

Ex. 1



Brian Sandoval, Governor



Maggie Tracey, O.M.D., President
Abraham Jim Nagy, M.D. Vice President
Lisa Grant, O.M.D., Secretary/Treasurer
Michael Ferris, Member
Chia Hua Linda Chow, Member
Michael Smith, Member
Merle Lok, Executive Director

STATE OF NEVADA
BOARD OF ORIENTAL MEDICINE

*****PUBLIC NOTICE*****
REGULAR BOARD MEETING
January 23, 2018 @ 6:30 PM

AT THE FOLLOWING LOCATION:

Grant Sawyer Building, Office of the Attorney General, 555 East Washington Ave., Room #4500 - Las Vegas, NV 89101.

*****MINUTES*****

1. CALL TO ORDER (Discussion/For Possible Action) Maggie Tracey, OMD, President

Roll call to determine presence of a quorum, at 6:30 pm

Board Members Present:

Dr. Maggie Tracey, OMD (in person)
Dr. Lisa Grant, OMD (in person)
Dr. Michael Ferris, OMD (in person)
Dr. Chia Hua Linda Chow, OMD (in person)
Dr. Abraham Jim Nagy, MD (via telephone)

Board Staff:

Merle Lok, Executive Director
Sophia Long, Deputy AG

Public:

Melanie Chapman
Shawheen Alavi-Moghaddam
Daniel Davies
Susie Rosenberger
DuWayne Steele
Zachary Burton
Donald Walker
Matthew Roderick
Heather Roderick
Arianne Sallaberry
Yoojin Lee-Sedera
Rachel Kohl (via telephone)

2. Public Comment (Discussion Only).

Please see attachment from Melanie Bernstein Chapman

3. **Adoption of agenda (For Possible Action)**
Motion: Dr. Grant motioned to approve
Second: Dr. Ferris
Action: Motion carried unanimously
4. **Approve or disapprove the previous board meeting minutes of October 17, 2017 (For Possible Action).**
ED stated that there was a typo with Dr. Nagy being MD, rather than an OMD.
Motion: Dr. Grant motioned to approve with the change
Second: Dr. Nagy
Action: Motion carried unanimously
5. **Approve or disapprove of whether any additional educational requirements are necessary regarding prospective applicant Arianne Sallaberrys's request to be eligible for the state licensing exam (For Possible Action).**
Dr. Tracey stated that Ms. Sallaberry's transcript shows an extensive curriculum and Dr. Tracey does not have an issue with allowing her to sit for the state licensing exam. Dr. Grant stated that she was concerned about Ms. Sallaberry's needling technique since Ms. Sallaberry graduated in 2012. Ms. Sallaberry stated that she is confident that she maintained her needling technique as she has practiced on friends and family since her graduation.
Motion: Dr. Ferris motioned to approve Ms. Sallaberry for the state licensing exam
Second: Dr. Chow
Action: Motion carried unanimously
6. **Approve or disapprove of adopting guidelines for SB 69 (For Possible Action).**
AG stated that SB69 regulations would be discussed at the workshop as this Agenda item mentioning guidelines is too narrow. This matter is tabled but there was a subsequent discussion regarding SB 69. Dr. Grant stated that per Ms. Chapman, the Board cannot hold up applications while the regulations are being drafted and asked whether applications can be decided on a case by case basis. AG stated that the license gets issued as long as it meets the statute. Dr. Grant asked how does the section of the exam testing state laws governing the practice in Nevada fit in as it cannot be equivalent to another state's section. AG stated that the state exam portion would have to be put in the regulations as SB 69 does not address that issue and so the Board cannot require someone to take that portion of the exam. AG stated that there cannot be guidelines made today. AG stated that a CV that is submitted is not sufficient as an application. AG stated that Asheesh and Sophia (deputy AGs) will help the ED with the applications. AG stated that the applicant would have to submit his fingerprints. Dr. Grant stated that under the national exam, there are 2 sections – one for LACs and one for OMDs with the OMDs having to pass the Herbal portion of the exam. The ED stated that she will work with the regular deputy AG and send the application to Dr. Chapman when it is complete.
7. **Discussion regarding the meeting with the physical therapists, the telephone conference with the chiropractors, and the appearance with the Sunset Committee (For Discussion Only).**

Dr. Tracey stated that the ED, AG and herself met with the PT group wherein the PT group wanted to establish a dry needling committee with the PT Board and our Board, consisting of the Presidents of each Board, a nurse, and 2 licensees from each profession. Dr. Tracey wanted to establish a separate license for the PTs which the PTs declined or a set number of hours, probably 600 hours of training, for the PTs to be adequately trained. Dr. Tracey stated that PTs seemed serious about setting training hours for dry needling.

Dr. Tracey stated that the ED and herself, through Dan Musgrove, met with the chiropractic group. The chiropractic group had worked with the PTs and wanted to discuss scope of practice issues with our Board and the Chiropractic Board.

Dr. Tracey stated that the Sunset Committee is reviewing our Board regarding how many licensees were being licensed. Dr. Tracey stated that the Sunset Committee wanted regular meetings to be updated regarding our Board. Dr. Tracey stated that the ED represented the Board at the last meeting with the Sunset Committee and Dr. Tracey sent a letter highlighting that there was improving relationships with other Boards including the PT and Chiropractic Boards; cooperative relationships between the Department of Health and Human Services and Wongu University. Dr. Tracey stated that the exam has been undergone major improvements, including getting an exam evaluator. Dr. Tracey stated that the impetus of SB 69 was getting Social Workers into Nevada and the legislators looked at across the other Boards applied SB 69 to them. Dr. Tracey stated that she wants to increase the number of licensees and also maintain the integrity of the profession as Nevada was the first state to legalize acupuncture. Dr. Tracey wants to maintain the high standards in Nevada as the original legislation wanted OMDs to be on par with other doctors.

8. Approve or disapprove of two licensees to meet with the physical therapy group regarding dry needling (For Possible Action).

Dr. Tracey stated that Sharon Roth and Katania Taylor will be meeting with the PTs regarding dry needling. AG asked whether they will be representing the Board or themselves. Dr. Tracey stated that only Dr. Tracey and Board staff will be representing the Board and that Dr. Roth and Dr. Taylor are at the meeting representing themselves as they are knowledgeable in the issues regarding dry needling.

Motion: Dr. Grant motioned to approve

Second: Dr. Ferris

Action: Motion carried unanimously

9. Approve or disapprove of hiring an accountant for the Board (For Possible Action).

ED stated that the Board is receiving enough funds wherein the NRS requires that the Board should hire an accountant to do accounting and oversight for the Board's finances. AG stated that the hiring process will be dependent on the amount paid to the accountant.

