

NOMAA

National Oriental Medicine Accreditation Agency

The NOMAA Commission

Handbook of Accreditation

2006

National Oriental Medicine Accreditation Agency

721 North Euclid Street • Suite 205D • Anaheim, CA 92801 • (213) 820-2045

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National Oriental Medicine Accreditation Agency

NOMAA

PART I.

General

SECTION I. Introduction

1. NOMAA an Accrediting Agency

NOMMA is an autonomous national organization that provides institutional accreditation for the first-professional Doctor of Oriental Medicine (OMD) degree, of Single- purpose oriental medicine institutions as well as programmatic accreditation for the OMD degree for oriental medicine programs of multipurpose institutions.

Accreditation is necessary in the attainment of two underlying purposes: quality assessment and quality enhancement. Quality assessment is done to evaluate an institution or program to determine whether it meets or exceeds stated standards of quality; while quality-enhancement is conducted to assist the institution or program in continuing to improve itself further.

Accrediting agencies such as the National Oriental Medicine Accreditation Agency (NOMAA) are voluntary, non-governmental associations of institutions, programs and professionals or practitioners of particular fields involved as a community in the attainment of the above-state purposes.

Institutions and programs seeking NOMAA accreditation is done so voluntarily.

The national accrediting bodies conduct accreditations for institutions of higher education and or programs that prepare students for professional careers. There are regional accreditations which are limited to a geographic area and include institutions that have achieved and maintained their accreditations.

The National Oriental Medicine Accreditation Agency (NOMAA) Commission conducts two types of accreditation: Institutional and Programmatic accreditation.

1.1 Institutional Accreditation/ Single Purpose Institution

NOMAA Commission provides institutional accreditation for single purpose/free standing institutions that offer exclusively programs for the first-professional doctor of oriental medicine (OMD) degree.

1.2 Institutional Accreditation/Multi-Purpose Institution

The NOMAA Commission may review and programmatically accredit a first-professional doctor degree program in oriental medicine (OMD) as long as the program meets NOMAA's standards, for a non-accredited institution which has programs in other fields. However, the institution can only list the accreditation or pre-accreditation status in publications for only the oriental medicine *program*. This accreditation which is only programmatic will not make the program in oriental medicine eligible to participate in the Federal Title 1V program unless the institution also secures institutional accreditation. This accreditation must come from an appropriate US Secretary of Education recognized accrediting body.

1.3 Programmatic Accreditation/Accredited Institution

NOMAA also provides programmatic accreditation for programs in oriental medicine for an accredited institution.

1.4 Single Purpose Institutional Accreditation to Programmatic Accreditation

For a NOMAA accredited single purpose, freestanding institution which later becomes a multi-purpose institution and offers programs that are not in oriental medicine or a program not approved by NOMAA, NOMAA's accreditation will convert to programmatic accreditation and the institution's eligibility for Title 1V participation may be suspended by the US Secretary of Education. A grace period may be granted by NOMAA at its discretion for the institution to seek institutional accreditation from a regional accrediting agency recognized by the US Secretary of Education. This accreditation should cover the full institution including the program(s) in the field(s) which are not related to oriental medicine.

Note: The Department of Education regulations are subject to change and interpretation such that the Secretary of Education may not recognize NOMAA's grace period for purposes of continued Title IV eligibility. The institution assumes full responsibility for obtaining appropriate accreditation to ensure that

changes to its programs and added programs do not jeopardize continued Title IV eligibility. Also, note that the grace period may not be extended if a program fails to obtain institutional accreditation by the end of the grace period.

Copies of the *Handbook* are filed at the National Oriental Medicine Accreditation Agency, 721 N. Euclid Street, Suite 205D, Anaheim, CA 92801.

2. First-Professional Doctor Degree

Formed in 2000, NOMAA established its institutional and programmatic accreditation standards for institutions/programs offering a first-professional doctor degree in oriental medicine. Historically, in the East Asian nations of China, Taiwan, and Korea, where oriental medicine has equal status with "conventional" medicine, five to six year programs are invariably a prerequisite to license doctors of "Traditional Chinese Medicine" or "Korean Oriental Medicine." In the United States, oriental medicine is the only form of primary healthcare that has not yet established or required a first-professional doctor level of education. Therefore, NOMAA is filling this void.

3. Rationale for Raising Standards of Oriental Medicine

As patient visits to oriental medicine practitioners increases, the risk of malpractice by commission and/or omission will also increase, and qualitative and quantitative improvements are needed in the educational standards under which institutions that offer such programs. Most oriental medical practitioners' professional associations have determined that increases in education and accreditation standards are needed for competent, safe and effective delivery of primary care. The main goals were to provide a standard that: 1) is consistent with the responsibilities dictated by applicable state and federal laws especially public interest law requirements to protect the public's safety and welfare; 2) is based on known and established anatomical, physiological, and medical principles; 3) is consistent with the historic foundations and present understanding of Chinese/oriental medicine; 4) ensures graduates will be able to communicate with the general health care profession using common medical terminology; 5) graduates will be able to diagnose and assess patient conditions in order to determine appropriate oriental medicine treatments or referral to other health care providers; and 6) ensures that graduates will be competent in the practice of oriental medicine and able to either enter private practice or be able to practice within an integrated medical setting. These standards have not previously been properly articulated by any other oriental medicine agency or professional organization.

NOMAA accreditation standards address: (1) increase in number of hours required (didactic & clinical internship) for graduation from a first-professional oriental medicine doctor level program; and (2) integrated education of oriental & conventional medical sciences. NOMAA standards are intended to improve the quality of education that will lead to an increase in the quality of patient care.

Accreditation action taken by the NOMAA means a college or school of oriental medicine has appropriately identified its mission, has secured the resources necessary to accomplish that mission, shows evidence of accomplishing its mission, and demonstrates that it may be expected to continue to accomplish its mission in the future. Accreditation of an institution or program means that the institution or program incorporates the science of medicine, the principles and practices of oriental medicine, the art of caring and the power of touch within a curriculum that recognizes the interrelationship of structure and function for diagnostic and therapeutic purposes; recognizes the importance of addressing the body as a whole in disease and health; and recognizes the importance of physiological balance, homeostasis, and self-regulation in the maintenance of health.

Accreditation signifies that an institution or program has met or exceeded the NOMAA standards for educational quality with respect to mission, goals, and objectives; governance, administration, and finance; facilities, equipment, and resources; faculty; student admissions, performance, and evaluation; preclinical and clinical curriculum; and research and scholarly activity.

The process of accreditation is a cooperative activity calling for continuing self-assessment on the part of each institution or program, periodic peer evaluation through on-site visits and other reviews directed by the NOMAA.

4. A Brief History of NOMAA's Programmatic Curriculum Development

Oriental medicine training provided in California schools has consistently been ahead of other states, so it seemed appropriate to initially use suitable information available in California that would indicate how well recent graduates are prepared to enter private practice. California also has some 11,000 licensed acupuncturists which may represent more than 60 – 75% of the primary care oriental medicine practitioners in the United States. The curriculum of existing schools was examined to determine if there is a consistency between clinical specialties being taught and what types of conditions that are typically seen in the clinical setting.

While NOMAA was involved in developing its programmatic criteria, the [California Acupuncture Board](#) put together a task force of oriental medicine professionals including some that were working on the NOMAA standards plus others, including non-practitioners and people from other states that represented opposition to California's need to increase educational standards. This task force concentrated on competency issues which resulted in a range of proposed total hours from about 3,150 to 4,050 hours. The net result was a recommendation of 3,000 hours to support the requirements of California Assembly Bill 1943 that went into effect on January 1, 2005. The total oriental medicine portion of AB1943 consists of 1,250 hours derived by the task force. This is consistent with the NOMAA criteria of 1,400 hours for this category and compares favorably with the Beijing and Chengdu schools of China respectively with 1,187 and 1,298 hours. See the *NOMAA Curriculum Development* document for details on the curricular effort.

SECTION II. NOMAA Handbook

1. Introduction

The National Oriental Medicine Accreditation Agency (NOMAA) *Handbook* is a procedural guide established for the use by the NOMAA Commission and other stakeholders as well as the public. The *Handbook* includes a description of the NOMAA Commission's purpose, function, structure, operating procedures, and pertinent attached appendices. The NOMAA coordinates the accreditation process for the colleges of oriental medicine, and serves as the accrediting agency.

Copies of the *Handbook* are filed at the National Oriental Medicine Accreditation Agency, 721 N. Euclid St. Suite 205D, Anaheim, CA 92801.

2. Statement of Purpose

The NOMAA Commission is a representative body of both the oriental medicine profession and the public. The NOMAA Commission acts to assure the U.S Dept. of Education and the public that its accreditation actions of the colleges of oriental medicine/program are within the framework of the National Oriental Medicine Accreditation Agency: Accreditation Standards and Procedures and the public interest. The NOMAA Commission seeks to obtain and maintain its recognition as a reliable accrediting authority of the U.S. Secretary of Education according to the requirements in 34 CFR 602 or its successors.

3. NOMAA Commission Responsibilities

The NOMAA Commission serves as the accrediting agency for colleges of oriental medicine/programs. In this capacity, the NOMAA Commission reviews, evaluates, and takes final action on college accreditation status, and communicates such action to appropriate state and federal education regulatory bodies. In addition, the NOMAA Commission approves the standards, policies and procedures for accreditation, and approves this Handbook. The NOMAA Commission reviews policy directions on oriental medicine medical education, and monitors and maintains high-quality oriental medicine first-professional doctor level education through the accreditation process.

NOMAA Commission maintains complete and accurate records of 1) full accreditation and pre-accreditation reviews of each institution/program including on-site evaluation team reports, the institution's/program's responses to on-site reports, any reports periodic review reports, any reports of special reviews conducted by NOMAA Commission between regular reviews, and a copy of the institution's/program's most recent self-study and 2) all decisions regarding the accreditation and pre-accreditation of

any institution/program, including all correspondence that is significantly related to those decisions.

4. Due Process

NOMAA Commission believes Due Process is important in its accreditation procedures. In all cases relating to accreditation affairs, the institution/program will be notified in writing and the NOMAA Commission will specify the issues and the means to resolve the problems in reasonable amount of time.

SECTION III. NOMAA Commission

NOMAA Commission consists of eleven (11) or more voting members including 3 or more public members. The Public member is one who has no relationship with oriental medicine profession, professional organization or oriental medicine school .The Commission decisions are completely independent and separate from the NOMAA Board of Directors. The Commission makes its own rules as to election of commissioners, appointment of committee members, and all other aspects including making its own budget.

1. Chair and Vice Chair of the NOMAA Commission

Two-thirds of commissioners present at a commission meeting will elect the Chair and Vice-chair by a simple majority vote. The Chair will preside all Commission meetings and vote only to break the tie. The Vice-chair assumes the duties of the chair when the Chair is absent or requested so by the Chair.

2. Committee Appointments

The Chair appoints members of the Executive Committee, Criteria Review Committee (CRC), and Finance Committee. Each committee includes at least one Public member. Each Standing committee shall have a chair presiding who will also be appointed by the Commission Chair.

