology as well as the current scientific literature in the field.

Criterion 8.2 - Clinical Training/Specialties:

- A. The doctoral program shall provide an in-depth level of practical and clinical training and experience in specific specialty areas that will distinguish the candidate as having advanced expertise in acupuncture and Oriental medicine. The training shall offer a concentration in at least one clinical specialty in Oriental medicine.

Guideline: Concentrations may include, but are not limited to: acupuncture, herbology, medical Qi Gong, Tai Chi, Oriental bodywork, diet and nutrition, family or general practice, acute and critical care, pain management, rehabilitation medicine, internal medicine, immunology, cardiac and pulse disorders, neurology, dermatology, mental health, orthopedics, pediatrics, geriatrics, obstetrics, gynecology, physiotherapy and exercise, or public health.

- B. The program must provide in-depth didactic and practical training in the area(s) of clinical specialty sufficient to support the clinical experience. Clinical training for the doctoral program shall be characterized by a broader and more in-depth clinical experience than what is offered at the master's level.
- C. Both didactic and clinical components of specialty training may be completed through joint arrangements with other institutions. All institutional sites must be ACAOM-approved with the standards and rigor of training expected of a doctoral program. The program must closely and systematically monitor the structure, setting, organization, comprehensiveness, and the general quality of the specialty program provided to its students.
- D. The primary clinical experience must be in an internship, although the program may also offer externship experiences. Clinical training must place students in internship settings with an adequate number of professional supervisors and provide a wide range of educational experiences.
- E. The program must provide opportunities for interns to engage in collaborative interactions with other medical providers in appropriate clinical settings.
- F. The clinical curriculum of the doctoral program shall provide the student with the opportunity for assuming in-depth professional responsibilities and demonstrating professional role modeling. This may include supervised: teaching assignments, participation in administration of services, quality assurance activities, clinical research activities, and supervision responsibilities. The clinical program must promote the integration of practice and scholarly inquiry.

Criterion 8.3 - Clinical Research Projects:

- A. Doctoral candidates must demonstrate an integration of the knowledge and skills required in the core curriculum by completing an acceptable clinically oriented research project, which is evaluated by clinical doctoral faculty, in the final phases of the program in which students incorporate the use of current literature and research in acupuncture and Oriental medicine. The project must demonstrate the necessary knowledge and skills for designing and critiquing approaches to systematic inquiry and the use of qualitative and/or quantitative methods. The products from individual clinical projects must be of such a nature that they meet academic form and style standards suitable for peer-reviewed professional publications. The kinds of research projects may include the following:
 - Theoretical analyses
 - Surveys, analyses of archival data
 - Outcomes research
 - Systematic, qualitative investigations

- Public policy issues
- Case studies
- Evaluative research
- Interpretive translation research
- Educational research - professional and patient

B. Students shall be required to routinely conduct critical analyses of the clinical and scientific literature in Oriental medicine. The doctoral program shall provide the competencies necessary for practitioners to engage in lifelong learning, scholarly inquiry and professional problem solving in the field of Oriental medicine in the context of an evolving body of scientific and professional knowledge.

Criterion 8.4 - Prerequisites: The program must show evidence that it has developed appropriate course prerequisites and that students enrolled in a course have completed all prerequisites.

Criterion 8.5 - Program Length/Maximum Time Frame: The minimum educational program length for the clinical post-graduate doctorate in Oriental medicine is 1200 hours, 650 hours of which must be in advanced clinical training. The doctoral program must be completed within 4 calendar years from the date of matriculation.

Criterion 8.6 - Residency: Doctoral study includes residence at the educational institution in which the student pursues graduate study together with other students enrolled in the program. Residence provides students access to: a) a core Oriental medicine faculty who are committed to and responsible for the doctoral program; and b) other students matriculated in that program. Doctoral study in residence also requires education to be conducted on campus. A majority of the doctoral program must be taken in residency at the institution.

