



# COUNCIL OF COLLEGES OF ACUPUNCTURE AND ORIENTAL MEDICINE

## Message from President Lixin Huang

The guiding focus of the work of the Council throughout 2004 has been its Strategic Plan within the broader framework of the Council's overriding purpose of advancing acupuncture and Oriental medicine by promoting educational excellence in the field. Although the Council's Strategic Plan contains a number of diverse and very specific action items, the significance of these objectives lies principally in their ability to promote excellence in AOM education. The revisions to the Plan that were made at the Council's Hollywood meeting in May of 2004 built upon those that were adopted at its meeting in Safety Harbor in the spring of 2003. These changes naturally occurred in the context of important recent trends that are shaping the AOM profession and American health care generally.

Any organization that wishes to remain viable must respond proactively and constructively to changing environments. The AOM educational field today is changing rapidly and substantively, as particularly evidenced in new initiatives undertaken by ACAOM and the Council to examine entry-level standards for the profession and by the establishment of clinical doctorate programs at four of the Council's member colleges. The natural human desire to learn

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## Hollywood Meeting Highlights

In April, the Council met in the heart of Hollywood at the Renaissance Hollywood Hotel in conjunction with the annual meeting of the AOM Alliance. Following its committee meetings on the first day of the conference (see below), Council members participated in a professionally facilitated review of its Strategic Plan. The strategic planning session was noteworthy for its collegiality and creativity as college representatives came forward with many excellent action items to guide the work of the Council until its spring meeting in 2005, when it is expected that the Plan will be reviewed once again.

One of the key action items under the Strategic Plan goal of "Increasing the Visibility of AOM" involves the hiring of a press release writer to develop several press releases monthly for local adaptation by the member schools. The press releases would also be designed to promote AOM generally and the role of the Council as the leader in AOM education. In consultation with the Marketing/Public Relations/Funds Development Committee, the Council's national office has retained Alexandra Bernstein, B.A., Resource Coordinator at TCHCH and a member of the Council's Public Relations Network at member schools. While remaining at TCMCH, Alexandra will work closely with the national office and the Committee in developing press releases. Initial press releases will pertain to AOM Day (Oct. 24) activities and assist the colleges in the local promotion of this event. The Council is delighted to have the services of Alexandra as its new Press Release Writer and that

someone within the AOM field and college community will be able to assist the Council in this new function.

Another important Strategic Plan goal is that of working with other national organizations to advance AOM. At its Hollywood meeting, the Council viewed the FDA's ban on Ephedra as providing an excellent opportunity for the Council to begin working cooperatively through its Herbal Committee with other AOM organizations to clarify lingering uncertainty concerning the scope of the FDA's administrative action. Additionally, the Executive Committee was charged with establishing a plan for ongoing, systematic communication with ACAOM and NCCAOM at the biannual meetings and with engaging all the national AOM organizations in a dialogue about educational issues. The groundwork for a conference next spring involving the

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**Message from President  
Lixin Huang**

and grow beyond existing boundaries is certainly alive among AOM providers and educators, as well as the need to communicate and interact more broadly and systematically with colleagues and institutions whose orientation toward health care may be either conventional medicine or CAM. Indeed, the entire field of CAM continues its dynamic growth as seen in strong consumer interest in treatment options that supplement or, in some cases, substitute for conventional means of care; by the increasing interest of both conventional and CAM health care providers in working together in integrated clinical settings; and by the incorporation of CAM coursework into the conventional curriculum of medical schools.

A number of objectives in the Council's Strategic Plan focus upon subject areas related to these AOM/CAM trends, such as specific items exploring in an inclusive manner possible changes to entry-level standards while reaffirming that the well-established Masters degree programs will continue to remain as entry-level for the profession, encouraging increased and regular communication with other national organizations in the AOM field, promoting the position of the Council as the authoritative national voice for AOM education, providing research training along with efficient and economical access to AOM/CAM databases, and addressing the respective need of health care consumers and prospective students for

more and reliable information about AOM treatments and educational opportunities in this profession.