2.1 Executive Committee

The Executive Committee functions in defined, limited roles between regularly scheduled Commission meetings. The Executive Committee will provide following:

- 2.1.1 Review of NOMAA accreditation documents and NOMAA Handbook and recommendation to the full Commission for consideration of areas for revision
- 2.1.2 Review of applications of accreditation / pre-accreditation by new institutions / programs
- 2.1.3 Review of substantive change application
- 2.1.4 Review of Branch campus applications
- 2.1.5 Authorizing focused visitations based on information obtained between regularly scheduled meetings

2.1.6 Conduct the review of the Institution's/ Program's self-study

2.2 Criteria Review Committee

CRC periodically review the NOMAA accreditation criteria. CRC will provide the following:

- 2.2.1 Recommends accreditation training workshop programs to the NOMAA Commission
- 2.2.2 Develop and implement educational programs to assist those who are involved in the accreditation process in conducting on-site accreditation / pre-accreditation visits,
- 2.2.3 General issues pertinent to the accreditation standards and procedures
- 2.2.4 Schedules and prepares the on-site visits,
- 2.2.5 The CRC Chair shall recommend to the Chair the composition of the various visiting teams,
- 2.2.6 Review the composition of the on-site visit evaluators on an annual basis
- 2.2.7 Schedules the on-site visit report preparation
- 2.2.8 Review and evaluate when the institution's/program's written responses to the visiting team report.

2.3 Finance Committee

The FC is responsible for all financial issues relate to the accreditation process, including annual budget to be presented to the Commission for approval and annual review of the income and expenditure.

3. Commission Secretary

NOMAA Commission Secretary is a full-time employee of the NOMAA Commission. His/her duties includes:

- 3.1. Day-to-day management of information received from various sources and relating them to the Chair and other pertinent committee
- 3.2. Keep records and minutes of Commission proceedings
- 3.3. Initially review Annual Institutional Report
- 3.4. Others as instructed by the Chair

SECTION IV. Operating Procedures of the NOMAA Commission

1. Commission Meetings

NOMAA Commission holds two regularly scheduled meeting each year. All meetings together with topical agendas are announced on the NOMAA website currently at <http://www.nomaa.org>.

The NOMAA will conduct its meetings in a hearing room format; the NOMAA and the non-voting Executive secretary will be seated separately from the gallery seating. Gallery seating is open to the advisors, observers, and other public attendees. A testimony table will be designated and placed close to the NOMAA. The NOMAA Commission will receive oral reports and comments from all individuals from the testimony table.

2. Actions of the Commission

The NOMAA will act to approve or deny accreditation within policies and procedures adopted in the National Oriental Medicine Accreditation Agency: Accreditation Standards and Procedures. The NOMAA Commission may defer, to a specific time, a decision and request additional information before making and accreditation decision. If such action is taken, this in no way jeopardizes or prejudices the institution current accreditation standing.

The NOMAA Commission or Its Executive Committee will have authority to direct an Institution / Program under its jurisdiction to respond to an issue with a “Show Cause” letter. The Show Cause letter would be issued in circumstances where information that an Institution / Program be out of compliance with an accreditation standard, procedure or requirement issued by the NOMAA, appears to be accurate. The Show Cause letter will advise Institution / Program of the alleged non-compliance and allow the Institution / Program an opportunity to appear at the next NOMAA Commission meeting in order to present the factual and/or legal reasons why it should not be found to be out of compliance with an accreditation standard, procedure or requirement issued by the NOMAA. The Show Cause letter, if issued at the instruction of the Executive Committee, will be circulated to the entire NOMAA membership before or at the same time it is issued to the Institution / Program.

3. Executive Session

The NOMAA Commission generally conducts its meetings in an open format. However there are a few, defined instances in which the NOMAA Commission will conduct its business in executive session. For instance, the NOMAA will employ executive session for testimony that it deems to be confidential, such as deliberations on accreditation decisions, review of program reports, substantive changes, and other accreditation actions.

4. On-Site Visit Process

The NOMAA Criteria Review Committee (CRC) is responsible for scheduling the on-site visits, the composition of the visiting team, and on-site visit report preparation. The NOMAA Commission approves and makes decisions about the Institution / Program accreditation status.

5. Self-Study Review

The NOMAA Executive Committee will conduct the review of the Institution's/ Program's self-study prior to the meeting where the Institution's/ Program's full or provisional site visit will be reviewed. Three members of the committee will be asked to conduct the review and provide a written analysis of their findings. The reviewers will provide an oral report regarding their review and the findings.

6. Progress Report Review

Progress reports will be reviewed by two NOMAA Commission members.

7. Annual Institutional Report Review

Annual Institutional reports and annual supplemental reports will be reviewed by the Executive Committee. When the Committee finds any area of non-compliance, the matter will be referred to the full commission meeting.

8. On-site Evaluators

The NOMAA Criteria Review Committee will review the composition of the On-site Evaluators on an annual basis. This review will include, but not be limited to, the following criteria: education, experience, quality of performance serving on visiting teams; attendance at accreditation training workshops, and current occupational status. Based upon findings of review, the NOMAA Criteria Review Committee may solicit specific candidates as needed. The Committee will review credentials of all candidates and approve the candidates as appropriate.

Any NOMAA Commissioner who serves on a site visit team cannot take part in NOMAA discussion and vote on the action relating to the site visit in which he/she participated.

9. Monitoring Accredited Institution/Program

Monitoring accredited/pre-accredited institutions/programs is an important function of the NOMAA Commission. The NOMAA Commission expects all accredited institutions/programs are in compliance with NOMAA standards and regulations. When an institution/program is determined to be out of compliance, NOMAA will take appropriate action.

See Part II, SECTION X, Accreditation Procedures, 8. Monitoring Accredited Programs, page 75.

10. Standards Revision and Change

The NOMAA Commission in revising the standards and procedures for accreditation realizes that an ongoing review process is needed to assure relevancy and practicality. Therefore the handbook will be reviewed on a continual basis with a major review planned in 2010. Every five years, NOMAA will review the cumulative findings of its review of the standards of the Handbook of Accreditation and implement a major review.

The Criteria Review Committee has the duty to review each of the NOMAA's accreditation standards and the standards and procedural regulations - as a whole – on an ongoing basis and makes recommendation to the NOMAA Commission for change(s) if necessary.

NOMAA will give the constituencies and interested parties adequate opportunity to make comments. NOMAA will take into account any comments on the proposed change(s) submitted timely by the relevant constituencies and interested parties. Along with comments received by NOMAA, a survey will be conducted prior to any major revisions to assess the clarity in understanding of the intent, relevance, and practicality of the standards with regard to oriental medicine education. The survey will solicit comment

and evaluation from the respondents regarding the NOMAA Standards for Accreditation and Procedures document as it relates to:

1. The quality of oriental medical education, and
2. The relevancy of the educational training needs of the oriental medical student for the OMD degree.

The NOMAA Commission will solicit comments from the following constituents of member institution/programs:

1. Presidents or CEOs;
2. Chief Academic Officers;
3. Faculty;
4. Students; and
5. Recent Graduates.

Additional comment will be sought from other constituents of the profession:

1. Practitioners;
2. State Licensure Boards;
3. Site Team Evaluators;
4. Members of the Commission
5. NOMAA Board of Directors and staff; and
6. Other Medical Educators.

Once the NOMAA Commission has initiated the accreditation document review process, that review will be completed within twelve months. Changes to the NOMAA Standards for Accreditation and Procedures will be made only when necessary and after providing advance notice and opportunity for comment by affected persons, institutions, and organizations, including, but not limited to: The Secretary of the USDE, in compliance with SECTION X. Reporting Requirements, Other Required Reporting Information, 5.4. page 86. The NOMAA Commission will post the review process and the time frames assigned on its website and notify membership and candidate schools of such information.

Before finalizing any change to its standards, NOMAA will provide notice to all NOMAA's relevant constituencies and any one who has shown interest in the change(s).

Changes in the accreditation standards by the NOMAA Commission will be implemented immediately for institutions/programs that apply for accreditation or preaccreditation after the change.

11. Conflict of Interest

The conflict of interest policy applies to NOMAA corporate Board members, NOMAA commissioners, its committee members, staff members, on-site visitors, consultant, and any person who is in the position of influencing NOMAA decision making process. They will be referred herein after to as NOMAA members.

Conflict of interest arises where a NOMAA member or members may be influenced due to prejudice and bias or favoritism and unable to act properly based on objective analysis of the information presented.

Potential for conflict of interest or appearance of a conflict of interest with respect to an institution under review may manifest when either a Commissioner, peer review team member, consultant, administrative staff member, and other agency representative:

- 11.1 is a present or former employee, student, member of the governing board, owner or shareholder of, or consultant to the institution that is seeking institutional accreditation from the Commission;
- 11.2 is a spouse, parent, child, or sibling of an individual or persons listed in (1) above;
- 11.3 has expressed an opinion for or against the proposed accreditation;
- 11.4 is seeking or being sought for employment or other relationship with the institution under review;
- 11.5 has a personal or professional relationship with the institution under review that might compromise objectivity; and/or
- 11.6 has a competitive relationship with the institution that might compromise objectivity.

Normally, the commission chair makes decision whether a conflict of interest exists. However, any commissioner may request the subject to be debated and decided at the commission meeting. When a decision is made by the chair and the commission that a conflict of interest exists, commission chair and or NOMAA commission will decide to apply one of the following:

- 11.7 Recusal of commissioner in question from voting. The commissioner will be allowed to participate in deliberation but not allowed to vote. The commissioner may offer testimony about the matter.
- 11.8 Recusal of the commissioner from deliberation as well as voting. The commissioner may be present in the room.
- 11.9 Complete recusal from testimony, deliberation and voting. The commissioner will not be present in the room.

In a special case where perceived conflict of interest exists, an institutional member of the NOMAA commission (being a faculty member or administrator of a program/institution) cannot be involved in the deliberation and/or decision made regarding such program/institution. In that case, the commissioner will abstain from voting.

See *Conflict of Interest of NOMAA 2006* document for further reference.

National Oriental Medicine Accreditation Agency

NOMAA

PART II.

Standards for Accreditation and Procedures

SECTION V. Background

The National Oriental Medicine Accreditation Agency's standards for accreditation were developed in collaboration with participating professionals in oriental medicine to address the growing public need for higher standards of practice for a physiologically based program in oriental medicine that fulfills the requirements of primary care (See *NOMAA Curriculum Development* document for specific details). These standards provide a framework for training that is consistent with the known historic and empirically-based physiological basis of oriental and conventional medicine, and allows the graduate practitioner to work in private practice or be able to work within the established conventional medical system.

The core philosophy of these standards is based on the conscientious incorporation of best research evidence, clinical expertise, and utilization of precedent body of knowledge. Overall, evidence-based medicine is the conscientious, explicit, and judicious use of current best-research evidence integrated with clinical expertise in making decisions about the care and value of individual patients. The accreditation standards, which guide the review of institutions training practitioners of oriental medicine, must incorporate these core values and philosophy as the underlying foundation for all interactions with students, and ultimately, the client and the public.