Criterion 8.7 - Clock to Credit Hour Conversion: One semester credit hour is granted for each 15 hours of classroom contact plus appropriate outside preparation or the equivalent; or one semester credit hour for each 30 hours of supervised laboratory or clinical instruction plus appropriate outside preparation; or one semester credit hour for each 45 hours of clinical externship or independent study. One-quarter credit hour is granted for each 10 hours of classroom contact plus appropriate outside preparation or the equivalent; or one-quarter credit hour for each 20 hours of supervised laboratory or clinical instruction plus appropriate outside preparation; or one-quarter credit hour for 30 hours of clinical externship or independent study.

Guideline: If translation is provided for a class taught by an instructor who is not fluent in the language of the students, the program should take into account an adjustment to the class-to-credit-hour-ratio to allow for the extra time needed for translation.

Guideline: The program is expected to articulate its curriculum for each academic year, identifying semesters, courses and precise clock or credit hours. A credit hour is 50 minutes of instruction per week for a specified term, semester or its equivalent.

Criterion 8.8 - Completion Designation: To each person successfully completing the clinical doctoral program, the Doctor of Acupuncture and Oriental Medicine (“DAOM”) degree is awarded. A certificate of completion or a diploma may be awarded in the interim while the school is actively pursuing state authorization to grant a doctoral degree.

Criterion 8.9 - Syllabi: A syllabus must be prepared for each course or major unit of instruction and must be distributed to each student in the course. A syllabus must contain at least the following: the purpose of the course, the objectives of the course in specific terms, the prerequisites of the course, an outline of the content of the course and laboratory instruction in enough detail to permit the student to see its full scope; the method(s) of instruction, the requirements of the course with important dates (e.g., papers, projects, examinations), the type of grading system used, and the required and recommended reading.

Guideline: Syllabi should be reproduced and made available to faculty members so that they may learn what the various courses in the curriculum include and can relate their instruction to other courses.

Guideline: Copies of syllabi should be kept in the library and the curriculum files.

Criterion 8.10 - Challenge Examinations: Any procedures for challenge examinations which are available for didactic course work must be clearly articulated and must ensure that students have acquired the relevant knowledge and skills required by the challenged course(s). Clinical and research practicum courses cannot be challenged.

STANDARD 9 - FACULTY

The program must have an identifiable core didactic and clinical faculty responsible for its leadership who:

- a) Function as an integral part of the program, including engaging in curriculum planning and development and program assessment;
- b) Are sufficient in numbers for their academic and professional responsibilities;
- c) Have theoretical perspectives as well as academic and applied experience appropriate to the program's goals and objectives;

- d) Demonstrate substantial competence and have recognized credentials in those areas which are at the core of the program's objectives and goals;
- e) Are available to function as appropriate role models for students in their learning and socialization into the discipline and profession and engage in actions that promote the students' acquisition of knowledge and competencies consistent with the program's training goals;
- f) Are accessible to students and provide them with a level of guidance and supervision that actively encourages timely completion of the program; and,
- g) Provide continuing evidence of keeping abreast of developments within the fields in which they teach.

The majority of faculty must possess a doctoral degree, the terminal degree or its international equivalent in the areas in which they teach no later than December 31, 2012. In addition to the core faculty, other individuals with demonstrated professional experience and adequate credentials who hold faculty appointments at the institution may be used to augment and expand students' educational experiences.

Guideline: Clinical Supervisors should have a minimum of five years of documented professional experience as licensed Oriental medicine practitioners.

Criterion 9.1 - Faculty Credentials: For each faculty member who does not possess a doctoral degree, the program must document the method(s) by which it determined the instructor's competence, including relevant education and training and significant experience and leadership in their areas of instruction, to teach at the doctoral level.

Criterion 9.2 - Policies and Procedures: The recruitment, appointment, promotion and retention of well-qualified faculty members must be outlined in policies and procedures that are clearly stated in institutional documents. Due attention must be given to pertinent legal requirements in areas of non-discrimination, equal opportunity, and affirmative action employment practices.

Guideline: Faculty contracts should clearly specify responsibilities.