Motion: Dr. Ferris motioned to approve

Second: Dr. Grant

Action: Motion carried unanimously

10. **Approve or disapprove of hiring an assistant to review and organize documents for the public archives (For Possible Action).**
Dr. Grant stated that the ED will be in charge of hiring the assistant to review and organize documents for the public archives at a rate of \$10-\$15 per hour.
Motion: Dr. Grant motioned to approve
Second: Dr. Chow
Action: Motion carried unanimously

11. **Approve or disapprove of the following applicants to be OMD licensees in Nevada:**
 - a. **Yoojin Lee-Sedera;**
 - b. **Carla McClure;**
 - c. **Heather Roderick;**
 - d. **Matthew Roderick;**
 - e. **Susan Rosenberger;**
 - f. **DuWayne Steele; and**
 - g. **Melissa Wilson.****(For Possible Action).**
Motion: Dr. Grant motioned to approve
Second: Dr. Chow
Action: Motion carried unanimously except Dr. Ferris recused himself regarding Susan Rosenberger

12. **Approve or disapprove of Dr. Anita Lanier's CEU titled Yellow Emperor Medical Qigong & Qi Needle Treatment for 15 hours sponsored by International Qigong and Medical Research Institute (For Possible Action).**
Motion: Dr. Ferris motioned to approve
Second: Dr. Grant
Action: Motion carried unanimously

13. **Approve or disapprove of Dr. Olivia Rhee's CEU titled Healing Community Trauma: How To Do Acupuncture in the Field for Traumatic Events for 15 hours sponsored by Acupuncturists Without Borders on 11/5-11/6/2016 in San Francisco, CA (For Possible Action).**
Motion: Dr. Ferris motioned to approve
Second: Dr. Grant
Action: Motion carried unanimously

14. **Approve or disapprove of Dr. Amy DePry's CEU titled Optimizing Ovarian Reserve for 10 credits sponsored by ProD Seminars online (For Possible Action).**
Motion: Dr. Grant motioned to approve
Second: Dr. Ferris
Action: Motion carried unanimously

15. **Approve or disapprove of Dr. Raina Ferran's CEU titled Fast Pain Relief With Tung's Acupuncture and Chinese Herbs for 8 credits sponsored by Lotus Institute of Integrative Medicine online (For Possible Action).**
Motion: Dr. Ferris motioned to approve
Second: Dr. Chow

Action: Motion carried unanimously

- 16. Approve or disapprove of Dr. Krista Italiano's CEU titled Treating the Thyroid and Adrenal Glands for Better Clinical Outcomes for 8 credits sponsored by ProD Seminars and Adaptogens-Modern Biomedical Understanding of Ancient Herbs for 3 credits sponsored by ProD Seminars (For Possible Action).**

Motion: Dr. Grant motioned to approve

Second: Dr. Chow

Action: Motion carried unanimously

- 17. Approve or disapprove of Dr. Maureen Lamerdin's CEU titled Teachings from the Taoist Canon: Inner Alchemy for 22.5 credits sponsored by American University of Complementary Medicine, from 11/18-11/20/2017 in San Francisco, CA (For Possible Action).**

Motion: Dr. Ferris motioned to approve

Second: Dr. Chow

Action: Motion carried unanimously

- 18. Approve or disapprove of Dr. Alyssa Wampole's CEU titled Infertility in Older Women: Aggressive Treatment Options Using Acupuncture and Herbs for 8 credits sponsored by ELotus Seminar and was originally recorded on 9/9/2017 (For Possible Action).**

Motion: Dr. Grant motioned to approve

Second: Dr. Chow

Action: Motion carried unanimously

- 19. Approve or disapprove of Dr. Lisa Grant's CEU titled Key Aspects of Western Reproductive Medicine for CAM Practitioners for 13 credits sponsored by ProD Seminars in a live webinar on 10/22/2017 (For Possible Action).**

Motion: Dr. Ferris motioned to approve

Second: Dr. Chow

Action: Motion carried unanimously except Dr. Grant recused herself

- 20. Approve or disapprove of Dr. Megan Clowers' CEU titled Neuro-Meridian Integrative Acupuncture: Torso, Neck and Head for 12 credits sponsored by Pro D Seminars on 1/3/2018 online (For Possible Action).**

Motion: Dr. Grant motioned to approve

Second: Dr. Ferris

Action: Motion carried unanimously

- 21. Approve or disapprove of Dr. Rachel Kohl's CEU titled Pain Management Series sponsored Acupuncture Professional consisting of: (1) Treating Sports Injuries with Acupuncture, Tuina and TCM for 2 credits; (2) Lower Back Pain: Assessment, Red Flags and Management for Acupuncturists for 2 credits; (3) Understanding Jing Jin for Treating Musculoskeletal conditions for 2 credits; (4) Electro-acupuncture and TENS: Putting Theory to Practice for 2 credits; (5) Psycho-Biology of Pain for 2 credits; and (6) Pain Management Clinical Handbook for Acupuncturists for 2 credits.**

Motion: Dr. Grant motioned to approve

Second: Dr. Chow

Action: Motion carried unanimously except Dr. Ferris recused himself

22. Discussion regarding the necessary documentation for CEU courses with the same title with the same sponsor taken during different years (For Discussion Only).

The ED stated that the issue came up because Acupuncturists Without Borders (“AWB”) has different classes throughout the US, during different years and presumably different instructors with the same title and she needed guidelines regarding what to look for. Dr. Grant stated if AWB provided a letter stating that the class is substantially the same, then it should suffice. Dr. Tracey stated that AWB classes are consistent. Dr. Tracey stated that she wants to have the CEU clarified in the new regulations.

23. Approve or disapprove of closing existing savings account and starting another new savings account due to unaccounted \$100 withdrawal in December 2016 (For Possible Action).

Dr. Grant stated that during an accounting, it was discovered that there was \$100 electronically withdrawn at a Target in Georgia from the savings account in December 2016. The bank was unable to trace the person who withdrew the money. the ED stated that she spoke to the auditor who suggested freezing the account; however, the bank was unable to freeze it but suggested moving the funds to a CD. Dr. Grant stated that ED’s name should be added to the CD as ED’s name was not on the savings account.

Motion: Dr. Ferris motioned to approve

Second: Dr. Chow

Action: Motion carried unanimously

24. Approve or disapprove of creating a manual regarding the ED functions (For Possible Action).

Dr. Grant stated that it would be a good idea to create a how-to manual regarding the ED functions. the ED stated that she was about three-quarters done with it.

Motion: Dr. Chow motioned to approve

Second: Dr. Grant

Action: Motion carried unanimously

25. Discussion regarding the Attorney General’s training session for Board and Commission members and staff on 2/15/18 in Carson City and in Las Vegas (Discussion Only)

Dr. Tracey stated that it was a good training session about Boards and new members are encouraged to attend.

26. Approve or disapprove of a committee to review and draft changes to NRS 634A and NAC 634A (For Possible Action).

Dr. Tracey stated that she would like to establish a committee to look at possible changes to the NAC. AG stated that the Board members could submit their changes to the ED who can compile them and present them at a later Board meeting. These changes will be submitted to the ED by 2/16/2018. This item is tabled.

27. Discussion regarding the ED job evaluation (For Discussion Only).

Dr. Tracey stated that Board members can submit their evaluation of the ED directly to her.

28. Discussion and election of Board President, Vice President and Secretary/Treasurer. (For Possible Action).

Motion: Dr. Grant motioned that Dr. Tracey be elected President.

Second: Dr. Ferris

Action: Motion carried unanimously

Motion: Dr. Grant motioned that Dr. Nagy be elected Vice President

Second: Dr. Chow

Action: Motion carried unanimously

Motion: Dr. Tracey motioned that Dr. Grant be elected Secretary/Treasurer

Second: Dr. Ferris

Action: Motion carried unanimously

29. Approve or disapprove of future Board meeting dates (For Possible Action).

Motion: Dr. Grant motioned that future Board dates would be 2/26/18 @ 6:30 p.m., 3/27/18 @ 6 p.m. and 4/23/18 @ 6:30 p.m., subject to change.