The accreditation standards are used to ascertain that quality education is achieved. The purpose of the standards is to establish and assure the capability of an institution to offer and continue to offer educational program at a level of quality sufficient to meet the NOMAA standards and fulfill the institution's mission.

After demonstrating that it meets the standards for accreditation and following a site visit, the institution will be accredited by NOMAA for up to 5 years.

SECTION VI. Standards for Accreditation

STANDARD I

Mission

The institution's/program's mission is clearly articulated, has been approved by faculty and governing board, and is appropriate to an institution of higher education. The mission statement should include the study of oriental medicine. The educational goals and objectives of the institution/program are clearly stated and understood by all levels of Faculty & Staff.

Each institution/program needs to:

- 1.1 The institution/program must have a clearly defined mission statement, including goals and objectives appropriate to oriental medical education that addresses teaching, research, service, including oriental medicine (OM) clinical service, and student achievement.
- 1.2 Maintain in effect any charter, licenses, or approvals necessary for the institution/program to function and offer the doctorate of oriental medicine (OMD) degree in the jurisdiction in which it operates.
- 1.3 Conduct learning outcome assessment and connect it to the institution/program's mission plan and objectives in order to continuously improve the educational quality.
- 1.4 Implement a process that will contribute to the advancement of knowledge and scholarly activities in the field of oriental medicine.
- 1.5 Provide oriental medicine healthcare to the community.
- 1.6 The institution/program must have a process that addresses the development and planning for the appropriate affiliations necessary to provide predoctoral clinical experiences sufficient in scope to accommodate the clinical curriculum for its students.

STANDARD II

Curriculum

The instruction of students is the central focus of the resources and services of the institution. Methods of instruction vary with the discipline to be taught and with the abilities and experiences of the students. Responsible experimentation is encouraged and the institution assists the faculty to achieve a high quality of instruction. The curriculum of participating institutions needs to be designed to provide a general professional education leading to the OMD degree and to prepare undifferentiated students to enter training in a wide variety of oriental medical specialties and clinical procedures.

The quality of the professional OMD degree program and courses in terms of curriculum, faculty, resource materials, level of instruction, adequacy of evaluation, and student services are appropriate to needs of students and programs and meet the standards and criteria set forth in all institutional publications.

To promote the delivery of the Standards for Accreditation the following criteria must be met:

- 2.1 The institution/program must develop and implement a curriculum content that promotes professional growth, along with a compassionate response to patient's needs, helps students to appreciate the intricacies of patient care, and provides students with a perspective on oriental medicine's role in society. The institution/program needs to implement the following:
 - 2.1.1 Develop and implement ongoing review and evaluation of a curriculum, and demonstrate application of the findings for improvement of the educational program.
 - 2.1.2 Develop a comprehensive OM curriculum and implement evidence-based and integrative approaches.
 - 2.1.3 Include basic biological, behavioral, biomedical, and clinical sciences in the curriculum.
 - 2.1.4 The minimum length of the art and science of oriental medical curriculum must be four academic years with a program of 4000 hours minimally.
 - 2.1.5 A portion of the clerkship may be done at affiliated clinical sites that are not owned by the institution/program but approved by the institution/program and other regulating authorities within in the jurisdiction in which it operates.

- 2.1.6 In situations where translation is required to teach the subject material, laboratory, or clinical effort, the credit hours will be adjusted or reduced to accurately reflect the time spent on the subject matter.
- 2.1.7 Define, publish, and implement educational outcomes based on its own educational goals and objectives.
- 2.2 The curriculum leading to the OMD degree consists of basic biomedical sciences, oriental medical sciences, clinical medicine and related topics, taught during the first portion of the program (covered in approximately a 2 ½ year period).
- 2.3 The last 24 to 28 months of training consists of a comprehensive clerkship program involving supervised clinical training with emphasis on developing high competency levels in clinical practice.
- 2.4 Education in both oriental medicine and biomedical sciences is to be based on the same world-body of physiological knowledge and pathology.
- 2.5 In order to enhance the efficiency of oriental medical training, the curriculum is to be designed to integrate oriental medical concepts along side the study of conventional biomedical science.
- 2.6 All instructions, including classroom, laboratory, and supervised clinical clerkship, are required to use acceptable common and scientific terms to improve communication with patients, other oriental medical practitioners, standard medical practitioners, researchers, and the public; in order to promote uniform educational standards; and to improve the general understanding and acceptance of oriental medicine.
- 2.7 All disease conditions and processes need to be expressed in common and biomedical terms, and the use of foreign terms, including pinyin or other Romanized terms, are to be minimized.
- 2.8 A course on the “physiological basis of oriental medicine” is required in the early part of study to assure that the unique view of oriental medicine homeostatic processes, pathogenesis, internal organ relationships, vitality and emotions, endocrine system, cardiovascular system, blood circulation, somatovisceral relationships, neurovascular nodes (acupoints), immune system, musculoskeletal system organization, diagnosis, principles of treatment, and other topics, are considered when their standard counterparts are studied.
- 2.9 In order to prepare students for the comprehensive clinical clerkship during the last 2 years of the program, they are required to be introduced to the clinical setting early in the OMD training program.

- 2.10 Students are to participate in taking patient histories, learning physical examinations, conducting orthopedic assessments, and reviewing diagnostic laboratory test results and diagnostic imaging results.

Guideline: This process is intended to provide the student with early exposure to clinical practice, where knowledge and skills are developed in Patient Assessment and Diagnosis, Internal and General Medicine, Orthopedics and External Medicine courses, and the 160-hour Clinical Clerkship Observation.

Guideline: All diagnoses start with current findings, with clinical patterns interpreted in terms of impaired homeostasis or physiological balance involving specific organs, endocrines, cardiovascular system, nervous system, autonomies, metabolic substrate, immune function, environmental exposure, emotions, diet, lifestyle, or trauma, which are then used to formulate treatment approaches using oriental medicine modalities.

Guideline: Patient evaluation and diagnosis is required prior to rendering treatment which involves complete, accurate, uniform, and replicable procedures that include evaluation of anatomical and functional loss, and the presence of physical and other complaints to be supported, to the extent feasible, by medical findings based on standardized examinations and testing techniques generally accepted by the medical community.

2.11 Biomedical Sciences (500 hours)

Basic science study includes a core curriculum of anatomical and physiological science and clinical disciplines for developing an understanding of the structure and function of the human body under normal and pathogenic conditions, including the physiological view of oriental medicine. Courses include anatomy, physiology, pathology, pathophysiology, immunology, endocrinology, biochemistry, microbiology, neuroanatomy, behavioral medicine, and nutrition. Pharmacology and botany/pharmacognosy are respectively studied under Clinical Medicine and Herbal Medicine.

- 2.11.1. Students gain a basic knowledge of normal structure and function, including homeostatic processes, control systems of the body, role of behavioral and physiological regulators, and the influence of chronobiology.
- 2.11.2. Clinical correlations to both biomedical and oriental medical sciences should be emphasized as an integral part of the curriculum.
- 2.11.3. Students are given early exposure to clinical practice, including taking patient histories, including vital signs, with the intended goal of providing clinical correlations to offer students sufficient clinical exposure and skills

to prepare them for the oriental medicine clinical clerkships in the third and fourth years.

2.11.4. The physiological basis of oriental medicine is introduced early in the biomedical science studies to allow students to begin forming associations with oriental medical concepts and accepted facts of physiological science.

2.11.5. The integrative approach is to be considered for all topics where there is a corresponding oriental medicine view, including the mechanisms and functions of needling (acupuncture). The goal of this approach is to allow students to view oriental medicine in terms understood by all other medical professions and provide clarity in learning treatment modalities and skills during the oriental medical sciences portion of the program.

2.12 Oriental Medical Sciences (1,400 hours)

Oriental medical sciences cover a minimum of 1,400 hours of training involving the principles and theories of oriental medicine (200 hours), needling therapy (acupuncture) (250 hours), herbal medicine (450 hours), internal and general medicine (250 hours), and orthopedics and external medicine (250 hours).

2.12.1 Principles and Theories of Oriental Medicine (200 hours)

This area of study involves a minimum of 200 hours didactic training on the principles and theories of the historic basis and current understanding of oriental medicine. Most important to oriental medicine is a sophisticated pathogenic model that considers disease to be the result of external pathogenic as well as internal factors, often involving behavior and emotions, that ultimately affect the physiological balance of the body, and thereby causing disease. These concepts are similar to the idea of maintaining homeostatic balance in order to support physiological balance. One of the basic premises of oriental medicine relies on a complex framework of correspondences that group certain anatomic, physiologic, sensory, behavioral, and other features with specific internal organs, which are further correlated with the five dominant annual climatic phases. These systems are thought to dynamically interrelate by certain modes of operation, which are considered in viewing pathology and formulating some treatment strategies. Study of the principles and theory of oriental medicine includes the following:

- a. A course on the correct physiological basis of oriental medicine early in the program that allows students to correlate and comprehend Chinese/oriental theories with respect to basic conventional science understanding.

- b. Review of the history and development of Chinese/oriental medicine and treatment modalities as well as the concepts of the six prevailing weather conditions (six sky airs) and the five dominate climatic conditions (five earth phases) that formed the basis of the Chinese calendar and the framework for the complex correspondences of oriental medicine.
- c. Study of the Chinese/oriental concept of disease involving the influence of external and internal factors on normal physiological balance. A solid or excess pathological condition results when the body mounts a strong defensive reaction to external environmental and infectious agents, while a hollow or deficient condition is considered to exist when external factors are normal but physiological balance is below optimum due to internal factors often involving emotions.
- d. Study of the behavioral and physiological regulators that control homeostasis or physiological balance as it relates to the Chinese/oriental concept of vitalities, endocrine glands, emotions, and chronobiology.
- e. Study of the unique oriental discoveries concerning the cardiovascular system including blood circulation with out flowing arteries and return flowing veins, branching vessels in the superficial and deep areas of the body, distribution of longitudinal vessels and related nerves supplying specific peripheral body regions, branching in the superficial regions that give rise to neurovascular nodes (acupoints), and the means by which external pathogenic factors penetrate the body.
- f. Appreciation for somatovisceral relationships and organ-referred pain, which resulted in the ancient physician identifying which superficial peripheral distribution vessels are related to specific internal organs.
- g. Study of the internal organs and their function as well their unique anatomic and physiological correspondences.
- h. Study of oriental medicine diagnosis and its understanding in terms of standard diagnosis is covered under Internal and General Medicine, Orthopedics and External Medicine, and Patient Assessment and Diagnosis.
- i. Study of the broad principles in applying oriental medicine to treat disease conditions usually related to: strengthening body resistance and eliminating pathogenic factors; regulating bodily substance and function, including internal organ conditions and physiological

balance; and restoring disturbances related to blood and vital substances.

- j. Study of oriental nutrition involving the five flavors, which are assigned to specific internal organs, and the pathology that results by over consumption, and how these conditions are resolved by the selection of counteracting flavors. Flavors of both food and herbs are also used to address visceral tendencies, prime symptoms, and the suitability for either mending or draining off pathogenic conditions. Oriental nutrition is to be correlated with standard nutrition course in Biomedical Sciences.