Criterion 9.3 - Professional Development and Benefits: Conditions of faculty service must be adequate and equitable, and administered ethically, to provide faculty members with academic freedom, opportunities for professional growth and development, and adequate preparation time. Evaluation of individual faculty performance must be carried out periodically.

Guideline: Provisions for benefits and/or professional development should be reviewed periodically.

Criterion 9.4 - Communication: Provision must be made for regular and open communication among members of the faculty and between the faculty and administrative officers of the institution. The faculty must meet frequently enough to adequately consider educational policies and issues. Complete and accurate minutes of faculty meetings must be taken and kept in a permanent file within the institution.

Guideline: The faculty should adopt, subject to the approval of the board, a set of bylaws which delineate faculty governance and responsibilities within the institution.

STANDARD 10 - STUDENT SERVICES AND ACTIVITIES

The program shall provide student services and activities that reflect the program's objectives, create good student morale, and assist students in the achievement of professional growth while making progress toward their career goals.

Criterion 10.1 - Support Fulfillment of Objectives: Student services and activities must fulfill the objectives of the program and meet public and community service needs. The institution or program must assure all students access to a well-developed program of counseling, advisement, orientation, and career development.

Criterion 10.2 - Published, Fair Student Policies: The program must develop a statement of the rights, privileges, and responsibilities of students and of disciplinary proceedings for violations of those responsibilities. The program's policies and procedures regarding student discipline, academic progress, and grading must be fair and consistent and published and made available to students. These policies and procedures must be made available to students through the catalog, student handbook, or other appropriate means.

Criterion 10.3 - Student Input: Some provision or vehicle must be provided for obtaining student views and input into institutional decision making.

Criterion 10.4 - Grievances: The program must have fair and efficient procedures for reviewing and responding to legitimate grievances made by students and must maintain a record of all student complaints during the preceding three-year period demonstrating that these complaints were handled in a fair and equitable manner. The program must disclose the Commission's address in its published policy on student complaints so that, if upon the program's disposition of a legitimate student complaint, the student is not satisfied that the program has adhered to its policy or been fair in its handling of the complaint, the student may contact the Commission.

STANDARD 11 - LIBRARY AND LEARNING RESOURCES

The program shall have adequate learning resources and equipment to support the professional doctoral program. The program shall have a library with sufficient resources to support faculty and student scholarship and research at the professional doctoral level.

Criterion 11.1 - Library Resources and Access: The library must include adequate space and access time appropriate for the size of the student body. Access and utilization of library resources by faculty and students in the core areas including acupuncture and Oriental medicine, biomedical sciences, research, specialty and clinic topics must be demonstrated by the institution.

Criterion 11.2 - Professional Librarian: The program must have a professional librarian with expertise in issues of library development, management, and computer on-line research.

Criterion 11.3 - Library Holdings: The program's library must have:

- Suitable and sufficient dictionaries and general reference materials in each language area in which the doctorate is offered;
- Minimum holdings of a significant proportion of acupuncture and Oriental medical texts or 1,000 Oriental medical volumes, whichever is greater, in a language or languages accessible to students and faculty;
- Minimum holdings of a significant proportion of professional journals or 12 titles, whichever is greater, per language area covering topics of Oriental medicine. Journal holdings shall extend back three years or to journal inception, whichever is less;
- Minimum holdings of 100 text volumes in biomedicine, which are up-to-date and relevant;
- Minimum holdings of five biomedical journals. Journal holdings shall extend back three years or to journal inception, whichever is less;
- Appropriate number and balance of both Oriental medicine and biomedicine journals and texts in the program's specialty area(s);
- Sufficient holdings, or convenient and ready access to other library resources, covering subject matter in the curriculum other than Oriental medicine and biomedicine, including volumes concerning research, statistics, ethics, languages, counseling skills, and additional foundation areas related to the program.

Criterion 11.4 - Computer Resources: The program must have on-site computer resources sufficient to provide ready access to biomedical and other databases. At

a minimum, CD-ROM and on-line access to Medline and the Internet must be provided.