Second: Dr. Chow

Action: Motion carried unanimously

30. Public Comment (Discussion Only).

Zachary Burton stated that we are trying to further our craft and he has ideas about research with the school and wants to integrate the practice into western medicine, into hospitals and into prisons. He is looking at the big picture, where should be research done and we should all do it together.

Dr. Rachel Kohl stated that she represents the Nevada Coalition of Acupuncture and they will be submitting potential changes to the NAC. Dr. Tracey and Dr. Grant stated that she could submit these changes at the public workshop.

Dr. Davies stated that Wongu congratulates the new licensees and there will be a party for the new licensees at Wongu, perhaps on Acupuncture Day.

31. Adjournment (For Possible Action).

Motion: Dr. Grant motioned to approve

Second: Dr. Ferris

Action: Motion carried unanimously

Meeting Minutes will be approved at a subsequent Board meeting.

Public Comment to The Nevada State Board of Oriental Medicine

(January 23, 2018)

My name is Melanie Bernstein Chapman. I am an attorney licensed in Nevada and I am here on behalf of Dr. Bart Chapman. Dr. Chapman is currently seeking licensure by endorsement pursuant to Senate Bill 69. As you may know, SB 69 requires regulatory bodies to adopt regulations concerning the issuance of a license by endorsement to a practitioner that holds a comparable license issued by any state or territory of the United States and who meets certain other requirements as set forth in SB 69. By its terms, this statute became effective on June 9, 2017, upon approval by the Governor of Nevada. This Board, therefore, is currently subject to the requirements and provisions of SB 69.

Dr. Chapman is an OMD and NMD who has been licensed and actively practicing Oriental Medicine in the State of Florida for approximately 20 years. He has relocated to Las Vegas, Nevada and, upon learning of SB 69, Dr. Chapman sought information pertaining to an application for licensure by endorsement from the OM Board's website. Finding none, in mid-December, Dr. Chapman contacted the office of the Nevada State Oriental Medicine Board to seek instruction on how to apply for licensure pursuant to SB 69, and left a message on that date. On or about December 27, 2017, Dr. Chapman received a return voice mail message which, in response to his inquiry, instructed him to send "an email" regarding his request for licensure by endorsement. On December 28, 2017, Dr. Chapman sent an email, together with his CV, advising that, given the lack of application or application instruction for applying pursuant to SB 69, his email and attached CV were to serve as his application. He advised that upon receiving notification of the application fee for licensure pursuant to SB 69, he would promptly submit said fee. The Board acknowledged receipt of this application on December 29, 2017.

Nearly three weeks later, on January 17, 2018, Dr. Chapman received an email that the Board would be "discussing" SB 69 at the Board meeting being held tonight, January 23, 2018. Upon review of the Board's meeting agenda, Agenda Item 6 merely states that the Board is to "Approve or disapprove of adopting guidelines for SB 69."

As this Board may be aware, SB 69 is not voluntary, and the Boards to which it applies do not have discretion concerning whether or not they will abide by it. It is currently in full force and effect, and the Board is, therefore, currently required to issue licenses pursuant to this statute. Further, though the agenda uses the word "guidelines," it is noted that SB 69 requires the Board to adopt *regulations* governing the issuance of a license by endorsement, and that this is not discretionary. However, the Board is not permitted to ignore SB 69 or applications submitted pursuant to that statute while it is deciding whether to adopt such regulations or while it is in the process of adopting said regulations. Rather, the Board is bound by the provisions of SB 69, which require the Board to issue a license by endorsement to any person who meets the requirements set forth in SB 69, Section 3, and any regulations adopted pursuant thereto.

Because the OM Board has not enacted any regulations pursuant to the mandate of SB 69, it must evaluate applications based solely on the provisions and requirements set forth in the body of SB 69.

Those requirements are (1) that one seeking licensure by endorsement must hold a corresponding valid and unrestricted license to engage in the subject occupation or profession in any state or territory of the United States and (2) he or she must possess qualifications that are substantially similar to the qualifications required for issuance of a license to engage in that occupation or profession in this State. The application and CV submitted by Dr. Chapman show unequivocally that he meets these requirements, and should be issued a license pursuant to the provisions of SB 69.

Therefore, on behalf of Dr. Chapman, I am requesting that this Board consider his application and grant his license as required by the provisions of SB 69. Should the Board also wish to adopt regulations as required pursuant to the statute, it is, of course, entitled to do so. But this planned action, if it is indeed planned, cannot be used to hold up an application pursuant to the statute which is currently the law to which this Board must adhere.

Thank you.

Ex. 2

Brian Sandoval, Governor



Maggie Tracey, O.M.D., *President*
Vince Link, O.M.D., *Vice President*
Lisa Mathews, O.M.D., *Secretary/Treasurer*
Fely Quitevis, *Member*
Abraham Jim Nagy, MD, *Member*
Merle Lok, *Executive Director*

NEVADA STATE BOARD OF ORIENTAL MEDICINE
APPLICATION FOR CREDIT APPROVAL OF CONTINUING EDUCATION
Pursuant to NAC 634A.137

Name of Applicant or Entity: Kristie Jones

Address: 140 W. Huttaker Ln. #504 Reno, NV 89511

Phone Number: (775) 800-1084 Email: dr.kristie.jones@gmail.com

I. Location and Address of the continuing education program: elotus.org

II. Please fill out below:

| Name of Instructor(s) | Degree of Instructor(s) | Date | Time: | | CE Hours | Title of Course |
|-----------------------|-------------------------|---------|-------|-----|----------|--|
| | | | From | To | | |
| Li-Chun Huang | L.Ac. | 1/24/18 | 9AM | 5PM | 8 | Acupuncture Medicine Class III: Functions of Acupuncture Points (Part 1 - Day 1) |

- III. One application per course must be submitted for review and approval.
- IV. Supporting documentation must include: all material relating to the course, including, without limitation, written material to be provided to a licensee attending the course; and
- V. The fee required pursuant to NAC 634A.165 of \$100 (per course).
- VI. The Board recommends including also a syllabus for the course in addition to a curriculum vitae for the instructor(s).
- VII. If the Board approves a course of continuing education pursuant to NAC 634A.137, the Board will determine the number of hours of continuing education that a licensee may receive for attending the course.

I swear that the above statement is nothing but true.

Signature of the Applicant or Representative of Entity: Kristie Jones

Date: 1/24/18 Name: Kristie Jones



Lotus Institute Of Integrative Medicine

PO Box 92493, City of Industry, CA 91715 • Tel: (626) 780-7182 • Fax: (626) 363-9751

Website: www.elotus.org • Email: info@elotus.org

Certificate of Completion

This verifies that

Kristie Jones

Acupuncture License #:

is awarded 8 PDA Points

For completing the Distance Learning / Online Program

Auricular Medicine Class III: Functions of Auricular Points (Part I-Day 1)

January 24, 2018

NCCAOM® Program Approval Dates: 07-03-2014 through 6-1-2018



PDA Points / NCCAOM® Recertification Categories:

Core Competency (Required for Recertification)

- AOM-BIO (AOM and Biomedicine)
- SA (Safety)
- ET (Ethics)
- CPR

Professional Enhancement

- CW-PE (Coursework)

Yuan Da Chen, President, Provider Designee
NCCAOM® provider-Course #: 344-451

The NCCAOM Diplomat is advised to confirm, in advance, if the course content is within their state scope of practice and if the state regulatory board will accept the PDA points. It is the sole responsibility of the NCCAOM PDA Provider to confirm that the PDA program adheres to the NCCAOM® Grounds for Professional Discipline, the NCCAOM® PDA Handbook, the NCCAOM® PDA Provider and Department Agreement, and the NCCAOM® PDA Product and Service Disclaimer.