2.12.2 Needling Therapy (Acupuncture) (250 hours)

The study of needling therapy (acupuncture) involves a comprehensive 250-hour minimum study of the historic, anatomic, and physiological basis of needling and its clinical application. Understanding of the neurovascular nodal (acupoints) pathways distributed longitudinally along vascular routes of the body, and their segmental and axial relationships to the peripheral and central nervous system, including the knowledge of needling-induced processes, is essential to developing competencies in the application of needling therapy. Each student is required to have a detailed understanding of the mechanism related to needling therapy (acupuncture), as well as somatovisceral relationships.

- a. Study of the deep and superficial routes of vascular circulation and branching of vessels that supply the internal organs and external regions and the formation of superficial neurovascular nodes (acupoints) is fundamental to understanding the principles of needling therapy.
- b. Study of the mechanisms of needling including tissue reactions, activation of nociceptive and proprioceptive nerve fibers, propagated sensation, ascending afferent pathways, and central nervous system descending control processes to restore homeostasis, autonomic balance, promote well being, promote tissue healing, and reduce pain are essential to understanding the principles of needling therapy.
- c. The longitudinal organization of neurovascular nodal (acupoints) pathways and the somatovisceral relationships they form are studied in conjunction with relevant biomedical sciences to improve efficiency and effectiveness in the training and application of needling therapy.
- d. Somatic (musculoskeletal) and somatovisceral relationships (body to internal organs), indicators for the longitudinally distributed

neurovascular nodes (acupoints), are studied in conjunction with biomedical understanding to provide an efficient approach of learning and retaining this information for clinical applications.

- e. Principles of needling therapy are to involve the rational approach in how neurovascular nodes (acupoints) are selected to treat specific conditions using local, as well as adjacent, distal, and proximal, locations. In addition, nodes that has specific special features, including influence on specific body regions or internal organs, ability to clear environmental and other pathogenic factors, or influence on specific vitalities, are studied.
- f. Students are introduced to micro needling therapies, including the application of auricular nodes and scalp therapy.
- g. Students are to develop skills in actual therapeutic methods, including proper depth of needle insertion and stimulation techniques to produce specific reactions in the body, such as clearing heat, warming cold, mending a deficiency, or reducing an excess.
- h. Instruction in other therapeutic techniques for physically stimulating neurovascular nodes, such as: needle pricking for blood letting; pressure, massage, and manipulation; heating therapy, including moxibustion, heat packs, radiant heat, and ultrasound; cupping and scraping; and electrical stimulation techniques of electroacupuncture/percutaneous electrical nerve stimulation (EA/PENS), are also required and may be offered to coincide with the internal medicine, external medicine, and orthopedics programs of study that immediately precede clinical clerkship program.
- i. Institutions are required to teach students the need for hygiene standards and sterilization requirements, including clean needling techniques using the latest and standard medical procedure in common use, before students can actually participate in needling techniques. Students need to demonstrate the use of hygiene, sterilization, and clean needling technique; these are to be observed and verified by documentation by a clinic supervisor, on three separate occasions, for placement in the student's permanent records.
- j. Students are instructed in the safety, use, and maintenance of equipment that supports clinical operations.

2.12.3. Herbal Medicine (450 hours)

The herbal medicine program involves a 450-hour minimum comprehensive study on botany/pharmacognosy, the principles and clinical application of Chinese/oriental herbal medicine, including the hands-on physical identification

and study of the most common herbs, and how to combine herbs to produce efficacious herbal formulas, as well as hands-on preparation of prescriptions in the institution's herbal pharmacy. Study can include introduction to related Chinese classics and other texts.

- a. Herbal study starts with the introduction of botany/pharmacognosy of herbs, along with the Chinese/oriental pharmaceutical principles involving the collection and use of plant materials, as well as certain mineral, animal, and insect material used for medicine. The physiological effect attributed to various plants parts, such as blossom, fruit, seed, leaf, twig, branch, trunk, root, bark, etc. provides a basic understanding of the Chinese/oriental view of pharmacology.
- b. The nature of herbs is also studied in terms of temperament (hot, cold, warm, cool); the main therapeutic property of each herb; visceral tendencies, prime symptoms, suitability for either mending or draining off pathogenic conditions, based on their inherent flavor; ascending, descending, floating, and sinking properties; and the affinity that herbs have for particular longitudinal vascular systems.
- c. The potential toxic effects of herbs and their contraindications are also studied. Possible adverse interaction of herbs and prescribed medications is studied under Clinical Medicine: Case Management.
- d. A systematic effort is involved in study of each herb by grouping them by particular therapeutic properties in terms of specific abilities such as: diaphoretic; antipyretic (febrifuge); clearing internal heat; cathartic; relieving rheumatism; eliminating dampness; warming interior; regulating flow of vital substance; digestives; anthelmintics; hemostatics; promoting blood circulation; antitussives; anti-asthmatics; tranquilizers; subduing wind; resuscitation; strengthening and mending; astringency; and herbs for external application.
- e. Students learn the principles for combining two or more single herbs into suitable formulas for clinical application that consider the herbs': compatibility with regard to mutual potentiating or attenuating effects; contraindications; the specific function, indication, and application for the main herbs in a formula; appropriate dosage; and the form in which herbs are to be administered.
- f. Students learn that the fundamental principle for clinical application of Chinese/oriental herbs can safely produce their therapeutic effect in clinical practice only when the herbs are applied consistent with the presenting disease, medicinal characteristics, and therapeutic need.

- g. Students learn to prepare formulas of raw herbs that are typically combined and then boiled down in water to form a decoction, which the patient drinks.
- h. Students learn various other methods of preparing herbs for external application, such as liniments, poultices, plasters, creams, pastes, ointments, powders, or suppositories.
- i. Students learn to utilize remedies packaged and available in ready-to-use herbal products frequently referred to as patent medicines, available as pills, powders, extracts, pellets, soluble granules, tablets, capsules, tinctures, dilutions, syrups, and oral liquids.
- j. During later phases of the herbal medicine study, students are required to participate in 40 hours of hands-on, supervised preparation of prescribed herbal formulas in the institution's herbal pharmacy, in support of the institution's clinical operations.

2.12.4 Internal and General Medicine (250 hours)

Study of internal medicine requires a minimum of 250 hours of study and covers the principles in applying oriental medical modalities, with emphasis on needling therapy and herbal medicine to treat internal and general conditions, including infectious diseases, using historic and evidence-based criteria. Internal medicine would normally be completed immediately preceding clinical clerkship.

- a. Topics include a wide range of prevalent disorders involving, but not limited to: pediatric, geriatric, ophthalmic, gastrointestinal, gynecological, reproduction, respiratory, hepatic, cardiovascular, renal, immune system, endocrine system, vitality, emotional, affective behavior, substance abuse, and emergency care.
- b. Students are introduced to the theories and principles of oriental medical diagnosis, including the differentiation syndromes, by means of the internal organs, main distribution vessels, collateral vessels, blood and vital substances, vitalities, internal membrane system, body regions, and stages of disease.
- c. Pathophysiology is viewed in terms of current diagnosis from the established standard viewpoint and how this is interpreted with respect to oriental medical diagnostic concepts for application of oriental medical treatment approaches.
- d. Students analyze the presenting problems and learn how to devise treatment approaches, including needling therapy, and recommend of suitable herbal remedies.

- e. Relevant laboratory tests and diagnostic imaging recommendations are to be made based on the type of information that would be appropriate to confirm the diagnosis, as required under Patient Assessment and Diagnosis.
- f. Students are introduced to evidence based medicine methodology and required to conduct on-line current Internet and library searches of the relevant medical literature related to the topics being taught.
- g. During this course of study, students will assist in clinical examination and diagnosis, including interpreting diagnostic test results as part of the on-going training in preparation for clinical clerkship.

2.12.5. Orthopedics (250 hours)

The study of orthopedics, including traumatology, involves a comprehensive study of the musculoskeletal system as it is viewed by discrete longitudinal muscular distributions of oriental medicine. This course of study consists of a minimum of 250 hours instruction. oriental orthopedic studies involve the assessment and treatment by major body regions including: the head and neck; shoulder and upper extremities; body trunk and pelvis; and lower extremities. Treatment approaches are based on historic and evidence-based criteria, with emphasis on needling therapy, herbal medicine including external application when appropriate, manual therapy, and therapeutic exercise. Orthopedics and external medicine would normally be completed immediately preceding clinical clerkship.

- a. Introduction to oriental orthopedics includes a review of the: longitudinal distribution of muscles, unique to oriental medicine; neuromuscular control systems, including motor neurons, gamma loop, and the propriospinal system; and effective means of applying needling therapy to treat orthopedic conditions.
- b. Pathological conditions affecting the musculoskeletal system are viewed in terms of oriental medicine concepts of disease, including rheumatism, flaccid conditions, obstructive disorders, and pain, along with the standard understanding of present-day orthopedic conditions.
- c. Each major joint and region of the body is studied to understand the cause of presenting conditions from which treatment approaches are devised to resolve the presenting problems, including needling therapy, recommendations of a suitable internal or external herbal remedy, and possible therapeutic exercise.

- d. Students are introduced to therapeutic exercises, including those for flexibility, range of motion, improving strength, and rehabilitation.
- e. Students are introduced to oriental pressure, massage, and manipulation techniques.
- f. Students learn appropriate techniques in applying heat therapy, including heat packs, moxibustion, radiant heat, and ultrasound, as well as appropriate use of cold packs.
- g. Students learn when it is appropriate to apply electrostimulation, including electroacupuncture/percutaneous electrical nerve stimulation (EA/PENS).
- h. Students learn to conduct standard orthopedic assessments, including evaluation of anatomical and functional loss, in preparation for the clinical clerkship orthopedic cases, and are introduced to preparation of case reports.
- i. Students learn the need for and use of laboratory tests and diagnostic imaging studies related to confirming orthopedic diagnoses as required under Patient Assessment and Diagnosis.
- j. Students are introduced to evidence based medicine methodology and required to conduct on-line Internet searches of the relevant medical literature related to the topics being taught.
- k. During the course of this study, students assist in diagnosis, orthopedic examination, orthopedic assessment of major joint articulations of the body, and interpreting diagnostic test results, including diagnostic imaging information, as part of the on-going efforts to prepare for the clinical clerkship program.

2.13 Clinical Medicine (600 hours)

Clinical medicine consists of 600 hours of study that includes patient assessment and diagnosis, case management approaches, evidence-based medicine methodology, and principles of public health.