The Strategic Plan is developed directly by the Council's member colleges whose decisions concerning what is strategically important are shaped by their educational position and sensitivity to what AOM practice should entail in light of future health care trends within AOM and the larger health care culture. Member colleges offer the educational base upon which the practice of AOM rests. Educational excellence, however, remains the pole star that guides the specific components of the Plan. It is that overriding goal that ultimately should serve to guide the specifics of the Plan and that remains continuously relevant in the midst of new developments and ideas within the AOM field.

A key component of strategic thinking for any organization, of course, lies not only in the substance of a particular plan of action and in having a sound procedure whereby the content of the plan is developed, but also in the existence of a "right spirit" among those who formulate the plan. From its founding, the Council was intended to function as a forum for its member schools to come together and exchange ideas in a collegial way about issues facing the profession and its future. I am deeply committed to preserving and enhancing this function of the Council. Moreover, I believe that the collegiality and creativity that have characterized our recent strategic planning and other meetings have greatly invigorated the membership and instilled a sense of confidence and trust that our mutual respect for a diversity of opinions constitutes one of the greatest strengths of the Council.

I see no reason why what we are achieving within our own organizational realm should not be extended into the larger AOM community. Indeed, it is imperative that the profession think more collectively if it is to realize its full healing potential within the larger culture. In that spirit, the Executive Committee of the Council will convene a meeting with leaders of other national AOM organizations in Washington, DC in the spring of 2005 for the purpose of soliciting specific input concerning AOM educational issues. This will be an outstanding opportunity for dialogue among those organizations that are either formally committed to or interested in promoting excellence in AOM education and practice. It is expected that this meeting will generate a number of proposals that can assist the Council in the next review of its Strategic Plan at its spring 2005 meeting. Additionally, and no less importantly, it is anticipated that the meeting will provide an opportunity to nurture the "right spirit" of discussions among our AOM colleagues as the Committee joins with these other organizations to find the common ground that surely exists where the ideal of excellence in AOM education and practice is broadly shared.

In these and in other ways, the Council will continue to take a constructive leadership role in AOM education, harnessing both the power and creativity of its own membership and, in cooperation with other national organizations, the profession as a whole.

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**Hollywood Meeting Highlights**

leaders of these organizations is expected to be laid at the Council's meeting in Las Vegas in October.

A third pillar of the Council's Strategic Plan involves the issue of entry-level standards for the profession. The Entry-Level Standards Committee is gathering position papers from AOM stakeholders and accreditation information from other health care professions that have adopted the doctorate as the entry-level. Further, the Strategic Plan directed the Core Curriculum Committee to develop and present to ACAOM's Doctoral Task Force a draft curriculum for a stand-alone doctorate in acupuncture and in Oriental medicine. The Committee met in San Francisco in July of 2004 for this purpose and drafted Guidelines for AOM Professional Education and Practice and a proposal for additional professional competencies under ACAOM's Essential Requirement 8.10. Both of these documents have been submitted to the Council's member colleges and ACAOM for review and comment.

The final major category of the Council's Strategic Plan relates to the desire of the Council to serve as a resource for academic innovation, freedom, and excellence. Key action items under this goal involve future trainings for member colleges on the use of online databases and other resources, the pooling of resources among a consortium of member schools to lower the cost of access to CAM/AOM databases and other information, and the creation of a speaker specialty list within the Council for member schools to use for CEU purposes.

The Council's Strategic Planning session in Hollywood was followed the next day by a general business meeting in which many of the national AOM

organizations gave reports concerning their activities. ACAOM provided a briefing concerning recent changes in its internal composition and future plans, including the activities of the Commission's Doctoral Task Force. Concern by Council members about the composition of the Doctoral Task Force led to a request that the Commission increase the number of Council representatives on the 17-member Task Force by two for a total of six. After the Hollywood conference, ACAOM proposed instead that the Council consider a subcommittee structure through which certain key topics relating to the work of the Task Force could be researched and analyzed. This proposal will be reviewed at the Council's fall meeting in Las Vegas, along with the possible creation of a new task force within the Council that would combine its ongoing substantive work in the areas of entry-level standards and curriculum development. A new structure might facilitate not only the work of ACAOM's Task Force, but also the ongoing work of the Council in this whole subject area.