Brian Sandoval, Governor



Maggie Tracey, O.M.D., President
Vince Link, O.M.D, Vice President
Lisa Mathews, O.M.D., Secretary/Treasurer
Fely Quitevis, Member
Abraham Jim Nagy, MD, Member
Merle Lok, Executive Director

NEVADA STATE BOARD OF ORIENTAL MEDICINE
APPLICATION FOR CREDIT APPROVAL OF CONTINUING EDUCATION
Pursuant to NAC 634A.137

Name of Applicant or Entity: Kristie Jones
Address: 140 W. Huffaker Ln. Ste. 504 Reno, NV 89511
Phone Number: (975) 800-1884 Email: dr.kristiejones@gmail.com

I. Location and Address of the continuing education program: e/lotus.org

II. Please fill out below:

| Name of Instructor(s) | Degree of Instructor(s) | Date | Time: From To | CE Hours | Title of Course |
|-----------------------|-------------------------|---------|------------------|----------|--|
| Heather Bruce | L.Ac., Naturopath | 1/25/18 | 9:00AM - 11:00AM | 2 | Rescue the Root : Cupping the Navel |

- III. One application per course must be submitted for review and approval.
- IV. Supporting documentation must include: all material relating to the course, including, without limitation, written material to be provided to a licensee attending the course; and
- V. The fee required pursuant to NAC 634A.165 of \$100 (per course).
- VI. The Board recommends including also a syllabus for the course in addition to a curriculum vitae for the instructor(s).
- VII. If the Board approves a course of continuing education pursuant to NAC 634A.137, the Board will determine the number of hours of continuing education that a licensee may receive for attending the course.

I swear that the above statement is nothing but true.

Signature of the Applicant or Representative of Entity: Kristie Jones
Date: 1/25/2018 Name: Kristie Jones



Lotus Institute Of Integrative Medicine

PO Box 92493, City of Industry, CA 91715 • Tel: (626) 780-7182 • Fax: (626) 363-9751
Website: www.elotus.org • Email: info@elotus.org

Certificate of Completion

This verifies that

Kristie Jones

Acupuncture License #:

is awarded 2 PDA Points

For completing the Distance Learning / Online Program

Rescue the Root: Cupping the Navel

January 25, 2018

NCCAOM® Program Approval Dates: 11-09-2015 through 01-01-2019



PDA Points / NCCAOM® Recertification Categories:

Core Competency (Required for Recertification)

- AOM-BIO (AOM and Biomedicine)
- SA (Safety)
- ET (Ethics)
- CPR

Professional Enhancement

- CW-PE (Coursework)

Yuan Da Chen, President, Provider Designee
NCCAOM® provider-Course #: 344-596

The NCCAOM Diplomat is advised to confirm, in advance, if the course content is within their state scope of practice and if the state regulatory board will accept the PDA points. It is the sole responsibility of the NCCAOM PDA Provider to confirm that the PDA program adheres to the NCCAOM® Grounds for Professional Discipline, the NCCAOM® PDA Handbook, the NCCAOM® PDA Provider and Department Agreement, and the NCCAOM® PDA Product and Service Disclaimer.

Speakers



Heather Bruce, Acupuncturist

Heather Bruce with nearly 40 years of clinical experience, is an inquisitive acupuncturist, naturopath, and a Maya/Arvigo® pregnancy and 'spiritual healing practitioner, an Arvigo® self care teacher, a Mercier trained therapist, and someone who has had a lifelong specialty in women's and maternal health. As a new mother at her training's onset, she saw all acupuncture study through maternal eyes. Using hands and heart, she has always specialized in obstetrics and fertility.

In 1981, Heather Bruce co-developed the original three year course at what was the Australian College of Natural Medicine, now Endeavour College. Having four children over 18 years, she has experienced health and wellness from the inside out, especially when her third baby in 1986 was born massively brain injured becoming also profoundly autistic. Her teaching focus changed after this, although it has always involved as organizer and presenter, in a large number of continuing national and international seminars and workshops in acupuncture, usually in difficult case resolution.

In 2005, Heather wrote What Dads Can Do as a handbook (plus two DVDs) for those interested in raising the maternal and baby outcomes for a bonded family future. The various patient publications and Apps followed.

Teaching the Role of 8 Extras in Maternal Well being since the mid '80's, Heather is passionate about improving Jing. She works with a closed community in NZ whose women often have over 12 children. Improving health outcomes for all, (especially for those whose mums were frankly malnourished through having exceptional Hyperemesis Gravidarum for decades) starting with nutrition, she reduces 'high risk' pregnancies frequently back to home water births.

Heather's current clinical focus for all in this changing world of toxic environmental stressors is sustainability – starting with family concerns – touching, and being bonded, as the primates we are. Starting from the basics is obviously important – no more so in practice, and thus the revival of a simple Chinese home remedy, is at the heart of her work.

www.heathersays.com

www.heatherbrucehealing.com/mentoring-program

Courses by Heather Bruce, Acupuncturist

Course Type

<Any>

Apply

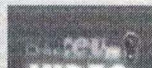


Bleeding Micro-Veins Resulting in Profound Body Changes

TCM Wisdom Tube

0 CEUs

\$0.00



Bleeding Micro-Veins Resulting in Profound Body Changes

Distance Learning - CEU Video Recording

\$14.95

Speaker Preview:



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**Rescue the Root
Cupping the navel**


Heather Bruce



Lotus Institute of Integrative Medicine
Tel: (626) 780-7182 Fax: (626) 609-2929
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Cupping the navel



www.elotus.org

One of my masters said . .

(Dr John Shen)

▪ 'Always, always always follow life.


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- How we sustain life
- Causes of disease
- How we get cold/why pull it out?
- Metabolism – Iodine/Halide dominance
- How to cup navel/ginger moxa
- My progression historically
- Cases
- Pregnancy
- Review

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Bodies designed to work perfectly – within reason



www.elotus.org

Basic premise of this work

- Yang is caught up doing something else.
- Need to free it, so it can get 'back to work'
- There will be cold stored, as that is what the body does with it
- (Think the role of 8 Extras – to keep the pathogens out of general circulation until well enough to deal with – maybe for some: never).
- See cold embedded as a splinter - and all you 'label' after is the festering due to its presence

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Ex. 3

Brian Sandoval, Governor



Maggie Tracey, O.M.D., *President*
Vince Link, O.M.D., *Vice President*
Lisa Mathews, O.M.D., *Secretary/Treasurer*
Fely Quitevis, *Member*
Abraham Jim Nagy, MD, *Member*
Merle Lok, *Executive Director*

STATE OF NEVADA BOARD OF ORIENTAL MEDICINE

Dear Applicant:

Thank you for your expressed interest in obtaining a license in the State of Nevada by **endorsement** under the jurisdiction of the Board of Oriental Medicine. The following are instructions to help you in completing your application; please read through them carefully.