2.13.1 Patient Assessment and Diagnosis (360 hours)

This aspect of clinical medicine covers patient assessment and diagnosis consisting of 360 hours of instruction wherein the student gains the knowledge, skills, and abilities necessary to utilize standard physical examinations, laboratory

tests and diagnostic imaging studies, and the international classification of disease (ICD) diagnostic principles to improve treatment efficacy, patient safety, referral, and continuity of care; to improve communication and collaboration of care with all other medical providers; to assist in the evaluation and documentation of patient progress; and to improve the oriental medicine practitioner's understanding of biomedical etiology and pathology. Curriculum requirements for patient assessment and diagnosis include the follow:

- a. Standard medical terminology.
- b. Clinical science review of internal medicine, neurology, pulmonary, obstetrics/gynecology, urology, radiology, and pharmacology (nutrition and public health are covered by separate courses under Biomedical Science and Public Health, respectively).
- c. Clinical survey on the principles and practice of medicine, osteopathy, psychology, nursing, chiropractic, podiatry, naturopathy, and homeopathy to familiarize students with the practice of other health care practitioners.
- d. A stand-alone, standard physical examination and assessment course covering neurological; neuromuscular, musculoskeletal, orthopedic, and functional assessment; abdominal; ear, nose, and throat; and vital signs examination.
- e. Developing skills in comprehensive history taking, pharmacological assessment, clinical reasoning, and problem solving.
- f. Developing patient-practitioner rapport, communication skills, and clinical manners, including gender and multicultural sensitivity.
- g. Analyzing diagnostic information to form a clinical impression from which a working diagnosis is derived, including oriental medical diagnoses, consistent with the World Health Organization's international classification of diseases (ICD-9).
- h. Procedures and need for ordering relevant laboratory tests, diagnostic imaging, and radiological examinations, and incorporating this information into patient files and reports, as necessary.
- i. Awareness of at-risk populations, including gender, age, indigence, and disease-specific patients.

2.13.2 Case Management (140 hours)

The curriculum for case management studies consists of 140 hours of instruction to prepare the student to manage patient care as a primary health care professional, including instruction in the following subjects:

- a. Primary care responsibilities.
- b. Secondary and specialty care responsibilities.
- c. Psychosocial assessment, including organ vitalities and neuroendocrine influence on behavior.
- d. Treatment contraindications and complications, including potential drug and herb interactions.
- e. Treatment planning, continuity of care, referral, and collaboration.
- f. Follow-up care, final review, and functional outcome measurements.
- g. Prognosis and future medical care.
- h. Case management for injured workers and socialized medicine patients, including an understanding of workers compensation/labor codes and procedures and qualified medical evaluations
- i. Coding procedures for current procedural codes, including CPT and ICD-9 diagnoses.
- j. Medical-legal report writing, expert medical testimony, and independent medical review.
- k. Special care/seriously ill patients.
- l. Emergency medicine procedures.

2.13.3 Evidence Based Medicine (EBM) Methodology (50 hours)

Key to the continued professional development of OMD students or graduates is to learn to think critically and apply these skills in order to expand on their knowledge base; this enables them to stay abreast of new and useful information that can be applied to improve clinical practice and clinical outcomes (See SECTION VI, STANDARD III, Outcomes Assessment, 3.9 Evidence-Based Medicine [EBM] Methodology Guidelines, pages 43-44.) Instruction of 50 hours is required, including the following topics:

- a. Research and evidence based medicine

- b. Knowledge of academic peer review processes
- c. Knowledge and critique of research methods
- d. History of medicine

2.13.4 Public Health (50 hours)

Public health studies consist of 50 hours didactic instruction and practical training in the principles of public health, including the following subjects:

- a. Public and community health prevention
- b. Public health education
- c. A minimum of eight hours training in first aid and adult/child cardiopulmonary resuscitation (CPR) from the American Red Cross, American Heart Association, or other approved organization authorized to certify this training.
- d. Treatment of chemical dependency and substance withdrawal.
- e. Communicable disease, public health alerts, and epidemiology.

2.14 Clinical Clerkship (1,500 hours)

Supervised and independent practice clerkship takes place during the third and fourth years of training, involving the clinical application of oriental medicine, preceded by the clinical observation participation in the second year. The clerkship program consists of at least 1,440 hours clinical training, 75% of which is to take place in a clinical facility owned and operated by the institution.

The main goal of the clinical clerkship is to provide supervised and independent practice that involves application of the established clinical modalities of oriental medicine including but not limited to: herbal medicine; needling therapy (acupuncture), including percutaneous and transcutaneous electrical nerve stimulation (PENS and TENS); nutrition; heating therapy, including radiant (IR) heat, heat packs, moxibustion, and ultrasound; manipulation and articulation of body joints; specialized manual pressure and massage methods; other physical means, such as cupping and scraping; lifestyle counseling; exercise therapy and rehabilitation; movement and breathing exercises; and preventative care.

It is recognized that institution clinics receive a broad range of patients reflecting problems prevalent in their local area. Institutions are required to make a concerted

effort to attract new patients to assure that a sufficient number of patients are available to support the clerkship program.

- 2.14.1 The clinical director is required to be a licensed or certified oriental medicine practitioner in good standing with a minimum of 10 years clinical experience. Clinical supervisors are required to be licensed or certified oriental medicine practitioners in good standing, with 5 years minimum clinical experience.
- 2.14.2 During the supervised and independent practice phase of clerkship, students participate in patient diagnosis and evaluation, starting with current conventional findings including relevant laboratory tests and diagnostic images studies, when available, from which a clinical impression and oriental medical diagnosis are derived.
- 2.14.3 The 1,440-hour clinic clerkship program consists of an observation period (160 hours), followed by supervised clinical and monitored practice phases (1,280 hours), as follow:
- 2.14.4 Clinical Observation (160 hours): This effort is a prerequisite for Supervised Practice 1 and would normally be accomplished during the second year of study, to be completed prior to entering the clinical practice phase of the clerkship effort. Supervised observation involves taking patient histories, including measurement of vital signs, as well as observing clinical practice of needling and other modalities, including case presentations and discussions. Students are also responsible for preparing the treatment rooms to receive new patients.
- 2.14.5 Supervised Practice 1 (300 hours): This effort is a prerequisite for Supervised Practice 2. Students complete a clinical impression and oriental medical diagnosis, as noted above, for concurrence and approval by the clinical supervisor. A treatment approach is recommended and approved by the clinical supervisor, after which acupuncture or other modalities are employed to treat the condition. The clinical supervisor is required to be physically present at all times during the diagnosis and treatment of the patient. Further laboratory tests and diagnostic imaging also may be recommended, as well as possible referral to another medical specialist by the student or clinical supervisor. A ratio of one (1) clinical supervisor for two (2) clerkship students is required for this phase.
- 2.14.6 Supervised Practice 2 (300 hours): This effort is a prerequisite for Monitored Practice. Students complete a clinical impression and oriental medical diagnosis, as noted above, for concurrence and approval by the clinical supervisor. A treatment approach is recommended and approved by the clinical supervisor, after which acupuncture or other modalities are employed to treat the condition. The clinical supervisor is not required to observe the actual diagnosis but must be physically present during the

needling of the patient. Further laboratory tests and diagnostic imaging also may be recommended, as well as possible referral to another medical specialist by the student or clinical supervisor. A ratio of one (1) clinical supervisor for three (3) clerkship students is required for this phase.

- 2.14.7 Monitored Practice (680 hours): Students complete a clinical impression and oriental medical diagnosis, as noted above, for concurrence by the clinical supervisor. A treatment approach is recommended for concurrence by the clinical supervisor, after which acupuncture or other modalities are employed to treat the condition. The clinical supervisor is not required to observe the actual diagnosis or treatment, but must be in close proximity of the location where the patient is being treated. The student is required to consult with the assigned clinical supervisor before and after each treatment. Further laboratory tests and diagnostic imaging also may be recommended, as well as possible referral to another medical specialist by the student or clinical supervisor. A ratio of one (1) clinical supervisor for four (4) clerkship students is required for this phase.
- 2.14.8 Clinical competencies (See SECTION VI, STANDARD III, Outcomes Assessment, 3.8 Clinical Competencies for the OMD Program & Institutions, page 42-43) are developed during the last three phases of the clerkship by the systematic follow-through on cases being treated; hence, students are required to participate in the 4-hour, 5-day (20 hours per week) schedule and are not permitted to accelerate their schedule to complete the minimum hours ahead of schedule during any given week or clerkship phase.
- 2.14.9 Students may be divided into morning and afternoon groups, to make efficient use of clinical instructors and supervisors, and be assigned specific shifts that are maintained during the clerkship phase of training.
- 2.14.10 Clearly defined procedures need to be established that verify clerkship hours of each student during supervised and monitored practice of the clerkship, including the number and type of cases treated and assessment of competencies.
- 2.14.11 Students participate in examination and diagnosis and the process of treatment planning, including recommended needling therapy, herbal medicine, exercise, dietary, and other modalities.
- 2.14.12 Emphasis is placed on the correlation of biomedical and oriental medical science with clinical application, which is augmented and promoted by tutorial seminars, lectures, and small-group discussions.
- 2.14.13 Students continue to conduct on-line data searches and apply evidence-based medicine methodology to specific clinical questions.

- 2.14.14 Credit and non-credit elective courses relevant to the conditions commonly being treated during the clerkship program, as well as courses in the area of student interest, are to be taken coincident with the clerkship training (See below, SECTION VI, STANDARD II, Curriculum, 2.15. Electives).
- 2.14.15 Primary instruction methods include: clinical preceptorship, teaching rounds, lecture, computer-assisted instruction, problem solving exercises, case-based discussions and presentations, problem solving exercises, standardized or simulated patient, small-group discussions, community projects, and conferences.

2.15 Electives

Elective courses are to be presented throughout the curriculum, some of which can be offered as non-credit courses, to assist students in pursuing their particular interests and career goals.

During the first six semesters, students may take non-credit elective courses that provide supplemental educational exposure in areas of their special interest, while 60 hours of credit electives are to be completed during the clinical clerkship.

- 2.15.1 Non-credit elective courses may include breathing exercises, movement exercises, guided stretching, study of Chinese medicine classics, as well as special science studies.
- 2.15.2 During clinical clerkship, students are offered credit and non-credit elective courses for which a total of 60 hours credit is recognized in areas of special medical interest, including a practice management and ethics course, all of which are to be listed in the institution Bulletin, Catalog, or Student Handbook.
- 2.15.3 The practice management elective course is offered during the last phase of the clerkship program to prepare students who plan to enter the private practice of oriental medicine. Topics include:
- a. Planning and setting up a professional office, including establishing appropriate banking relationships
 - b. Front office procedures, including the logistics of patient intake and scheduling, efficient record keeping, and insurance billing and collection
 - c. Importance of written business communications; knowledge of regulatory compliance and jurisprudence related to applicable municipal, state, and federal laws, including OSHA, Labor code,

Health Insurance Portability and Accountability Act of 1996 (HIPAA), as amended

- d. Oriental medicine practice development and growth strategies
- e. Approaches to oriental medicine practice in interdisciplinary medical settings, including hospitals
- f. Risk management and insurance issues
- g. Ethics and peer review.

2.15.4 Last-year students may participate in research opportunities and take courses relevant to learning research techniques, biostatistics, and research protocol design.

2.16 Curriculum Evaluation

The oriental medical curriculum must be flexible, able to withstand continuous monitoring, and able to adjust to current changes in oriental medical training driven by the changing needs of society.

2.16.1 Each institution is required to have a “Curriculum Committee” that continually monitors the curriculum with the intent of improving efficiency and effectiveness in achieving program goals and objectives in order to address the ongoing public health care needs and concerns.