At the Hollywood meeting, the Council's Executive Committee continued its regular pattern of meeting with ACAOM and NCCAOM to discuss issues of interest to Council members. It is expected that the Committee will continue these meetings at future conferences.

## **Committee Activity**

**Core Curriculum Committee.** With the establishment of ACAOM's Doctoral Task Force earlier this year, the work of the Core Curriculum Committee has become critical to the Council's proactive response in developing curriculum standards for a possible first professional degree in acupuncture and in Oriental medicine.

When the Council met in Hollywood in April to review its Strategic Plan, a specific action item in the Plan directed the Committee to meet for this purpose. Pursuant to this directive, the Committee met in San Francisco on July 17-18 with the Committee Chair, Steve Given (Bastyr University). Key outcome documents that emerged from the Committee's deliberations included a Statement of Preferred Guidelines for AOM Professional Education and Practice and a survey instrument concerning a number of proposed additional professional competencies under the current ER 8.10 for the Master's level program. Following initial review of these documents by the Executive Committee and additional review within the Core Curriculum Committee itself, the documents were sent to ACAOM and all the Council colleges in draft form for further review and comment. It is expected that the Committee will analyze the responses from the colleges and make a report to the Council at its fall meeting in Las Vegas.

## **Entry-Level Standards Committee.**

At the Council's meeting in Safety Harbor, FL in 2003, an Entry-Level Standards Committee was established and charged with developing and implementing a plan for soliciting proposals for possible changes in entry-level to the professions of independent Oriental medicine provider and the independent acupuncture provider. Under the co-chairs, Megan Haungs (Swedish Institute) and Valerie Hobbs (Southwest Acupuncture College), the Committee issued a widely published call for entry-level proposals that generated some 116 position papers by the spring of this year. The Committee's analysis of those responses is posted on the Council's web site ([www.ccaom.org](http://www.ccaom.org)). The Committee will continue to receive proposals at [ccaom@aol.com](mailto:ccaom@aol.com) until March 1, 2005.

The Committee is also surveying state educational commissions concerning the ramifications of a change in AOM educational standards and reviewing the entry-level standards for other healthcare/human services professions.

**Herbal Committee.** The Herbal Committee met in Hollywood this spring in the wake of the FDA's ban of Ephedra (ma huang), which went into effect on April 12. Although the FDA states that the ban does not apply to the use of Ephedra as part of Traditional Asian Medicine, this exemption was not incorporated into the text of the regulation itself. Moreover, there is the additional issue concerning the most appropriate classification of Ephedra under the FDA's regulatory structure for foods and drugs. Continuing uncertainty about these issues, including the FDA's follow-up enforcement actions against Ephedra products imported from Asia, has galvanized the AOM profession. Efforts are underway by AOM and other stakeholders to meet in Chicago on November 6–7, 2004 to develop a strategy for responding to this situation. Skye Sturgeon (Acupuncture & Integrative Medicine College, Berkeley), the Chair of the Herbal Committee, will represent the Council at this meeting.

**Marketing/Public Relations/Funds Development Committee.** Building upon the success of its publication *Acupuncture and Oriental Medicine—A Growing Healthcare Profession*, which was sent to career counselors at community colleges throughout the United States in 2003, the Committee released at the beginning of this year a chart entitled *Know Your Acupuncturist*. The chart, which appears in this newsletter, provides a succinct and authoritative comparison of the varying levels of training that licensed acupuncturists and other healthcare providers of

acupuncture have in this country. The purpose of this comparison is to guide consumers in making knowledgeable choices in selecting acupuncture providers and to highlight the superior and more extensive training of acupuncturists who have obtained Masters or higher degrees in this field. Under the Chair of Linda Fontaine (Academy of Oriental Medicine, Austin) and Vice-Chair Catherine Niemiec (Phoenix Institute of Herbal Medicine and Acupuncture), the Committee expects to develop a media packet to promote greater public understanding of acupuncture and its benefits. In conjunction with the national office, the Committee will also coordinate the work of the Council's new Press Release Writer.

**Distance Education Committee.** Under the Chair of Rose Haywood (World Medicine Institute), the Committee has been active in determining the "best practices" in distance education. At the Council's Orlando meeting in 2003, the Committee presented a statement of purpose for distance education and a list of best practices in this field for AOM schools. A presentation by a distance education expert selected by the Committee is expected at the Council's spring meeting in 2005.

