

**ACCREDITATION COMMISSION FOR
ACUPUNCTURE AND ORIENTAL MEDICINE**

APPLICATION COVER SHEET FOR ELIGIBILITY REPORT

I. BASIC INSTITUTIONAL INFORMATION

Name of program: _____

Corporate name of sponsoring institution: _____

Mailing address: _____

City/State/Zip: _____

Area code/Phone number: _____

FAX number: _____ E-mail _____

Location address (if different from mailing address)

List by name and title the chief administrative officers of the institution:

(Include academic official in charge of the program and the clinic coordinator/director and their titles):

1. _____
2. _____
3. _____
4. _____
5. _____

II. LEGAL ORGANIZATION

1. By what agency is the institution legally authorized to provide a program of education beyond high school?

2. Name and phone number of the person in your state education department with whom you are working _____, (phone) _____

3. Date institution was chartered or authorized to operate: _____

4. Date of last renewal: _____

5. Expiration of current authorization: _____

6. Type of institutional control: (check one)

Public
State _____
City _____
Other _____

Private
For profit corporation _____
Not for profit corporation _____
Sole proprietorship _____
Partnership _____
Other (specify) _____

III. CURRENT STUDENT STATISTICS

1. Date program first enrolled students: _____

2. Date program graduated first class: _____

3. Total number of graduates to date : _____; Percentage currently in practice: _____%.

4. Expected date of graduation of first class: _____

5. Total number of students expected to graduate on above date: _____

6. Student population: number currently enrolled in the professional master's degree level program _____:

a. _____ full time

e. _____ 1st year students

b. _____ part-time

f. _____ 2nd year students

c. _____ males

g. _____ 3rd year students

d. _____ females

h. _____ 4th year students (if applicable)

If the program is taught in more than one language or offers both an acupuncture and Oriental Medicine program provide the number of students enrolled in each track or program:

Program/language: _____ Enrollment: _____

7. If your program has had graduating classes, compare the number of students who enrolled in the program with the number who graduated, and indicate your program's completion rate: _____ %

8. If applicable, give your pass rate of graduates on the NCCAOM exam: _____ %;
your state licensing exam: _____ %.

IV. PROGRAM DEFINITION

1. Length of program in academic years: _____; in hours: _____; numbers of credits required to graduate: _____.

2. Calendar system used: (semester/quarter/trimester) _____

3. Title of certificate, degree or diploma issued upon completion of the professional master's degree level program: _____

4. Indicate whether program is a certificate, diploma or degree program: _____

5. Indicate total number of didactic hours and total number of clinical hours of the program:
_____ didactic hours; _____ clinical hours.

6. Please complete attached charts indicating precisely: (a) in what courses in your program each core curriculum subject is taught and, (b) in what courses a student attains each of the professional competencies. Use course number or name to identify these.
7. Of the didactic hours, indicate the number of hours dedicated to: (a) Acupuncture and related topics _____; (b) biomedical clinical sciences: _____; (c) herbal therapy (if applicable): _____.
8. Of the clinical hours, the number of hours of observation required: _____; the number of hours if clinical supervision required: _____. Of the clinical hours, the number that are dedicated to Oriental herbal therapy training _____ (if applicable).
9. Tuition and fees per academic year for full time students: \$_____.
10. Number of full time faculty: _____; part-time faculty: _____.

V. OTHER PROGRAMS OFFERED BY THE INSTITUTION

1. Number of students enrolled in other programs or courses offered at the institution _____

<u>Name of Course/Program</u>	<u>Documentation of Completion Given</u>	<u>No. of Students</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

VI. OTHER ACCREDITATION

1. Indicate any accreditation held by the institution or any of its programs.

2. List programs that are accredited and the respective dates of accreditation.

3. List any denials or revocations of accredited or pre-accredited status of any programs of the institution by another accrediting body and the date of denial or revocation.

**VII. Does the program or institution have any unresolved lawsuits or litigation pending?
 (if yes, please explain fully):**

VIII. RECORD BRIEFLY THE CENTRAL ELEMENTS IN THE HISTORY OF THE INSTITUTION:

I CERTIFY TO THE BEST OF MY KNOWLEDGE THAT THE INFORMATION IN THIS REPORT IS TRUE AND ACCURATE. SIGNATURE OF THE CHIEF EXECUTIVE OFFICER AUTHORIZING THIS APPLICATION FOR CANDIDACY:

TITLE: _____

DATE: _____

Please make **three** copies of both this cover sheet and the Eligibility Report. One copy should be sent to the ACAOM Greenbelt Office (with your check for \$5000). After initial review by staff, you will be assigned a review committee and given the addresses to send the additional two copies. If a site visit is conducted, three copies will be needed for the site visit team.