2.16.2 Curriculum Committee input can be sought from members of the faculty, students, professional organizations, and licensed practitioners.

2.17 Postgraduate Residency Training Programs

Institutions are encouraged to establish residency-training programs in conjunction with hospitals in their local areas in order that licensed or certified OMDs can establish residency privileges to care for their patients who may require hospitalization.

2.17.1 The residency program may also qualify the licensed or certified OMD to participate in hospital treatment programs to help reduce cost of service, provide additional services not presently offered in the hospital setting, and improve patient care and education.

2.17.2 Institutions are responsible for assuring the residency training programs follow NOMAA standards and criteria, including those on evidence based

methodology and competency based training guidelines, as well as any specific requirements of the participating hospital.

2.18 Postgraduate Specialty Board Training

Institutions/programs may establish and participate in postgraduate specialty board training. NOMAA-recognized oriental medicine specialty board may be established for each well-defined focused area of study and practice that promotes advanced levels of competency in order to provide the public with exceptional oriental medicine services.

- 2.18.1 Each postgraduate specialty-training program must be consistent with the NOMAA standards and criteria, including those related to evidence based medicine (EBM) methodology and competency based training (CBT).
- 2.18.2 Board members and directors of specialty boards must be licensed or certified practitioners in good standing with a minimum of 5 years experience with at least 65% of the board members being acupuncture and oriental medicine practitioners.
- 2.18.3 NOMAA accredited institutions and other state-approved private and postsecondary education entities may offer postgraduate specialty training under the auspices of recognized oriental medicine specialty boards for those licensed or certified OMD practitioners desiring to obtain higher levels of competency in a particular specialty.
- 2.18.4 Training in each specialty must clearly be an extension of the OMD program and is geared toward advancing the levels of clinical competency in a particular oriental medicine area beyond the basic OMD program.
- 2.18.5 Training must focus on a particular specialty that will enhance clinical expertise typically involving a minimum of 300 hours training including course work, hands-on clinical training, and possible observational hours with medical specialists associated with the specific area of interest.
- 2.18.6 Areas of specialty interest may include, but are not limited to: oriental medicine orthopedics; general and internal medicine; sports medicine; neurology; herbal medicine; physical medicine including manipulation, massage, exercise therapy, and other physical modalities; geriatrics; pediatrics; gynecology; rehabilitation; substance abuse; lifestyle counseling; nutrition; and health enhancement.

STANDARD III

Outcomes Assessment

The institution should have implemented a plan for the assessment of student learning outcomes. Evidence of success with respect to student achievement in relation to mission, including, as appropriate, consideration of course completion, state and national licensing examination, and job placement rates, are to be included in the plan. The institution's plan should include verifiable evidence of academic achievement. The institution's plan should show how information gathered is incorporated into future curricular and operating procedures.

- 3.1 The institution/program must have an ongoing and manageable student learning assessment plan that is the product of input and discussion by the faculty and students. The plan has to flow from the mission, focus on the program (rather than individual courses) and must use multiple measures, both qualitative and quantitative and direct and indirect.
- 3.2 Institutional/programmatic planning incorporates reflective quantitative and qualitative analysis of student achievement which include both internal and external measures; including, but not limited to, state and national licensing examination results, alumni practicing monitoring, and job placement rates.

Guideline: Strategic planning is essential to ensure the quality of the oriental medical education program. An assessment program should be an ongoing, systematic process that provides the means for assessing student achievement, program effectiveness, and opportunities for improvement.

Institutions are required to have a plan by which the success rate for graduates passing the licensing or certification tests is measured. The institution's/program's plan should show how information gathered on licensing or certification is incorporated into future curricular and clerkship procedures.

In order to assess student achievement based on job placement or clinical success, the institution/program job placement can be verified for those graduates that do not enter private practice by a standard survey, to determine the success rate for those graduates that entered private practice. This survey may be periodically repeated over a year or more. The institution's/program's plan should show how information gathered by these surveys is incorporated into future curricular and clerkship procedures.

- 3.3 The institution/program must demonstrate adequate resources to support the faculty in the design of a student learning assessment plan and its implementation.
- 3.4 The institution/program must have and follow clear and identifiable direct and

indirect measures of student learning. This information, along with the approach by which clinical competencies are measured, is to be detailed in a Technical Achievement and Assessment handbook/document that is provided to all students and faculty.

Guidance: Direct measures of student learning may include: portfolio assessment, standardized tests, psycho-motor skill tests, objective structured clinical examinations (OSCE), comprehensive competency exams, essay questions blind scored by faculty across department or division, performance on national/state licensure passing rates, certification, or professional exams, etc.

Indirect measures of student learning may include: student surveys, tutoring program surveys, alumni surveys, satisfaction surveys, exit interviews of graduates, focus groups, graduate follow-up studies, retention and transfer studies, surveys of instructors, program coordinators, etc.

3.5 The institution/program must assure that students understand their role in assessment (how it will be used and how it can help them achieving academic success).

3.6 The results of assessment activities are used by faculty and the institution/program to improve as they are seen as a means rather an end.

3.7 Technical Standard Assessments

The institution/program must implement Technical Standard Assessments. The institution needs to articulate the guiding principles and objectives for the training program, along with the intended educational objectives for graduates, including expected knowledge acquisition, skills, attitudes, and behaviors.

3.7.1 This information, along with the approach by which clinical competencies are measured, is to be detailed in a Technical Achievement and Assessment handbook/document that is provided to all students and faculty.

3.7.2 Students must demonstrate, verified by signature of the supervising clinical or course instructor, that they can properly insert needles, at the correct depth and angle, in all critical neurovascular node (acupoints) locations, including critical areas on the head, face, infraorbital areas, neck, thorax, back, abdomen, perineum, and extremities.

3.7.3 Three signed verifications, obtained at different times, are required for all critical nodes (acupoints). These verified documents become part of the student's permanent record.

3.7.4 Sterilization requirements and clean needling techniques are taught and demonstrated by the student and verified by clinical supervisor sign-off on

three different occasions during training. These verified documents become a permanent part of the student's record.

- 3.7.5 Clinical competencies are measured for all work completed during the clinical clerkship efforts.

3.8 Clinical Competencies for the OMD Program & Institutions

The clinical competencies address the minimal acceptable criteria and requirements essential and necessary to the OM practice. They are knowledge, skills, and values expected of the OMD graduate who will be practicing oriental medicine (OM) as a licensed primary health care provider.

This expectancy and skill level are implicit in the first professional degree awarded by an institution/program holding status with the Accreditation Commission of the National Oriental Medicine Accreditation Agency. Rather than reflecting the mastery of clinical skills acquired through extensive OM practice experience, these clinical competencies represent those minimal skills a doctoral graduate must demonstrate upon completion of the OMD program with resident clinical experience in a status-holding institution.

The clinical competencies outline many of the essential responsibilities of the doctor of oriental Medicine and they are not construed as a universal standard of OM care. The application of these competencies must be compliant with State and Federal regulations governing the practice of OM in the jurisdiction to which they are applied.

It is noteworthy to indicate that the development of competency cannot be achieved within the resident clinical experience alone. The integration of preclinical sciences (both conventional and oriental medicines) courses basic to OM practice is necessary prerequisite to an integrative conventional and OM clinical experience in which these competencies may require critical assessment procedures or methods unique to their particular disciplines.

- 3.8.1 Graduates must demonstrate competencies in articulating the physiological basis of oriental medical theory, including mechanisms of needling, somatovisceral relationships, neuroendocrine relationships, and the oriental medicine pathogenic model.
- 3.8.2 Graduates must demonstrate mastery of competencies associated with the assessment and diagnosis of child, adolescent, adult, geriatric, and medically compromised patients.
- 3.8.3 Graduates are competent in treatment planning, referral to medical specialists, and case presentation for child, adolescent, adult, geriatric, and medically compromised patients.
- 3.8.4 Graduates are competent in patient education and in conveying

information regarding the prevention of diseases in a manner that the patient can understand.

- 3.8.5 Graduates are competent in control of pain and anxiety, and management of related problems for child, adolescent, adult, geriatric, and medically compromised patients.
- 3.8.6 Graduates are competent in applying all the tools and treatment modalities of oriental medicine including: needling therapy; PENS and TENS; herbal medicine; heating therapy, including moxibustion, radiant heat, heat packs, and ultrasound; nutrition; exercise therapy; and physical modalities, including pressure, massage, and manipulation.
- 3.8.7 Graduates are competent in the prevention, management, and recognition of medical emergencies, including possible needling-induced incidents.
- 3.8.8 Graduates are competent in the sterilization standards and disposal of used needles and blood contaminated materials.
- 3.8.9 Graduates are competent in following codes, rules, laws, and regulations that govern the provision of acupuncture and oriental medicine health services.
- 3.8.10 Graduates are competent in infection control procedures to prevent transmission of infectious diseases to patients, the practitioner, and the staff.
- 3.8.11 Graduates are competent in patient management and interpersonal skills.
- 3.8.12 Graduates are competent in the fundamental elements of managing an acupuncture and oriental medicine practice.
- 3.8.13 Graduates are competent to critically evaluate and incorporate new modalities and procedures into their practices when these modalities and procedures prove efficacious.
- 3.8.14 Graduates are competent in the evaluation of the outcomes of treatment.

3.9 Evidence-Based Medicine (EBM) Methodology Guidelines

Evidence-based medicine methodology applied to oriental medicine involves the conscientious, explicit, and judicious use of current, best-research evidence, integrated with clinical expertise in making decisions about the care and values of individual patients.

- 3.9.1 It is acknowledged that, due to a previous lack of understanding of the physiological basis of oriental medicine, much research protocol outside Asia has failed to yield significant evidence based verification of clinical

efficacy; therefore, member institutions need to collectively participate in the on-going process of applying evidence-based methodology, wherein clerkship participants are trained to:

- a. Develop focused clinical questions concerning a patient's problem(s)
- b. Search secondary databases and the primary literature for relevant articles
- c. Assess the validity and usefulness of those articles
- d. Judge the relevance of discovered information to the individual patient
- e. Implement the findings in patient care

3.9.2 The elements of research, clinical expertise, and patient values are integrated in order for clinicians and patients to form a diagnostic and therapeutic alliance that optimizes clinical outcomes and quality of life, including the following:

3.9.2.1 Research evidence refers to clinically relevant research, often from the basic and oriental medicine sciences, but especially from patient centered clinical research into the accuracy and precision of diagnostic tests (including the clinical examination), the power of prognostic markers, and the efficacy and safety of therapeutic, rehabilitative, and preventive regimens.

3.9.2.2 New evidence from clinical research both invalidates previously accepted diagnostic tests and treatments and replaces these tests and treatments with new ones that are more powerful, more accurate, more efficacious, and safer.

3.9.2.3 Clinical expertise refers to the ability to use clinical skills and past experience to rapidly identify each patient's unique health state and diagnosis, individual risks and benefits of potential interventions with oriental medicine, and personal values and expectations.

3.9.2.4 Patient values refers to the unique preferences, concerns, and expectations each patient brings to a clinical encounter and which must be integrated into clinical decisions in order to best serve the patient.