**Librarians of Oriental Medicine (LOOM).** At its most recent meeting in Hollywood this past spring, LOOM representatives discussed Oriental medicine literature databases, issues concerning including a larger number of Oriental medicine journals in the National Library of Medicine's PubMed database, and the establishment of a LOOM consortium to attract discounts for databases and for database sharing. LOOM was expected to meet again at the Council's fall conference.

## Recent Developments in CNT Program

The Council's CNT program has had a busy year, with the introduction of the new 5th edition of the CNT Manual at the forefront of many upgrades and enhancements to the program. Additionally, after careful evaluation by a team of CNT instructors and acupuncture educators, an exam question bank, which is based on the new Manual, has been created for the first time along with new exams. A video of the CNT demonstration and a new PowerPoint presentation have been created in an effort to enhance the already high quality of instruction. A training course for new instructors was held in New York City in May during which 15 new CNT instructors were trained, bringing the total number of active instructors to 45. Continuous rigorous evaluation procedures ensure that all instructors are held to the highest standards of educational instruction. Recent website enhancements are making the process of CNT verification to state boards and the NCCAOM easier than ever for applicants for licensure and/or certification. Because of demand, CNT applicants are now able to pay for verification services, replacement certificates, and the CNT course fee itself by major credit card. In 2003, the Council held 55 CNT courses in 25 cities throughout the United States, with almost 1,900 applicants trained in clean needle technique.

It is the position of the Council that the most effective way to protect public safety and the integrity of the profession is to promote the requirement of a standardized and nationally recognized and administered CNT course. To this end, the national office staff, the Council's CNT committee, and CNT instructors continue to work together as a team to offer the best CNT

instruction possible. For more information, contact the CCAOM CNT Program Manager, Paula Diamond, at 301-313-0868, or visit the CCAOM website at [www.ccaom.org](http://www.ccaom.org) for the latest CNT-related information.

## ACAOM

The Commission has recently announced its intent to streamline the accreditation process, to reduce where possible the reporting burden on schools through a comprehensive review of its forms and instructions for preparing reports, to increase its responsiveness to its constituencies, and to work in collaboration with the Council to develop workshops in subject areas such as program assessment and governance. Perhaps most significantly, the Commission has signaled an internal philosophical shift toward a more effective consultative role with AOM colleges.

The Council welcomes the opportunity to work more closely with the Commission. It is anticipated that the Commission will want to draw upon the expertise that exists within the Council's member colleges in developing its workshops. In 2003 the Council formally solicited feedback from the Commission concerning areas of accreditation that the Commission believed required greater attention by the colleges. The Council followed-up on the Commission's response by offering throughout 2003 and 2004 workshops for colleges on such matters as educational assessment and evaluation and college governance. Moreover, the Council has endeavored to promote opportunities for college Presidents/CEOs to have informal discussions with Commissioners concerning the accreditation process. The Council stands ready to join with the Commission in its new initiatives

along similar lines and to commit the Council's expertise so that both organizations can move forward together toward a common goal of promoting excellence in AOM education.

## ACAOM Approves Doctor of Acupuncture Degree

At its spring meeting in April 2004, ACAOM revised its accreditation standards for postgraduate doctoral programs in Oriental medicine to accommodate postgraduate programs in acupuncture. The standards for the new Doctor of Acupuncture (D.Ac.) degree were developed by the Council's Acupuncture Doctorate Committee under the Chair of Rose Haywood (World Medicine Institute) and formally recommended by the Council to ACAOM in December 2002. The degree is a four-year, clinically based professional degree program that provides advanced graduate studies in core, clinical, and specialty areas and requires a clinical research project. Clinical specialty concentrations include moxibustion, tui na, Qi Gong, and the clinical practice of acupuncture traditions. The minimum program length is 4000 hours, which includes current Master's level training requirements. Of the 4000 hours, a minimum of 1200 hours is required at the doctoral level.