***Please visit our website at <http://orientalmedicine.state.nv.us> and read through it to familiarize yourself with our regulations before completing your application to make sure that you comply with our licensure requirements.**

***This application is specifically for license by endorsement per Senate Bill 69 of the 2017 Nevada Legislature.**

1. Read the entire application before writing a single answer. By familiarizing yourself with the questions and the paperwork you can better organize your time and provide more complete answers. Please complete all pages of the application.
2. Write legibly. If the application is illegible it will not be processed in a timely manner.
3. Contact your school/training program for transcripts and have them send the paperwork, sealed and certified, directly to our board office. There also should be a letter from your school/training program verifying that you have had training or instruction in the subjects of acupuncture, moxibustion, herbology, Oriental physiology, Oriental pathology, Oriental diagnosis, tuina, biology, physics, chemistry, biochemistry, anatomy, Western physiology, Western pathology, Western diagnosis, pharmacology, laboratory and radiology. There might be a fee for these documents. Please call ahead and inquire what the fee will be and attach it along with your request for the transcripts. Any transcripts or translation fees will be an additional cost incurred by you.
4. Copies of National score reports, which show results from the tests of Acupuncture and Chinese Herbology from the National Organization NCCAOM, must be sent directly to the board office from NCCAOM sealed and certified.
5. Copies of your transcripts from an accredited college or university in the United States. Please also include copies of your diplomas.
6. Copies of valid licenses held in the District of Columbia or any state or territory of the United States for at least four years.
7. Obtain and submit with your application any documents that are relevant to the applicant's background and personal history for the Board's investigation (i.e. judgment of conviction, satisfaction of judgment, or order resolving disciplinary action in another jurisdiction).

8. Verification of licensure from another state or membership in professional societies, if applicable, should be sent directly to the board from the institution sealed and certified. There may be a fee for these documents, please call ahead and inquire what those fees might be.
9. Pages 13, 14 and 16 of the application must be notarized. The release and declaration statements must be submitted to the board's office as part of the completed application.
10. Page 16: Any person can attest to your good character and moral behavior because they have worked with you or belong to the same personal or professional organizations. It cannot be your married spouse, a relative by marriage, or a blood relative. Please send in at least one attestation with your application packet.
11. Attach a money order, cashier's check or personal check in the amount of One Thousand dollars (\$1,000.00) made payable to the Nevada State Board of Oriental Medicine for the application fee. This fee is for the processing of your application only. If you do not submit a fee of \$1,000.00 with your application to the Board, your application will not be accepted or processed.
12. Fingerprints: Once you have submitted your application to the Board. You will receive notification of your application received. Your fingerprints must be done by an authorized person at any authorized place authenticated by any local governments such as police departments, Sheriff's office or a medical facility. There is a \$36.25 fee for processing your fingerprint cards. You only need to submit one fingerprint card. The fee is paid to the Department of Public Safety (DPS) and must be in the form of a Cashier's Check. If any further investigations are needed the costs arising from extra investigations are the applicants responsibility. Fingerprints must be readable. If your fingerprint card cannot be processed, it must be done again and additional fees may be required. Also, for your fingerprints to be processed, please print out the Civil Applicant Letter and Waiver form on our website, fill it out, sign it and include it with your application. Your application cannot be completed without the fingerprint results.
13. The application process may take a minimum of six (6) months. State Board exams are given twice per year in June and December. The deadline to submit your application to the board is June 30 (for eligibility to take the December exam) or December 31 (for eligibility to take the June exam) each year. There are no exceptions or extensions for these deadline dates. The fee to take this State Board exam is \$1,000.00 (One Thousand Dollars). This fee is in addition to the application fee and is due upon approval to sit for the practical examination.

If you have any questions, you may email us at omboardexecutivedirector@gmail.com. The regulations and statutes listed above are at <http://www.leg.state.nv.us/nac/nac-634a.html> and <http://www.leg.state.nv.us/NRS/NRS-634A.html#NRS634A>

Sincerely,
Maggie Tracey, O.M.D.
President

APPLICATION CHECKLIST

All applicants must have:

_____ Successfully completed an accredited 4 year program of study, or its equivalent, in Oriental medicine at a school or college of Oriental medicine which is approved by the Board

A letter from the school verifying that the program of study MUST HAVE included training or instruction in the subjects of:

- | | |
|---------------------------|------------------------------|
| _____ Acupuncture | _____ Chemistry |
| _____ Moxibustion | _____ Biochemistry |
| _____ Herbology | _____ Anatomy |
| _____ Oriental physiology | _____ Western physiology |
| _____ Oriental pathology | _____ Western pathology |
| _____ Oriental diagnosis | _____ Western diagnosis |
| _____ Tuina | _____ Pharmacology |
| _____ Biology | _____ Laboratory & Radiology |
| _____ Physics | |

_____ The program of study required:

_____ At least 2,800 hours of instruction, including not less than 2,500 didactic hours, for graduates **before 11/25/02**;

.or

_____ At least 3,000 hours of instruction, including not less than 2,500 didactic hours, for graduates **on or after 11/25/02**

_____ Certified copies of any diplomas, transcripts, licenses and certificates will be forwarded directly to the Board from the issuing entity.

_____ 1 Fingerprint Card enclosed along with \$36.25 fee in the form of a cashier's check made payable to the **Department of Public Safety**.

_____ Completed Civil Applicant Letter and Waiver form.

_____ Evidence of passing examinations for acupuncture and Chinese herbology administered by a national organization approved by the board:

AND

_____ I am submitting my application pursuant to SB. 69 of the 2017 Nevada Legislature

_____ Bachelor's degree from an accredited college or university in the U.S.

_____ Certified copies of any diplomas, transcripts, licenses and certificates will be forwarded directly to the Board from the issuing entity.

_____ Lawfully practiced Oriental medicine in another state; and

_____ Proof of active state license to be sent directly from the issuing agency.

NAC 634A.230 Payment of fees and remittances; refund of application fee (NRS 634A.070, 634A.110)

1. Fees and remittances must be paid to the board by money order, bank draft or check payable to "State Board of Oriental Medicine." Remittances in currency or coin are wholly at the risk of the remitter and the board assumes no responsibility for their loss. Postage stamps will not be remitted.

2. The board will not refund any part of the application fee to an applicant if the applicant:

(a) Does not complete his application by providing all the documentation required by the form for application within 6 months after the actual date of filing of the form by the applicant;

(b) Withdraws his application; or

(c) Dies before he is issued a license by the board.

[Bd. Of Oriental med., Rule 2.4, eff. 7-26-77]-(NAC A by R071-02, 11-25-02)



**APPLICATION FOR LICENSURE BY THE
STATE OF NEVADA BOARD OF ORIENTAL MEDICINE**

Read the following paragraph carefully before signing this application.

The undersigned hereby applies for a license under NRS Chapter 634A with full knowledge that all statements made in this application may be subject to investigation, including a check of fingerprints, police records, and former employers. Any false or dishonest answers to any questions in this application may be grounds for refusal, subsequent revocation or suspension of a license.

Write your name in your native language or characters and in English

Native: _____

English: _____

If you have a police or government Identification Card from your native country please write the identification number below along with your name:

I, _____, No: _____

depose and say that I am an applicant for licensure to practice Oriental Medicine in the State of Nevada, as a Doctor of Oriental Medicine.

I hereby attest that I am the identical person to whom the diploma(s), degree(s) and/or license(s) identified herein were originally granted.