STANDARD IV

Faculty

The institution should have in place a faculty with the appropriate educational credentials and experience to effectively execute the academic program of the institution. The faculty is qualified by education and experience to support the OMD degree program. Faculty should be involved in curriculum development. Faculty participation in governance is an appropriate recognition of faculty competence and commitment, and is essential to the smooth operation of the institution.

- 4.1 The institution/program must demonstrate adequacy, diversity, and stability of basic and clinical faculty. The faculty and teaching staff volume, variety and qualifications must be appropriate to the mission, goals, and educational objectives of the institution/ program.

- 4.1.1. Faculty teaching basic bioscience subjects must:

- a. Possess a master's or academic doctoral degree in their field of teaching or related discipline, or a health science first professional degree including 18 graduate credit units in the discipline they teach from a college or university accredited by an accrediting body recognized by the US Secretary of Education, or in the case of degrees from non-US institutions, a college or university recognized by WHO or by the educational authority of the country in which the institution is located.
- b. Have taught courses in their field for a period of at least three years in an accredited graduate or professional level institution, or
- c. Have been employed in a basic science discipline for no less than three years in an accredited institution. If this employment was in a foreign institution, it must have been one having appropriate recognition in the US as a graduate or professional level.

- 4.1.2 At least one member of the faculty in the basic bioscience department, as defined by the institution/program must be employed full-time in the program or institution and must possess an academic doctoral degree (PhD) in one of the basic bioscience disciplines. The Commission on Accreditation may waive this requirement under special circumstances.

- 4.1.3 Faculty teaching clinical subjects: All faculty in the clinical sciences (including clinic faculty) must possess an earned doctor in oriental medicine (OMD) or a related first professional degree from a college or university accredited by an accrediting body recognized by the US

Secretary of Education or, in the case of degrees from non-US institutions, a college or university recognized by WHO or by the educational authority of the country in which the institution is located. Such individuals must either possess a license or be in the process of becoming licensed.

- 4.1.4 Clinical faculty who supervise clinical experiences in clinics or health centers must also be holders of a current license in the state of the institution/program's domicile. In addition, such individuals must have one of the following:
 - a. Baccalaureate degree
 - b. Postgraduate certification status or eligibility
 - c. Three years full-time practice experience
 - d. Three years teaching experience at a first professional degree granting institution as a full-time faculty member

- 4.2 The institution/program must have adopted, and follow written policies for faculty addressing conditions of service or employment. Faculty policies must cover at least the following areas:
 - 4.2.1 Nondiscrimination and equal opportunity in employment.
 - 4.2.2 Drug-free work place and sexual harassment.
 - 4.2.3 Faculty recruitment and hiring procedures, faculty contracts or appointment letters with job descriptions.
 - 4.2.4 Employee classifications (full-time, part-time, hourly, contractual, etc.) and instructional hours
 - 4.2.5 Faculty development and continuing education
 - 4.2.6 Part-time and full-time faculty loads (FTE criteria) and acceptable overload, if any
 - 4.2.7 Conflict of interest, faculty probity and progressive discipline
 - 4.2.8 Faculty grievance procedures

- 4.3 The faculty and teaching staff of the program or institution must be organized into

- departments or disciplines and chaired by an experienced and administratively competent individual to provide faculty leadership and exchange of ideas.
- 4.4 The institution/program must have adopted and implemented a faculty performance assessment (FPA) program and process to determine faculty teaching effectiveness, scholarly activity, and services.
 - 4.5 The institution/program must have adopted and implemented a faculty development program to ensure that faculty has adequate knowledge and resources to deliver the curriculum and promote student learning. Innovative teaching strategies, research and scholarly activity should be included in the faculty development program. The faculty development program must include OM philosophy and principles for basic science faculty with no educational background in oriental medicine.
 - 4.6 The institution/program must have developed, adopted, implemented, and published in a Faculty Manual pertinent faculty policies, regulations, and procedures that relate to a productive academic life.
 - 4.7 The institution/program must have adequate staff to provide support for the administration, faculty, student services, learning resources, facility cleaning, etc. Adequacy is measured by survey results from all constituents. The following staff positions are essential for institutional effectiveness: Registrar, Admissions staff, Fiscal Officer, Financial Officer (if applicable), Personnel Manager, Facility Maintenance staff, Bookstore Manger (if applicable), ADA Officer, and Front desk staff.

STANDARD V

Facilities and Equipment

The physical facilities, including buildings, libraries, equipment and campus, are designed, maintained, and have capacity to serve the needs of the institution in relation to its stated purposes. Sufficient rooms and laboratories for classes of various sizes are available to meet instructional needs of the institution. These spaces are properly lighted and adequately equipped, heated, and ventilated. Treatment rooms must exist in quantity, safety, and cleanliness to serve adequate treatment of all clients and protection of the health of all staff and clients. Such equipment will also include the utilization of computers.

The library/learning resources of the institution must contain sufficient scientific, medical, and oriental medicine texts and journals for students to support their professional doctoral-level training program in oriental medicine. Whatever the formal arrangements for providing such library and learning resources, the institution must demonstrate that these arrangements are formally recognized and accessible to all parties; are fully effective, and will continue to be so during the foreseeable future; and are capable of meeting the needs of prospective program changes and additions.

- 5.1 The institution/program must own, or have, a long term lease and use of, buildings, equipment and supplies to adequately support the program objectives of its mission and goals.
 - 5.1.1 Documents to support ownership or a long term lease of its facilities, buildings, equipment and supplies. Documents and permits must be current and available on site for inspection.
 - 5.1.2 Documents to support compliance with local codes and ordinance, State and Federal regulations for the use of its buildings and grounds.

- 5.2 The institution/program must have and follow clear and identifiable written policies and regulations regarding maintenance, access to and use of its facilities. These policies and regulations must be appropriate to the institution/program's mission and goals. The institution/program must have:
 - 5.2.1 A deferred maintenance plan for the care and use of its facilities, buildings and grounds. The plan must be upgraded annually to meet current needs and growth planning.
 - 5.2.2 Evidence of liability, fire and theft insurance coverage for its facilities, buildings, grounds and equipment. Policies for insurance coverage must

be current, adequate and available for inspection.

- 5.2.3 A janitorial program to maintain facilities in a clean and presentable state to its constituents.
- 5.3 Each program or institution must demonstrate adequacy of its academic and clinical facilities that must be accessible to physically disabled individuals.
 - 5.3.1 Classrooms must be spacious and properly maintained, ventilated, furnished and adequately equipped with instructional A-V equipment for conducive learning. The maximal seating capacity should follow guidelines provided by the local/city fire department ordinance for either “fixed seating” or “open seating” arrangement of lecture halls.
 - 5.4 The institution/program must operate a Learning Resource Center (LRC) or Library with adequate resources to meet the needs of the faculty, students and alumni.
 - 5.4.1 The LRC must house adequate collections, referenced materials, journals, instructional equipment, and other written materials to support student learning and provide services adequate to the program’s objectives or the mission and goals of the program or institution.
 - 5.4.2 The institution/program must have and follow clear and identifiable written policies and regulations regarding access to and use of its LRC resources. The same applies to the Computer lab, if available.
 - 5.5 The institution/program must operate minimally one OM Clinic (OM Health Center) for the residency (internship) program.
 - 5.5.1 The institution/program must have and follow clear and identifiable written policies and regulations regarding the operation, maintenance, access to and use of, its clinic and related treatment facilities, the locations of First Aid and Emergency Care equipment for the proper OM care of patients.
 - 5.5.2 Sterilization of acupuncture needles is not permitted in any OM clinical facilities (OM Health Centers) which must be operated in full compliance with OSHA regulations.
 - 5.5.3 The OM Clinical facilities must have adequate space to provide excellent health care to the patients and training for the OM residents. Each OM Health Center (Clinic) must minimally have:
 - a. An Herbal Pharmacy with adequate storage space for herbal products and for herbal decoction (cooking) that adequately supports the educational goals and objectives of the residency program.

- b. Adequate number of treatment rooms and clinic supervisors offices for the number of assigned residents (interns) and clinic supervisors (faculty). Adequate planning for manpower needs and usage of clinic facilities and equipment must be conducted for maintenance purposes and to avoid overcrowding or overuse. One clinic supervisor can maximally supervise twelve (12) residents/interns and oversee three treatment rooms.
 - c. Each treatment room should be spacious to accommodate minimally six individuals (four residents, one clinic supervisor and a patient) and routinely maintained for cleanliness. It must be equipped with a sink, disinfectant products, an examination table, stools, disposable gowns, hazardous products disposable container (for needle disposal), medical instruments, OM equipment, etc. for the safety of residents, faculty and patients and also for effective OM care.
 - d. A spacious residency lounge adequately furnished for residents to review patients' files or prepare health care reports for compliance with qualitative and quantitative residency requirements.
 - e. A spacious waiting room area for patients and a front desk area for the clinic staff with adequate locked storage areas for safe keeping of patient files, computer stations for billing, files maintenance, and pertinent clinic supplies (disposable needles, lotions, cups, food supplements, etc.).
 - f. A secure storage area for discharged patients files and residents requirement compliance records.
 - g. A designated area for the storage of First Aid and Emergency care equipment and wheelchairs.
- 5.6 The institution/program must have and follow clear and identifiable written policies and regulations regarding the ordering of operational, instructional and clinic supplies to maintain program or institutional effectiveness.
- 5.6.1 A central office and area for ordering and disbursement of needed supplies may be needed by the program or institution with greater than 500 FTE students enrollment.

STANDARD VI

Administrative, Fiscal, and Governance Capacity

The institution demonstrates that it has sufficient resources to ensure the continuity of its operations and programs, and guarantees on the authority of its governing board, sufficient assets to assure that all students admitted to its programs have reasonable opportunity to complete their programs.

The institution prepares an annual budget and has short-range and long-range financial plans for financing its operating and capital expenditures. These budgets and financial plans are consistently related to educational plans and reflect commitments to educational programs. They are annually reviewed and adopted by the institution's governing board.

The institution's accounting system follows the generally acceptable principles of institutional accounting. An annual financial statement is prepared and certified by an outside, independent public accounting firm.

The governing board (trustees, regents, etc) is the legally constituted body representing the founders, or the supporting governmental unit that controls the operation and establishes the policies of the institution in accordance with its mission and goals. No single pattern is mandated, except that the public interest is represented and continuity of membership is assured. The board is responsible for establishing policies in which educational programs are developed and personnel selected, in support of the institutions mission and goals.

The administration of the institution is organized and staffed to reflect institutional purposes, size, and complexity, and to provide economical and efficient management. Administrative organization, roles, and responsibilities are defined clearly. The chief executive officer is responsible for overall operations, is directly accountable to the board, and his/her full-time or major responsibility is to the institution.

For institutions with more than one location (branch campus), the division of responsibility, if any, between home-campus operations and other locations is clear and administrative policies and procedures are defined and equitably administered.

6.1 Administration

The administration of the institution/program must be organized and staffed to reflect the institutional/program purposes, size, and efficient management. The senior administrative leadership must collectively demonstrate experience and training in higher education and medical education.