## NCCAOM

During the year, the Council's Executive Committee worked closely with NCCAOM to address a number of issues of interest to the colleges. In response to the request of the Committee, the Commission extended the number of years from 3 to 6 in which a student could obtain certification in CNT and be qualified for the

Commission's national certification in acupuncture. This change addressed the fact that some students attend AOM schools on a part-time basis and may take up to 6 years to complete their education. The Council noted that it was reasonable to recognize a student's initial certification in CNT for this additional period if the student remains in active student status for that period, particularly as students are monitored concerning CNT compliance during their AOM education by academic and clinical faculty.

Separately and again in response to the request of the Council's Executive Committee, the Commission revised its pre-graduation eligibility requirements for national certification to ensure that students who entered an AOM program before July 1, 2004, when ACAOM's new and increased academic hour standards went into effect, would not be subject to these new standards retroactively.

The Executive Committee continues to be in communication with the Commission about the need for more information concerning the content of its new biomedicine examination. Through the Committee's liaison to the Commission, Steve Given, recommendations have been made concerning the content of a study guide for this examination so that students know where to focus their preparation.

## North American AOM Day Activities

October 24, 2004, will mark the third year that North American Acupuncture and Oriental Medicine Day has been commemorated. The Council will join with other national organizations to promote this day. Locally Council members will issue press releases, announce the day in their newsletters, send notices to

alumni and encourage them to hold an evening of free treatments or talks at their clinics, offer free acupuncture treatments at college clinics, and give talks on AOM at the colleges. The Council's new Press Release Writer, Alexandra Bernstein, has assisted by providing sample press releases that each college may adapt and use to bring greater public awareness to AOM and its therapeutic benefits.

## Little Hoover Commission Issues Report

Legislation enacted in California in 2002 required that the state's Milton Marks "Little Hoover" Commission review the scope of practice and educational requirements for acupuncturists in California and compare the state's approval procedure for acupuncture schools and its licensing examination with that provided by ACAOM and NCCAOM respectively. At the end of September, the Commission issued its much anticipated report. With about one fourth of the nation's acupuncture practitioners located in California, the report is likely to have a significant impact on the profession both in California and nationally. The following are the major findings and recommendations of the Report, which appears at [www.lhc.ca.gov/lhc.html](http://www.lhc.ca.gov/lhc.html):

- **Scope of Practice.** While the legal scope of practice clearly defines the modalities that acupuncturists can use, the statute is silent on issues that are important in defining their role as health care providers. The Governor and the Legislature should clarify in statute the role of acupuncturists in the health care system by keeping licensure focused on traditional Oriental medicine, defining "primary care practitioner," authorizing and defining "traditional Oriental

diagnosis," requiring disclosure of critical information, and allowing for acupuncture-only licensure.

- **Educational Requirements.** The new 3,000-hour educational requirement is adequate to prepare entry-level practitioners and to protect the public safety. The number of educational hours should not be increased and should be focused on traditional Oriental healing practices within a modern framework for patient safety. Specifically, the State Acupuncture Board should implement policies to ensure that education is within the legal scope of practice, that adequate curriculum is devoted to patient safety (including improving coordination with Western Medicine), and that teaching is within the instructor's area of expertise (i.e., basic science courses should be taken at colleges and universities that are accredited to grant degrees in these areas).
- **Continuing Education.** The steadily increasing educational requirements for new entrants into the acupuncture profession potentially creates different levels of competency, and could confuse or mislead the public regarding the knowledge, skills, and ability of those previously licensed. The Governor and the Legislature should reallocate—and consider increasing the number of—continuing education hours required of currently licensed practitioners as a mechanism to update patient safety requirements by specifying courses and requiring examination.
- **Examination.** The examination of candidates for licensure is a critical quality control measure for assuring competency of providers and is an essential mechanism for ensuring that evolving public policy goals are met. The California Acupuncture Board should continue to control its examination to ensure that the state's policy

goals are met, including goals that require demonstration of knowledge of critical components of safe practice, administration of a competitive examination, and development of a strategy for implementing internship.