The undersigned hereby declares under penalty of perjury, under the law of the State of Nevada, in accordance with NRS 199.120, that all statements contained herein are true and correct to the best of his/her knowledge and belief.

Executed on _____ (Date)

Signature of Applicant:

Information of Undergraduate School of College or University attended

1 .

| | |
|-------------------------|--|
| Name of School | |
| Address of Location | |
| Term (From – To) | |
| Length (Years & Months) | |
| Major | |
| Degree Obtained | |
| Year of Graduation | |

2 .

| | |
|-------------------------|--|
| Name of School | |
| Address of Location | |
| Term (From – To) | |
| Length (Years & Months) | |
| Major | |
| Degree Obtained | |
| Year of Graduation | |

3 .

| | |
|-------------------------|--|
| Name of School | |
| Address of Location | |
| Term (From – To) | |
| Length (Years & Months) | |
| Major | |
| Degree Obtained | |
| Year of Graduation | |

4 .

| | |
|-------------------------|--|
| Name of School | |
| Address of Location | |
| Term (From – To) | |
| Length (Years & Months) | |
| Major | |
| Degree Obtained | |
| Year of Graduation | |

Information of School or College of Oriental Medicine attended

1 .

| | | |
|------------------------------------|--|--------------------|
| Name of School | | |
| Address of Location | | |
| Term (From – To) | | |
| Length (Years & Months) | | |
| Degree Obtained | | Year of Graduation |
| Total Credits & Hours accomplished | () Didactic Hours () <u>Clinical Hours</u> | |
| | () Total Hours | |

2 .

| | | |
|------------------------------------|--|--------------------|
| Name of School | | |
| Address of Location | | |
| Term (From – To) | | |
| Length (Years & Months) | | |
| Degree Obtained | | Year of Graduation |
| Total Credits & Hours accomplished | () Didactic Hours () <u>Clinical Hours</u> | |
| | () Total Hours | |

3 .

| | | |
|------------------------------------|--|--------------------|
| Name of School | | |
| Address of Location | | |
| Term (From – To) | | |
| Length (Years & Months) | | |
| Degree Obtained | | Year of Graduation |
| Total Credits & Hours accomplished | () Didactic Hours () <u>Clinical Hours</u> | |
| | () Total Hours | |

4 .

| | | |
|------------------------------------|--|--------------------|
| Name of School | | |
| Address of Location | | |
| Term (From – To) | | |
| Degree Obtained | | Year of Graduation |
| Total Credits & Hours accomplished | () Didactic Hours () <u>Clinical Hours</u> | |
| | () Total Hours | |

Licensure Screening Questions

Have you ever been convicted of a felony? YES _____ NO _____

Have you ever been convicted of a crime of moral turpitude? YES _____ NO _____

Have you ever had a license issued by a governmental agency which had some type of disciplinary action taken against you? (i.e. suspension, revocation, probation, restriction, etc.) YES _____ NO _____

Have you ever been addicted to the use of narcotics? YES _____ NO _____

Have you ever been addicted to alcohol? YES _____ NO _____

Have you ever been expelled from a professional society? YES _____ NO _____

Have you a physical condition, which may impact your ability to practice Oriental Medicine? YES _____ NO _____

Have you a mental condition, which may impact your ability to practice Oriental Medicine? YES _____ NO _____

If you answered "YES" to any of the above, give details on a separate sheet of paper.

Professional Information

List all Societies of which you are, or have been, a member. You must be specific and complete.

| Name | Address | Dates (From – To) | Other Information |
|------|---------|----------------------|-------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Do you hold, or have you ever held, a license issued by a governmental agency to practice Oriental Medicine in any country? YES _____ NO _____

If "YES", please have the issuing entity send a copy of verification to the Board of Oriental Medicine.

When was it issued? _____ Expiration _____

Where was it issued? _____

What is the License Number? _____

Issuing Agency? _____

SB 69 Licensure By Endorsement Screening Questions

1. Are you a citizen of the United States? YES _____ NO _____

2. Have you ever been disciplined by any regulatory authority of the District of Columbia or any state or territory in which you currently hold or have held a license to engage in the practice of Oriental Medicine? YES _____ NO _____

3. Have you ever been held civilly or criminally liable in the District of Columbia or any state or territory of the United States for misconduct relating to your practice of Oriental Medicine? YES _____ NO _____

4. Have you ever had a license to engage in the practice of Oriental Medicine suspended or revoked in the District of Columbia or any state or territory of the United States? YES _____ NO _____

5. Have you ever been refused a license to engage in the practice of Oriental Medicine in the District of Columbia or any state or territory of the United States for any reason? YES _____ NO _____

6. Do you have any pending disciplinary actions concerning your license to engage in the practice of Oriental medicine in the District of Columbia or any state or territory of the United States? YES _____ NO _____

Information of a National Exam which was passed by the Applicant

1 .

| | |
|-----------------------------|--|
| Name of National Exam | |
| Address | |
| Date of the Exam | |
| Module(s) | |
| Name of Administrative Body | |

2 .

| | |
|-----------------------------|--|
| Name of National Exam | |
| Address | |
| Date of the Exam | |
| Module(s) | |
| Name of Administrative Body | |

3 .

| | |
|-----------------------------|--|
| Name of National Exam | |
| Address | |
| Date of the Exam | |
| Module(s) | |
| Name of Administrative Body | |

4 .

| | |
|-----------------------------|--|
| Name of National Exam | |
| Module(s) | |
| Date of the Exam | |
| Subjects | |
| Name of Administrative Body | |

5 .

| | |
|-----------------------------|--|
| Name of National Exam | |
| Module(s) | |
| Date of the Exam | |
| Subjects | |
| Name of Administrative Body | |

Personal Information

Present Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

How long have you been at this address? _____

Present Mailing Address (if different from):

City: _____ State: _____ Zip Code: _____

Last Previous Address: _____

City: _____ State: _____ Zip Code: _____

How long were you at this address? _____

If the above address covers less than ten (10) years, list on a separate sheet of paper other full addresses for the last ten (10) years. Please specify length of time at each residence.

Your Date of Birth: _____ Marital Status: _____

Your Place of Birth by City, State, or Country: _____

Color of Eyes: _____ Color of Hair: _____ Height: _____

Weight: _____ List any identifying characteristics, scars, tattoos: _____

Have you been, or are you in, Military Service: YES _____ NO _____

Country Served: _____

Branch of Service: _____ Final Rank: _____

Specialty: _____ Military Serial No: _____

Dates of Military Service: _____ Type of Discharge: _____

Are you a native born United States Citizen? YES _____ NO _____

If "NO" are you a naturalized US Citizen?

Naturalization Certificate Number: _____

If you are a Resident Alien, give Registration Number: _____

If a visitor to the United States, give class of Admission as stamped on your "Arrival/Departure Record": _____

Have you ever held a business license? YES _____ NO _____

If "YES", Where and What was the nature of the business? _____

What is/was the business license number(s): _____

Information of Practice Term

1 .

| | |
|----------------------------|-------|
| Name of Clinic or Hospital | |
| Address | |
| Date Began | From: |
| Date Finished | To: |
| Years/Months Attended | |

2 .

| | |
|----------------------------|-------|
| Name of Clinic or Hospital | |
| Address | |
| Date Began | From: |
| Date Finished | To: |
| Years/Months Attended | |

3 .

| | |
|----------------------------|-------|
| Name of Clinic or Hospital | |
| Address | |
| Date Began | From: |
| Date Finished | To: |
| Years/Months Attended | |

4 .

| | |
|----------------------------|-------|
| Name of Clinic or Hospital | |
| Address | |
| Date Began | From: |
| Date Finished | To: |
| Years/Months Attended | |

5 .

| | |
|----------------------------|-------|
| Name of Clinic or Hospital | |
| Address | |
| Date Began | From: |
| Date Finished | To: |
| Years/Months Attended | |

**Consent to Investigation and Release of Information
(YOUR SIGNATURE MUST BE NOTARIZED)**

I, _____, do hereby give my consent to an investigation by the Nevada State Board of Oriental Medicine, or to any person acting in its behalf, into all relevant facts in my personal and professional training, background and experience in connection with this application for a license to practice in the State of Nevada as a Doctor of Oriental Medicine.