PART TWO - APPLICATION COVER SHEET FOR ELIGIBILITY REPORT FOR CANDIDACY

ESSENTIAL REQUIREMENT 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.

PLEASE INDICATE THE COURSE(S) IN YOUR PROGRAM (BY COURSE # OR COURSE NAME) IN WHICH THE FOLLOWING SUBJECTS ARE COVERED

1. History of Acupuncture and Oriental Medicine

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

2. Basic Theory

	4.	Qi
	5.	Tonification (supplementation) and sedation (draining) of qi, creation of harmony
	6.	Dao
	7.	Yin Yang
	8.	Eight Parameters/Ba Gang
	9.	Five Elements (phases, correspondences)/Wu Xing and their laws and cycles
	10.	Twelve Officials/Shi Er Guan
	11.	Viscera & Bowels/Zang Fu

	12. Theory of channel vessels (Meridians)/Jing Luo
	13. 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
	14. Oriental medicine pathology (bing ji)
	15. Meaning (significance) of disease, symptoms, signs
	16. Fundamental Body Substances (e.g. shen, qi, blood, fluid.)

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

	17. Location systems: anatomically, proportionally, by palpation, Anatomical Chinese inch (cun), fen.
	18. Systems of nomenclature and knowledge of standards of the WHO Scientific Group to Adopt a Standard International Acupuncture Nomenclature, 1991
	19. Anatomical locations
	20. All points on the twelve bilateral channels (meridians) and the Conception/Ren and Governing/Du vessels
	21. Forbidden points, contraindications of points
	22. Classification of points
	23. Functions and Indications of acupuncture points
	24. Extra Acupuncture Points
	25. Other categories and types of acupuncture points (e.g. auricular points, scalp points, hand points)
	26. 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.
	27. Traditions of acupuncture; respect for different traditions of evaluating and diagnosing and influencing and correcting the balance of Qi.

4. Diagnostic Skills

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

5. Treatment Planning in Acupuncture and Oriental Medicine

	<ul style="list-style-type: none"> • Methods and systems for planning, carrying out and evaluating a treatment
	<ul style="list-style-type: none"> • Prognosis
	<ul style="list-style-type: none"> • Contraindication of treatment
	<ul style="list-style-type: none"> • Making appropriate referrals
	<ul style="list-style-type: none"> • 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

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

7. Equipment & Safety

	<p>39. Selection and 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</p>
	<p>40. 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</p>

8. Counseling and Communication Skills

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

9. Ethics and Practice Management

	43. Confidentiality
	44. Informed Consent
	45. Understanding the scope of practice
	46. Record Keeping: legal requirement, release of data
	47. Ethical and legal aspects of referring patients to another practitioner
	48. Professional conduct and appropriate interpersonal behavior
	49. Overview of the status of acupuncture and Oriental medicine in the U.S.
	50. 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.
	51. Recognition and clarification of patient expectations
	52. General liability insurance and legal requirements
	53. Professional liability insurance: risk management and quality assurance
	54. Building and managing a practice including ethical and legal aspects of third party reimbursement
	55. Professional development
	56. Basic bookkeeping

10. Biomedical Clinical Sciences

The acupuncture program shall include a minimum of 30 semester credits (450 hours) in biomedical clinical sciences. The Oriental medicine program shall include a minimum of 34 semester credits (510 hours) in biomedical clinical sciences.	
	57. Relevant basic sciences (<i>e.g., biology including microbiology, chemistry, physics, psychology</i>) that are directed toward attaining the biomedical clinical competencies. (<i>May be met in baccalaureate undergraduate courses outside the program. If transferred into the program, they must be consistent with the program's objectives.</i>)
	58. Biomedical and clinical concepts and terms
	59. Human anatomy and physiology
	60. Pathology and the biomedical disease model

	61. The nature of the biomedical clinical process including history taking, diagnosis, treatment and follow-up
	62. The clinical relevance of laboratory and diagnostic tests and procedures, as well as biomedical physical examination findings
	63. Infectious diseases, sterilization procedures, needle handling and disposal, and other issues relevant to blood borne and surface pathogens
	64. Biomedical pharmacology including potential medication, herb and nutritional supplement interactions, contraindications and side effects and how to access this information
	65. The basis and need for referral and/or consultation
	66. The range of biomedical referral resources and the modalities they employ