- **School Approval Process.** The process used by ACAOM appears to be superior to the school approval process used by the Acupuncture Board and could be used by the state to ensure the quality of education for potential licensees. California should rely on ACAOM to accredit acupuncture schools, and other institutions for accreditation that are recognized by the Secretary of Education, while developing a mechanism to ensure that state-specific curriculum standards are met. This goal may be achieved either by contracting with ACAOM to certify that California-specific requirements have been met by individual schools or by requiring schools to document that they have met California-specific requirements that exceed national accrediting standards.
- **California Acupuncture Board Reform.** The California Acupuncture Board has missed significant opportunities to protect the public, particularly in the areas of consumer information and herb-related safety. The Governor and the Legislature, through the Sunset Review Process or other mechanisms, should ensure that the Board becomes a strong advocate for consumers by developing a patient safety strategy and consumer protections for herb products, and by restructuring the board to benefit consumers.

## Political Activity

**Michigan.** In January and June of this year, the Council wrote letters to the legislature and Governor of Michigan

supporting the enactment of legislation (H.B. 5205) that would establish an acupuncture practice act in that state. Key provisions of the bill would ensure that acupuncture practitioners in the state meet national standards of educational training and certification in accordance with the requirements of ACAOM and NCCAOM. The Council's letter expressed opposition to any effort to amend the bill that would allow other health care providers with lesser training to practice acupuncture, possibly with as little as 100-300 hours of training. In the Council's view, adherence to national standards of educational training and certification would provide reasonable assurance to Michigan consumers that the acupuncture treatments they receive would be both safe and effective. The letter stressed that a background in biomedical sciences that other health care providers may possess is simply not sufficient, when coupled with only 100-300 hours of acupuncture training, to treat safely and successfully the significant range of health conditions that a fully trained acupuncturist who has met national standards of education and certification can treat. The bill is currently pending before the Health Policy Committee of the State House of Representatives.

**Nevada.** In April of 2004, Council President Lixin Huang sent a letter to the Nevada State Board of Oriental Medicine expressing strong concern about proposed regulations that mandated a doctoral curriculum substantially similar to the one that the National Oriental Medicine Accreditation Agency (NOMAA) advocates. In addition to noting the problematic status of NOMAA itself as an accreditation organization owing, among other things, to its lack of recognition by the U.S. Department of Education, the Council urged the board to work with ACAOM to develop educational

## National Office to Relocate in November

The Council's national office will relocate within the Washington, DC metropolitan area on November 5, 2004. The new address will be CCAOM, 3909 National Drive, Suite 125, Burtonsville, MD 20866. Office telephone numbers cannot be confirmed until after the date of the move, but all calls placed to the current telephone number (301-313-0870 or 301-313-0868 for CNT) will automatically be forwarded to the new number. The current e-mail addresses for national office staff will be effective through November 4. After that date new e-mail addresses and telephone numbers will be posted on the Council's website and notified directly to all of the Council's member colleges as soon as possible.

standards that would be consistent with national standards for the profession. The Council specifically highlighted the potential threat to public safety that might occur if the board adopted an experimental curriculum that had never been previously used in the U.S. or in any other country and that lacked a clinical training component keyed to competency standards which had been rigorously reviewed by the AOM profession and educators.

The Council's letter also stated that the proposed curriculum dramatically departed from current AOM educational standards used nationwide as it was developed from a very limited pool of Western science research focused on seeking a physiological model for acupuncture and thus devoid of an integrated clinical framework based on the didactic coursework. Further the reductionist approach of the proposed regulations toward TCM eliminated Chinese medical classics and principles, as well as studies in energetics, and did not accurately reflect current Chinese medical school training. In addition to President Huang's letter, the Council's efforts in Nevada were also led by Vice President Catherine Niemiec,

who personally appeared twice before the board to express the Council's concerns about the proposed regulations, which were ultimately defeated in June.

## New Member Colleges in Council

After publication of the last newsletter in the fall of 2003, four AOM colleges have become new members of the Council. At the fall meeting in Orlando, two California colleges, Southern California University of Health Sciences in Whittier, CA, and the University of East-West Medicine in Sunnyvale, CA, became members. At the Council's Hollywood meeting this past spring, the Asian Institute of Medical Studies in Tucson, AZ, and the Institute of Taoist Education and Acupuncture in Louisville, CO joined. With the expected admission into membership at its fall 2004 meeting of the American Institute of Alternative Medicine in Columbus, OH, and Touro College's Graduate Program in Oriental Medicine in New York City, the membership of the Council will be 51 AOM colleges and programs.