STANDARD 12 - FACILITIES AND EQUIPMENT

The institution shall provide sufficient and appropriate facilities to house the doctoral program. These must include:

- **Classroom space properly equipped and appropriate to the program's curriculum and size;**
- **Adequate staff, faculty, and student facilities and learning equipment; clinical facilities appropriate to doctoral training and clinical specialties with sufficient and appropriate equipment, including sterilizers, sinks, work areas, storage and disposal; and,**
- **An herbal dispensary appropriately equipped for doctoral training in Oriental medicine.**

All program facilities must be safe, accessible, functional, flexible, appropriately maintained and sufficient to house the program, to provide for effective functioning, and to accommodate the staff, faculty, and the student body.

Criterion 12.1 - Compliance with Standards: Facilities must meet all applicable laws and regulations including federal, state, and local; fire, safety, and health standards.

Criterion 12.2 - Upkeep: Provisions for the cleaning, repair, and maintenance of buildings and grounds, and specific responsibilities for care of grounds, security, fire protection, utilities and facilities upkeep must be appropriately assigned.

STANDARD 13 - FINANCIAL RESOURCES

Financial resources must be adequate so that continuing operation of all professional programs in Oriental medicine are assured at an acceptable level. A separate budget must be available for the doctoral program that provides for all programmatic needs, including but not limited to, faculty resources, materials and supplies, faculty development, library and learning resources, and evaluation for purposes of assessment of achievement and to ensure program effectiveness. The college or school must establish and manage student enrollment consistent with available resources.

Criterion 13.1 - Financial aid operation: If the program utilizes public resources for financial aid, the financial aid operation must be capably administered as documented by reports from the funding source.

Criterion 13.2 - Default rate: If the program's cohort default rate exceeds 25%, or if it is 15% or higher and has increased 50% over the prior year's rate, the Commission shall review the program to determine if it remains in compliance with the accreditation criteria.

Criterion 13.3 - Refund Policy: The program must clearly define and uniformly follow a fair and equitable refund policy for unearned tuition that complies with applicable state and federal laws and regulations.

Guideline: The pro rata amount may be computed by using the ratio of the number of weeks of instruction completed to the total number of weeks of instruction scheduled for the period of enrollment.

Guideline: Refund computations should apply to the stated tuition charges attributable to each school term.

STANDARD 14 - PUBLICATIONS AND ADVERTISING

All publications, advertising, and other communications of information concerning the institution and its programs, services, activities, and personnel must be accurate, honest, clear, and unambiguous.

Criterion 14.1 - Catalog: The institution shall publish, and make available to students and to the general public, a catalog or comparable official publication that honestly and accurately sets forth the doctoral programs:

- Current purposes and educational objectives
- Entrance requirements and procedures
- Admissions and transfer credit policies
- Rules and regulations for conduct and attendance
- Opportunities and requirements for financial aid (if applicable)
- Procedures for discipline and or dismissal (for academic and other reasons)
- Grievance procedures for students
- Grading policy
- Fees and equitable refund policies
- Program completion and performance requirements
- Members of the administration
- Professional education and qualifications of full- and part-time faculty (If degrees are listed, the institution from which the higher degree was issued must be listed; when indicating an earned doctorate, designation of the country of origin, other than the U.S., in which the degree is conferred shall be listed, e.g., Ph.D. (China), M.D. (China))
- Members of the governing and advisory boards
- Non-discrimination policy
- Curriculum with course descriptions of each course
- Academic calendar
- Course schedule

- Description of each academic program and course of study
- Description of the learning and other physical resources

Criterion 14.2 - Accurate Disclosure: Programs, courses, services, and personnel not available during a given academic year must be clearly identified. Degree titles of faculty must reflect the actual degree conferred.

Criterion 14.3 - Representation of Opportunities: Publications and advertising must not misrepresent employment, career, or licensure opportunities.

Criterion 14.4 - Status with ACAOM: The program must report accurately to the public its status and relationship with the Commission according to the statements provided to it by the Commission.