11. Oriental Herbal Studies

<p>The Oriental medicine program shall include a minimum of 30 semester credits (450 hours) in didactic 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.)</p>	
	<p>67. Introduction to Oriental Herbal Medicine</p> <ul style="list-style-type: none"> • 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
	<p>68. Oriental Diagnostic And Treatment Paradigms As They Pertain To Herbal Medicine, e.g.,</p> <ul style="list-style-type: none"> • Shan Han/6 stages • Wen Bing/4 levels • Zang Fu • Chinese Internal Medicine, e.g., cough, amenorrhea.
	<p>69. Basic Herbal Medicine Theory</p> <ul style="list-style-type: none"> • 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, etc. • 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, etc.

	<p>70. Herbal Treatment Strategies</p> <ul style="list-style-type: none"> • 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
	<p>71. Materia Medica—Instruction in a minimum of 300 different herbs</p> <ul style="list-style-type: none"> • 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
	<p>72. Herbal Formulas—Instruction in a minimum of 150 formulas</p> <ul style="list-style-type: none"> • 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
	<p>73. Food Therapy/Nutrition</p> <ul style="list-style-type: none"> • Categorization of foods with regard to temperature, taste, and function • Dietary advice for various conditions • Preparation of common food/herbal recipes
	<p>74. Clinical Internship and Herbal Dispensary</p> <ul style="list-style-type: none"> • 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 formulae in an herbal dispensary setting

	<p>75. Western Science for Herbal Medicine</p> <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> a) Biochemical components of herbs and natural substances b) Considerations of pharmaceutical interactions with reference to current texts
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12. Other Oriental Medicine Modalities

	76. Oriental manual therapy, including bodywork and physiotherapies
	77. Exercise/breathing therapy
	78. Diet Counseling

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.

PLEASE INDICATE THE COURSE(S) IN YOUR PROGRAM (BY COURSE # OR COURSE NAME) IN WHICH A STUDENT ATTAINS THE FOLLOWING COMPETENCIES

1. Collecting data and using the following examinations of the patient in order to be able to make a diagnosis:

	<ul style="list-style-type: none"> • Observation: noting the spirit, color, body structure, tongue, symptom site and complexion of the patient
	<ul style="list-style-type: none"> • Olfactory examination: noting the general odor of the patient's body and of the patient's secretions, discharges and breath
	<ul style="list-style-type: none"> • Audio examination: listening to the sound of the patient's voice, abdominal sounds, sounds of respiration and cough quality
	<ul style="list-style-type: none"> • 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
	<ul style="list-style-type: none"> • 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, life style, exercise, use of alcohol, tobacco and drugs, reproductive cycles and menstruation, leukorrhea, sensations of heat, cold, dizziness, tinnitus, palpitations and chest constriction
	<ul style="list-style-type: none"> • 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:

	<ul style="list-style-type: none"> • Five Phases Theory
	<ul style="list-style-type: none"> • Yin-Yang Theory
	<ul style="list-style-type: none"> • Channel Theory
	<ul style="list-style-type: none"> • Organ Theory
	<ul style="list-style-type: none"> • Causes of Disease including the exogenous, endogenous and independent factors
	<ul style="list-style-type: none"> • Stages of Disease Progression, including the six-stage and four-aspect disease progressions
	<ul style="list-style-type: none"> • Triple Warmer Theory
	<ul style="list-style-type: none"> • The natural progression of untreated disease

3. Determining Treatment Strategy based on the diagnosis formulated:

	<ul style="list-style-type: none"> • The availability of additional appropriate modalities for patient referral
	<ul style="list-style-type: none"> • The ability to communicate with other health professionals regarding patient care, utilizing commonly understood medical terminology
	<ul style="list-style-type: none"> • 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:

	<ul style="list-style-type: none"> • Proper sterilization and aseptic procedures
	<ul style="list-style-type: none"> • Preparation of the patient, including proper positioning for application of techniques
	<ul style="list-style-type: none"> • Effective communication with the patient regarding the nature of the illness and the treatment plan
	<ul style="list-style-type: none"> • Accurate location of acupoints
	<ul style="list-style-type: none"> • 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
	<ul style="list-style-type: none"> • Accepted clean needle insertion practices, including protocols adequate to allow compliance with NCCAOM guidelines on sanitation, asepsis, and clean-needle handling
	<ul style="list-style-type: none"> • Safe and effective application of adjunctive techniques, including moxibustion, electrical stimulation and manipulation