## Know Your Acupuncturist

Practitioners whose educational focus is in Acupuncture & Oriental Medicine receive approximately 80% of their training exclusively in this field, and undergo an extensive clinical internship averaging 3 years. Other healthcare practitioners may use acupuncture, which is one of the many therapies of Oriental Medicine, as an adjunct to their primary practice. While all of these practitioners also have training in Western medical sciences, this chart is designed to illustrate the varying levels of acupuncture training generally undertaken by healthcare professionals.

Amount of Training in Acupuncture	Practitioner
<p><b>1363 hours to 2000 hours in Acupuncture (or 2000-3000 hours in Oriental Medicine)*</b></p> <p><i>Licensed Acupuncturist Traditional Chinese Medicine Comprehensively-trained Acupuncturist Oriental Medicine Practitioner Oriental Medical Acupuncture</i></p>	<p><b>Typically a Licensed Acupuncturist (L.Ac.)</b> or Registered Acupuncturist whose primary training is in Acupuncture and/or Oriental Medicine, and has:</p> <p>(a) obtained a 3 to 4-year master’s level degree or diploma from a school approved by ACAOM (Accreditation Commission for Acupuncture &amp; Oriental Medicine), and</p> <p>(b) is awarded the Dipl.Ac. (Diplomate in Acupuncture) designation upon successful examination by the NCCAOM (National Commission for the Certification of Acupuncture &amp; Oriental Medicine) which is the national standard used for licensing in most states. **</p> <p>-Used for a broad range of health issues, including chronic disease, pain, internal medicine, rehabilitation, and prevention based on Oriental medical theory.</p>
<p><b>300 hours or less</b></p> <p><i>Medical Acupuncture Meridian Balancing/Therapy Chiropractic Acupuncture Naturopathic Acupuncture</i></p>	<p><b>Typically a medical doctor, osteopath, naturopath, or chiropractor</b> who uses acupuncture as an adjunctive therapy; the World Health Organization (WHO) recommends that medical doctors have 200 hours of training to know when to refer to a more fully-trained Acupuncturist or Oriental Medicine practitioner.***</p> <p>-Most commonly used for pain and basic ailments.</p>
<p><b>Around 100 hours or less</b></p> <p><i>Detox Tech Chiropractic Acupuncture Medical Acupuncture</i></p>	<p><b>Typically a detoxification technician or chiropractor</b> (detox techs should be under supervision of a Licensed Acupuncturist, see above, and are limited to 5 points on the ear)</p> <p>-Most commonly used for pain management or addiction &amp; detoxification through auricular acupuncture.</p>

For a list of approved schools and colleges, contact the U.S. Department of Education or:

[www.ccaom.org](http://www.ccaom.org)

[www.nccaom.org](http://www.nccaom.org)

[www.acaom.org](http://www.acaom.org).

\*Many Acupuncture & Oriental Medical schools exceed 2000 hours.

\*\*Acupuncture/Oriental Medical practitioners are able to obtain a D.A.O.M. doctoral degree from an ACAOM-approved clinical doctoral program. Some states also designate the licensing title (non-degree) as D.O.M. or D.Ac, or Acupuncture Physician. Licensed Acupuncturists may have also obtained an O.M.D., Ph.D., or D.Ac. for non-extensive post-graduate training (from unaccredited programs). Thus, it is important to ask where such a title was received.

\*\*\*Some medical doctors and chiropractors are trained and licensed in both western and Oriental medical acupuncture. Ask your physician about his or her credentials. Acupuncture should only be administered by a practitioner who has specific training in this field, due to risk of improper needling, inadequate understanding of Oriental medical diagnostic procedures, transmission of disease, imbalancing of energy, or ethical violations.

## CCAOM Officers and Committees

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Valerie Hobbs, BGS, Dipl. Ac.,  
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Jack Miller, L.Ac., M.A.Ed.

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### Research Information Committee

Richard Hammerschlag, Ph.D.