I do further consent to having a set of my fingerprints (a copy of which is attached to this application) submitted by the Board to any law enforcement agency in connection with this application. I do further agree to pay any and all costs or expenses incurred in the making of the required investigation and do herewith submit as part of this Application, an application fee of One Thousand Dollars (\$1,000.00) to be used in whole or in part for said investigation. In the event that investigative costs exceed this amount, I agree to pay in full, all such amounts due.

Statement of Permission

I agree to allow the State of Nevada Board of Oriental Medicine to communicate with any person in connection with this application. I will hold the Board, its members, officers and agents free from any liability or complaint by reason of any action they, or any of them, may take in connection with the Board's investigation of my professional training, and experience or personal background.

Signature: _____ Date: _____

State of _____
County of _____

Subscribed and sworn to (or affirm) before me on this ____ day of _____, 20____,
by _____, proved to me on the basis of satisfactory
evidence to be the person who appeared before me.

Notary Public

**Declaration as to Previous Registration or Examination
(YOUR SIGNATURE MUST BE NOTARIZED)**

I, _____, do hereby declare that I am the applicant who signed the foregoing application; that the photograph of myself hereunto attached was taken on or about the _____ day of _____, _____. My age at that time being _____ years. I further state that no certificate or license issued to me by any authority has ever been revoked or suspended. I further state that I have not, previous to this date, applied for examination, licensure or registration to any Board of Examiners, except as follows:

Signature: _____ Date: _____

State of _____
County of _____

Subscribed and sworn to (or affirm) before me on this ____ day of _____, 20____,
by _____, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Notary Public

**Attestation to Safe and Appropriate Injection Practices
(YOUR SIGNATURE MUST BE NOTARIZED)**

I, _____, pursuant to NRS 634A.144, hereby attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.

Signature: _____ Date: _____

State of _____
County of _____

Subscribed and sworn to (or affirm) before me on this ____ day of _____, 20____,
by _____, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Notary Public

Child Support Information

Pursuant to Federal Legislation and Nevada's Welfare Reform Package, this form must be completed and returned to the office of the Nevada State Board of Oriental Medicine along with your application form.

Name: _____

Street Address: _____

City: _____ County: _____

State: _____ Country: _____

Zip Code: _____

Please circle the number of the statement which best describes your situation:

1. I am NOT subject to a court order for the support of one or more children.
2. I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
3. I am subject to a court order for the support of one or more children and am NOT in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

I certify that all of the above disclosures are true and complete.

Signature: _____ Date: _____

**Affidavit of Moral and Professional Character
(SIGNATURE MUST BE NOTARIZED)**

This portion must be completed by a non-relative and submitted along with your application for licensure.

I, _____, being duly sworn, deposes and states that I reside at _____, in the City of _____, in the County of _____, in the State of _____, in the Country of _____, and am personally acquainted with _____ (Identify applicant by name), and know him/her to be the identical person named in the accompanying application, and he/she is of good moral and professional character.

My relationship with the applicant is or has been as _____.

Print your full name: _____

Print your address: _____

Phone number: _____

Signature: _____ Date: _____

State of _____
County of _____

Subscribed and sworn to (or affirm)
before me on this ____ day of _____, 20____,
by _____,
proved to me on the basis of satisfactory evidence
to be the person who appeared before me.

Notary Public

Ex. 4

634A.005 Definitions

NCCAOM refers to the National Certification Commission for Acupuncture and Oriental Medicine, or its successor entity

634A.006 Definitions

ACAOM refers to the Accreditation Commission for Acupuncture and Oriental Medicine, or its successor entity

634A.084 The scope of Oriental medicine and practitioners of Oriental Medicine defined.

The scope of practice for licensed Oriental Medicine Doctors includes but is not limited to the following:

Acupuncture, electro-acupuncture, laser acupuncture, auricular acupuncture, acupressure, acupuncture points injection therapy, Oriental osteopathic manipulation treatment, Asian bodywork and Tui'na, gua sha, cupping, dry needling, moxibustion, infrared treatment, herbal medicine, nutritional and dietary counseling, cold and heat therapy, magnet therapy, Oriental Medicine obstetrics and gynecology treatment, electro-muscular stimulations, breathing techniques, exercise and Qi-gong, dietary supplements, diagnostic imaging (radiology), laboratory tests, diathermy treatments, ultrasound treatment.

NAC 34A.060 Officers, Salary of the Secretary-Treasurer

The position of Secretary-Treasurer will not be paid a salary.

634A.071 Application: General requirements.

1. *File an application with the Executive Director ~~at least 6 months~~ before the date of the practical examination in which the applicant wishes to participate*

Change to: *File an application and deliver all required paperwork to the Executive Director at least 2 months before the date of the practical examination in which the applicant wishes to participate*

Comment: This will require a policy change to having the applicant supply the background check information to the board; this will be in line with the SB 69 application procedure

634A.080 Evidence of qualifications of applicant; approval of program of study.

1. *An applicant for a license to practice Oriental medicine must submit, together with ~~his or her~~ their application, evidence that he or she has they have successfully completed an accredited 4-year program of study, or its equivalent, in Oriental medicine at a school or college of Oriental medicine which is approved by the Board, accredited by ACAOM, or in ACAOM pre-certification status subject to the requirements in subsection 4(a)NRS 634A.080.*

2. *they have earned a bachelor's degree from an accredited college or university in the United States*

Would like to change this to allow the equivalent of a bachelor's degree – some schools accept students with AA degrees, and allow them to complete additional course to have the 'equivalent' of a bachelor's degree; however, it looks like we would need to change the NRS first

4. For the purposes of subsection 1, the Board may approve an accredited 4-year program of study, or its equivalent, in Oriental medicine at a school or college of Oriental medicine if the Board finds that:

(a) The program of study includes training or instruction in the subjects of acupuncture, moxibustion, herbology, Oriental physiology, Oriental pathology, Oriental diagnosis, *tuina or qigong*, biology, physics, chemistry, *biochemistry*, anatomy, Western physiology, Western pathology, Western diagnosis, pharmacology, laboratory ; and radiology;

(b) *an applicant who has been granted a Master's level degree from an ACAOM accredited school or a school in ACAOM pre-certification status that conforms to the course of study outlined in NAC*

634A.080(4)(a) is deemed qualified to apply for licensure as an Oriental Medicine doctor.

634A.085 Compliance with requirement of passing examination administered by national organization.