	<ul style="list-style-type: none"> • Effective control of emergency situations
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5. Assessing the Effectiveness of the Treatment Strategy and its Execution:

	<ul style="list-style-type: none"> • By re-examination of the patient
	<ul style="list-style-type: none"> • By comparison with previous conditions and expectations
	<ul style="list-style-type: none"> • 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:

	<ul style="list-style-type: none"> • Application of a code of ethics
	<ul style="list-style-type: none"> • Practice of responsible record keeping and patient confidentiality
	<ul style="list-style-type: none"> • Maintenance of professional development through continuing education
	<ul style="list-style-type: none"> • Maintenance of personal development by continued cultivation of compassion

7. Having an Adequate Understanding of:

	<ul style="list-style-type: none"> • Relevant biomedical and clinical concepts and terms
	<ul style="list-style-type: none"> • Relevant human anatomy and physiological processes
	<ul style="list-style-type: none"> • Relevant concepts related to pathology and the biomedical disease model
	<ul style="list-style-type: none"> • The nature of the biomedical clinical process including history taking, diagnosis, treatment and follow-up
	<ul style="list-style-type: none"> • The clinical relevance of laboratory and diagnostic tests and procedures, as well as biomedical physical examination findings
	<ul style="list-style-type: none"> • Relevant pharmacological concepts and terms including knowledge of relevant potential medication, herb and nutritional supplement interactions, contraindications and side effects

In order to be able to:

	<ul style="list-style-type: none"> • 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.
	<ul style="list-style-type: none"> • Appropriately utilize relevant biomedical clinical science concepts and understandings to enhance the quality of Oriental medical care provided.
	<ul style="list-style-type: none"> • 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.
	<ul style="list-style-type: none"> • Communicate effectively with the biomedical community.

8. Making A Diagnosis/Energetic Evaluation by:

	<ul style="list-style-type: none"> 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.
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9. Planning and Executing an Herbal Treatment using the following knowledge:

	<ul style="list-style-type: none"> Identification of most commonly used raw and prepared substances in Materia Medica.
	<ul style="list-style-type: none"> Use of common foods as healing modalities.
	<ul style="list-style-type: none"> Properties of substance in Materia Medica: Taste, temperature, entering meridians, actions and clinical applications. Identification of common biochemical constituents and common dosage guideline.
	<ul style="list-style-type: none"> Contraindications of individual herbs: Toxicity; both traditional and biochemical, rules of combination, effect of preparation, dosage variance, and possible side effects.
	<ul style="list-style-type: none"> Traditional strategies of herbal formulation: Sweating (sudorific), Clearing, Ejection (emetic), Precipitation (purgative), Harmonization, Warming, Supplementing (tonic), Dispersing.
	<ul style="list-style-type: none"> Composition of formulas: Hierarchy of ingredients, internal dynamics of ingredients, changes in hierarchy of ingredients by modification of ingredients or dosage.
	<ul style="list-style-type: none"> Preparation and administration of formulas: Dosage, timing, frequency, duration, extraction times, etc.
	<ul style="list-style-type: none"> Indications and functions of representative herbal formulas.
	<ul style="list-style-type: none"> Selection, modification and development of appropriate formulas consistent with the pattern of disharmony and treatment plan.
	<ul style="list-style-type: none"> Current types of prepared formulations available, (pills, powder, tincture, etc.) <ul style="list-style-type: none"> Dosage variances, side effects and toxicity associated with usage, timing, frequency, duration, extraction times, etc. Understanding the issues surrounding non-traditional additives to prescriptions.
	<ul style="list-style-type: none"> Selection of the appropriate modality or modalities for treatment: <ul style="list-style-type: none"> Acupuncture, herbs, Oriental manual therapy, exercise, breathing therapy, and diet counseling.
	<ul style="list-style-type: none"> Consultation with patient regarding treatment plan, side effects, outcomes, and healing process.

	<ul style="list-style-type: none"> • Biomedical considerations of herbal preparations: <ul style="list-style-type: none"> • Contraindications, drug interactions, etc.
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10. Understanding Professional Issues Related to Oriental Herbs:

	<ul style="list-style-type: none"> • The ethical considerations with respect to prescribing and selling herbs to patients.
	<ul style="list-style-type: none"> • How and when to consult and refer with appropriate biomedical or allied health practitioners regarding drug interactions and herbal therapy.
	<ul style="list-style-type: none"> • The appropriate management, care, and storage of herbs and herbal products.