## Future Meeting Dates

It is expected that the Council's Executive Committee will convene a meeting of leaders from major AOM organizations in Washington, DC in March or April of 2005 to discuss education issues. The Council's spring 2005 meeting in conjunction with the annual meeting of the AOM Alliance (May 6-8) is scheduled for May 4-8 in Newport, RI. Additional details concerning both of these meetings will be made available to the Council's member colleges.

### CCAOM Administrative Staff

David M. Sale, J.D., LL.M.,  
Executive Director

Paula Diamond, B.A.,  
CNT Program Manager

### Member Schools in CCAOM

#### Arizona

Arizona School of Acupuncture and Oriental Medicine, **Tucson**

Asian Institute of Medical Studies, **Tucson**

Phoenix Institute of Herbal Medicine & Acupuncture, **Phoenix, AZ**

RainStar University, **Scottsdale, AZ**

#### California

Academy of Chinese Culture and Health Sciences, **Oakland**

Acupuncture & Integrative Medicine College, Berkeley, **Berkeley**

American College of Traditional Chinese Medicine, **San Francisco**

Dongguk Royal University, **Los Angeles**

Emperor's College of Traditional Oriental Medicine, **Santa Monica**

Five Branches Institute: College of Traditional Chinese Medicine, **Santa Cruz**

Pacific College of Oriental Medicine, **San Diego**

Samra University of Oriental Medicine, **Los Angeles**

Santa Barbara College of Oriental Medicine, **Santa Barbara**

South Baylo University, **Anaheim**

Southern California University of Health Sciences, **Whittier**

University of East-West Medicine, **Sunnyvale**

Yo San University of Traditional Chinese Medicine, **Santa Monica**

#### **Colorado**

Colorado School of Traditional Chinese Medicine, **Denver**

Institute of Taoist Education and Acupuncture, **Louisville**

Southwest Acupuncture College, **Boulder**

#### **Florida**

Academy for Five Element Acupuncture, **Hallandale**

Atlantic Institute of Oriental Medicine, **Fort Lauderdale**

Dragon Rises College of Oriental Medicine, **Gainesville**

East West College of Natural Medicine, **Sarasota**

Florida College of Integrative Medicine, **Orlando**

Acupuncture and Massage College, **Miami**

#### **Hawaii**

Institute of Clinical Acupuncture and Oriental Medicine, **Honolulu**

Traditional Chinese Medical College of Hawaii, **Kamuela**

World Medicine Institute, **Honolulu**

#### **Illinois**

Midwest College of Oriental Medicine, **Chicago**

Pacific College of Oriental Medicine, **Chicago**

#### **Maryland**

Tai Sophia Institute, **Laurel**

#### **Massachusetts**

New England School of Acupuncture, **Watertown**

#### **Minnesota**

American Academy of Acupuncture and Oriental Medicine, **Roseville**

Minnesota College of Acupuncture and Oriental Medicine, **Bloomington**

#### **New Jersey**

Eastern School of Acupuncture and Traditional Medicine, **Montclair**

#### **New Mexico**

Southwest Acupuncture College, **Santa Fe, Albuquerque**

#### **New York**

Mercy College, **Dobbs Ferry**

New York College of Health Professions, **Syosset**

New York College of Traditional Chinese Medicine, **Mineola**

Pacific College of Oriental Medicine, **New York City**

Swedish Institute: School of Acupuncture and Oriental Studies, **New York City**

Touro College: Graduate Program in Oriental Medicine,

#### **New York City\***

Tri-State College of Acupuncture, **New York City**

#### **North Carolina**

Jung Tao School of Classical Chinese Medicine, **Sugar Grove**

#### **Ohio**

American Institute of Alternative Medicine\*\*

#### **Oregon**

National College of Naturopathic Medicine, **Portland**

Oregon College of Oriental Medicine, **Portland**

#### **Texas**

Academy of Oriental Medicine at Austin, **Austin**

American College of Acupuncture and Oriental Medicine, **Houston**

Dallas College of Oriental Medicine, **Dallas**

Texas College of Traditional Chinese Medicine, **Austin**

#### **Washington**

Bastyr University, **Kenmore**

#### **Wisconsin**

Midwest College of Oriental Medicine, **Racine**

#### **Canada**

Michener Institute for Applied Health Sciences, **Toronto**

\* Membership expected in October 2004

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