To comply with the requirement of passing an examination in Oriental medicine that is administered by a national organization approved by the Board pursuant to NRS 634A.120, an applicant for licensure as a doctor of Oriental medicine must pass the examinations for *Oriental Medicine Certification from NCCAOM acupuncture and Chinese herbology administered by a national organization approved by the board.* --

634A.086 Compliance with licensure by endorsement pursuant to SB 69

Pursuant to licensure under SB 69, all applicants seeking licensure by endorsement must provide proof of and compliance to the following:

1) *Achieve a passing score on the NCCAOM Oriental Medicine Certification Exam, including the Acupuncture, Chinese Herbs, Foundations of Oriental Medicine and Biomedicine modules;*

2) *Complete the requirements of a professional program of study in Oriental Medicine from an ACAOM accredited school that includes didactic and clinical training substantially similar to the requirements outlined in NAC 634A.080(4) (a).*

3) Possesses a sufficient degree of competency in the occupation or profession for which he or she is seeking licensure by endorsement in this State by providing:

(a) An affidavit stating that the information contained in the application and any accompanying material is true and complete; and

(b) A current statement of scope of practice in the home state, accompanied by an affidavit from the home state licensing body, which should demonstrate substantial similarity in scope of practice, particularly in the practice of acupuncture, herbs and injection therapy, to the current scope of practice in Nevada. The Board Secretary and President shall review the scope of practice to determine said substantial similarity.

4) The approval process is as follows:

a. To expedite the process of reviewing applications for licensure by endorsement, the Secretary and President shall independently review and temporarily approve the completed application, reject the application, or ask for more documentation as needed.

b. If the application is rejected for material reasons, the applicant may appeal to the full board at the next regularly scheduled Board meeting.

c. Approved applicants shall be referred to the Executive Director to schedule the jurisprudence and epidemiology parts of the state exam.

d. The epidemiology and jurisprudence parts of the exam will be scheduled for within 30-45 days following the approval of the application. The Executive Director will make arrangements for the applicant to take the exam. The applicant must take the exam in person on the date designated by the ED, until such time as the Board implements an on-line method of examination, which will supercede the in-person exam.

e. The applicant must score a 75% on each section of the exam to pass.

f. Upon passing the exam, and review by the Secretary and President of the Board, the licensee will be issued a temporary license and may begin practicing Oriental Medicine in Nevada, with full rights and restrictions.

g. Permanent licensure will be granted upon notification to the full Board at the next regularly scheduled Board meeting.

(6) The Board or Secretary or President may reject an application for licensure as a doctor of Oriental Medicine by endorsement if it appears that:

- (a) *The applicant is not qualified for licensure or is not of good moral character or reputation;*
- (b) *Any credential submitted is false;*
- (c) *The application is not made in proper form or other deficiencies appear in it; or*
- (d) *The application is not completed within 6 months.*
- (e) *The Board will reject an application if the applicant's check to pay any applicable fees is returned for insufficient funds.*

(7) Rejected applications may apply through the regular path of licensure without prejudice.

634A.090 Approval of schools and colleges of Oriental medicine; prescription of course of study required for degree.

(a) To comply with the requirement of annual curriculum review by the Board for content and quality of instruction, a school of Oriental Medicine established in Nevada shall submit annually, proof of payment of annual sustaining dues to ACAOM. No other curriculum review by the Board will be deemed necessary with such documentation.

634A.095 Proficiency of applicant in English language.

1. (a) – *pass the Test of English as a Foreign Language with a score of at least 550*

Change to: *pass the Test of English as a Foreign Language with a score of at least 550 PBT or 80 iBT*

(iBT is the computerized version of the test that uses different scoring)

634A.100 Practical examination of applicant.

NAC 634A.100 Practical examination of applicant. (NRS 634A.070, 634A.120)

1. The practical examination will be given in June and December of each year *until such time as the Board implements an online exam process, which will supercede all regulations governing the in-person examination process.* An applicant may not take the practical examination unless the applicant has first passed the examinations required pursuant to NAC 634A.085. The Executive Director shall notify an applicant of the time and place of the practical examination not later than 20 days before the date on which the practical examination is scheduled.

3. Various sections of the practical examination ~~may~~ will be given in written, ~~oral or demonstrative~~ form.

Delete sections 4.a through 4.d

~~6. An applicant must receive an overall score of 75 percent on the practical examination and 60 percent on all of its sections or subparts to pass the practical examination.~~

Change to: An applicant must receive an overall score of 75 percent on the practical examination to pass the practical examination OR An applicant must receive an overall score of 70 percent on the practical examination and all subsections ~~and 60 percent on all of its sections or subparts to pass the practical examination.~~

634A.110 Reexamination of applicant who fails practical examination.

Delete section 2 if test is changed to only cover laws and regulations (may need NRS change first)

634A.121 Practice under fictitious name; prohibition against multiple licenses and registration under same name.

Not sure of the point of this section. Is this for foreign doctors adopting an English name? Or for businesses?

634A.135 Continuing education; placement of license on inactive status; reinstatement to active status.

5. (d) ~~After Dec 2018 If the licensee has been inactive, the licensee must provide documentation of maintaining the NCCAOM national license during the inactive time.~~

6. ~~All licensees approved after Dec 2018 must maintain their NCCAOM Oriental Medicine certification. A copy of the NCCAOM license must be kept on file with the Executive Director, and resubmitted upon recertification by NCCAOM.~~

634A.137 Approval of courses of continuing education.

1. A person or entity shall not offer a course of continuing education for licensees in this State unless the person or entity has first obtained approval for the course from the Board pursuant to this section.

Please add: *CEU courses previously approved by the NCCAOM shall be considered automatically approved by the board; in such cases, no fee for approval is required OR all continuing education courses certified by NCCAOM in the AOM-BIO core competency recertification category will be accepted by the Board without review or additional fees.*

Add a 4 year time limit to non NCCAOM, Board approved courses.

634A.140 Payment of annual registration fee.

Each person who holds an active or inactive license to practice Oriental medicine shall pay to the Board an annual registration fee as required by NAC 634A.165.

Please add: *New licensees receiving their license before March do not need to pay the annual fee for his or her first year. New licensees receiving their license after March are required to pay only half the standard annual fee the following year.*

634A.150 Reinstatement of license cancelled for failure to pay annual fee. Any person whose license has been cancelled pursuant to NRS 634A.160 and who desires to reinstate ~~his or her~~ their license may have the license *reinstated within a year* if:

4. Lapses of more than one year will require the licensee to apply for new licensure.

634A.165 Fees of Board.

The Board will charge and collect the following fees:

*Original application for licensure as a Doctor of Oriental Medicine:
\$500/1000*

*Application fee for SB 69 applicants:
\$500/1000*

*Renewal of active license before February 1:
\$500/700*

*Renewal of inactive license before February 1:
\$250/500*

Approval of non NCCAOM course of continuing education: \$100/

*Replacement of pocket license:
\$50/100*

*Original fee for practical examination:
\$500/1000*

*Original application fee for a school or college of Oriental Medicine:
\$2000/5000*

*Annual fee for approval of curriculum before February 1:
\$1000/5000*

(We should only keep fees for school if we keep regulations regarding monitoring the curriculum)

Fine for unlicensed practice of Oriental Medicine subsequent to a guilty verdict at a hearing: \$2500/

All other fees which are not stated will remain the same.

634A.170 Grounds for disciplinary action.

Delete section 2 (regarding testimonials) **OR** 2. The use of any paid testimonial, ~~whether paid for or not~~, to solicit or encourage use of the licensee's services by members of the public.