6.1.1 President or CEO

The President/CEO is appointed by the Governing Board on a full-time basis. He/she is in charge of the operation of the institution/program. He/She has leadership in the organization, as well as society.

6.1.2 Chief Academic Officer

The chief academic officer must have relevant training and experience. The full-time Chief Academic Officer (CAO) must have an earned degree in oriental medicine from a school accredited by NOMAA. The Chief Academic Officer is responsible for all areas of the educational program and academic affairs. The chief academic officer must have the responsibility and authority for fiscal management of the institution/program

Guideline: The NOMAA-accredited program involves a comprehensive study of oriental medicine, which is of itself a scientific and technically based effort, requiring the administrator in charge of the institution's oriental medical program to be an oriental medicine practitioner in good standing, with a title of Dean or its equivalent.

A qualified practitioner is required who understand the complexities of historic and evidenced based oriental medicine as well as bioscience curriculum design and clinical clerkships. This experience will usually include but is not limited to: CEO, CAO, dean, associate dean, assistant dean, or chair of an academic unit or department at an institution /program of oriental medicine.

Existing Deans or those with an equivalent title, who are licensed or certified oriental medicine practitioners in good standing, can continue in this position while they are participating in the NOMAA program to obtain their doctor of oriental medicine (OMD) degree. This should be accomplished in not more than three years.

6.2 Fiscal Capacity

The institution/program must have adequate financial resources to achieve and sustain its educational mission and objectives. The Chief Financial Officer must have the responsibility and authority for fiscal management. The Chief Financial Officer must have training and experience relevant to the position.

6.3 Non-Discrimination Policy

The selection of administrative personnel must be in compliance with nondiscriminating policy on the basis of race, gender, color, religion, creed, national, origin, age or disability.

6.4 The Governing Board of the institution/program must develop and be governed by bylaws or equivalent documents that clearly define the governance and organizational structures that enable the institution/program to fulfill its mission and objectives. The Governing Board's responsibilities are:

6.4.1 Confer the degree Doctor of Oriental Medicine (OMD) on students upon recommendation of the institution, School, or Department of Oriental medicine faculty of the accredited institution, who have achieved all of the following:

- a. Attained the educational objectives of the institution as evidenced by satisfactory completion of required basic science courses, oriental medical science, clinical medicine, clinical clerkships and electives, and acquisition of all required skills and demonstrated competencies, as noted in the Technical Attainment and Assessment document;
- b. Attended the accredited institution on a full-time basis for a minimum of 2 years; and
- c. Discharged all financial obligations to the institution involving oriental medical training.

6.4.2 Appoint the President or CEO.

6.4.3 Review the annual budget, short-range and long-range strategic plans for financial and capital expenditures.

6.4.4 Establish policies in which educational programs are developed and personnel selected in support of the institution's/program's mission and objectives.

STANDARD VII

Student Support Services

The institution provides an array of services to assist the student in successful matriculation. All aspects of institutional support, such as educational services and related learning support resources; admissions, records and financial services are appropriate to successfully accomplish institutional mission and student expectations for the OMD degree.

- 7.1 The institution/program must establish service program objectives that support its mission and educational goals.
- 7.2 The institution/program must have and follow clear and identifiable written policies regarding the provision of service. Regulations and procedures must address the following areas of student support services and provide assurance that they comply with applicable legal requirements.
 - 7.2.1 Admissions and academic advising and counseling
 - 7.2.2 New student orientation programs and open-house events
 - 7.2.3 Learning resource centers (libraries, quiet study areas, computer services, Internet access, etc.) and tutoring services for students
 - 7.2.4 Registration and transcripts service
 - 7.2.5 Financial Aid program, if applicable
 - 7.2.6 On campus work opportunities
 - 7.2.7 Bookstore and duplication service
 - 7.2.8 Student health services and referrals
 - 7.2.9 Career planning and placement services
 - 7.2.10 Other general services

Guidelines: Other services may include services such as a student government, student publications, student days, food services, and student lounge, etc.
- 7.3 The institution/program must compile evidence regarding the nature and extent of the service programs that it provides and demonstrate their usefulness and effectiveness.

- 7.4 The institution/program must have established and published clear grievance procedures available to its constituents. Disciplinary standards and appeal procedures will also be published. Students should have the right to direct unresolved issue or file grievances to state and/or accreditation agencies.

STANDARD VIII

Admissions, Recruiting, and Disclosure

The institution should demonstrate that it has developed and publicized its admissions and recruitment policies and procedures including grading, and transfer and award of academic credit. An academic calendar should also be available. The institution should demonstrate consistency in measurement of program length, in clock hours or credit hours, for articulation and accreditation. The institution should demonstrate that its program length, and tuition and fees are in relation to the subject matters taught and the objectives of the degree offered.

- 8.1 Institutions must establish application procedures including the times admission applications can be submitted, the fees associated with the submission, and the specific acceptance or rejection time periods.

Guideline: Since applicants will be working with patients they may also be required to submit evidence of physical examination and immunizations prior to clerkship, consistent with the laws and regulations of the state within which the institution operates; health insurance coverage is strongly advised.

- 8.2 The institution/program must demonstrate that qualifications for student acceptance and resultant enrollment are appropriate to the program objectives, goals and educational mission of the institution/program. The institution/program must tie its admission process and criteria to the outcome performance of its graduates.

Guideline: Tying the admission process and admission criteria to the outcome performance should validate that the institution/program is admitting students who may be expected to have the ability to complete the curriculum of study in accordance with the institution/program's mission and objectives.

- 8.3 The minimum requirement for admission to a institution/program must be three (3) academic years (90 semester units or 120-quarter units) of education at the baccalaureate level from a college or university accredited by an agency recognized by the United States Department of Education.

Guidelines: The institution/program should document alternative educational experiences that they will accept for admission.

If an institution/program chooses to admit a candidate with credentials from a college or university outside the U.S., the institution/program should document that the candidate has met the institution/program's minimal admission requirements. Official academic transcripts evaluated by a recognized credential evaluation agency (WES, IERF, etc.) which is a charter member of the National Association of Credential Evaluation Services (NACES) should be utilized.

An institution/program should specify prerequisite requirements for admission, including the need for all official transcripts to be obtained directly from all colleges and universities the student attended.

Credits used to satisfy the minimum prerequisites for admission must not be used for advanced placement credits.

An emphasis on bioscience subjects with a preparation in English, humanities and the natural sciences serve as the best foundation for the study and comprehension of oriental medicine including understanding the dynamics involved in patient relationships.

8.4 Institutions/programs must provide clear and accurate standards and procedures for transfer requirements. The academic policies must provide equal and fair treatment to students and make sure that the by transfer requirements do not unnecessarily disadvantage such students.

8.5 The institution/program must provide accurate information about transfer requirements, ensure fair treatment, and make sure that students are not disadvantaged by transfer requirements.

8.5.1 The institution/program must have an Admissions office and procedures to provide comprehensive admissions services for all students, both domestic and international, and process student requests for enrollment verifications.

Guideline: The Institution should have an Admissions Committee composed of members of the basic sciences and clinical science faculties, other faculty members, oriental medical students, and area clinicians. Members of the Admissions Committee need to keep in mind, while selecting candidate students, that they are selecting future practitioners of oriental medicine.

Admission screening procedures should result in the selection of those who possess the individual characteristics required for both the study and practice of oriental medicine.

8.5.2 Guidelines and regulations for the admission of previous licensed graduates

or those who have obtained a Master's degree in Oriental Medicine need to be established with full consideration given for an applicable award of transfer credits earned with a "C" grade or better at an accredited OM institution.

- 8.5.3 Awards of transfer credits are allowed for graduate courses taken at accredited professional degree granting institutions in the health care sciences or a graduate academic degree (MA, MS, PhD) in a related discipline from DOE recognized accredited institutions.
- a. When a student transfers from one institution/program to another institution/program, the last two years of instruction must be completed within the institution/program granting the OMD degree.
 - b. When students transfer from an ACOAM, CCE, AOA COCA, or LCME accredited medical school or college to an institution/program, at least two years of instruction must be completed within the institution/program.
 - c. In the case of CCE, AOA COCA, and LCME transfers, the institution/program requirements for oriental medicine must be completed prior to graduation.

Guideline: Transfer credits should only be given if the student is eligible for readmission to the previously attended institution/program or other CCE, AOA COCA, and LCME medical school.

8.6 The institution/program must develop and implement a student recruitment process that attracts and maintains a qualified applicant pool.

- 8.6.1 Recruiting and selection of students for admission to a institution/program must not discriminate on the basis of race, color, gender, religion, creed, national origin, or age.
- 8.6.2 Procedures and conditions, if any, for the admission of disabled students must be clearly stated in official published documents and with in ADA guidelines.

Guideline: While the NOMAA fully endorses the spirit and intent of Section 504 of the Rehabilitation Act of 1973 and of the Americans with Disabilities Act of 1992; it is also acknowledged that certain minimum technical standards must be present in candidates for admission and graduation. However, institutions need to ensure that this policy is not used to operate in a discriminatory and/or illegal manner with regard to its admissions practices.

8.7 Technical Standards

- 8.7.1 All candidates for admission, and all candidates for the OMD degree, of the institution should possess sufficient intellectual capacity, physical ability, emotional stability, interpersonal sensitivity, and communication skills to acquire the professional attitudes, interpersonal and technical competencies, scientific knowledge, and clinical abilities required to pursue any pathway of oriental medical education and to enter independent practice.
- 8.7.2 All candidates should be made aware that the academic and clinical responsibilities of an oriental medical student may, under some situations, require their presence during day and evening hours, seven days a week.
- 8.7.3 Participating institutions must establish a clear list of technical standards for admissions to, and graduation from, the OMD program, expanding on the following items:
- a. All candidates for admission must fulfill the minimum requirements for admission and all candidates for the OMD degree must complete all required courses and clinical clerkship as indicated in the institution's Bulletin, Catalog, or Student Handbook.
 - b. All candidates for admission and all candidates for the OMD degree need to possess sufficient communication, social, emotional, interpersonal, intellectual, and physical abilities to:
 - i) Establish appropriate relationships with a full range of faculty members, professional colleagues, and possess the personal qualities of integrity, interest, concern for the welfare of others, empathy, and motivation.
 - ii) Be able to accurately observe patients, both close at hand and at a distance, and obtain a medical history and perform physical and mental examinations with a wide variety of patients, effectively using necessary standard assessment instruments.
 - iii) Be able to observe demonstrations, collect data, participate in basic science experiments, perform laboratory work, and conduct tests, including laboratory studies, draw arterial and venous blood, carry out diagnostic procedures, and read electrocardiograms, X-rays, MRIs, and other diagnostic images.

- iv) Be able to make measurements, analyze and synthesize data, solve problems, and ultimately make logical diagnostic and therapeutic judgments.
- v) While it is recognized that modifications, accommodations, and compensation can be made for some disabilities, candidates must be able to independently perform the duties of a student and of a practitioner of oriental medicine in a reasonable manner.
- vi) Trained intermediaries to assist students are not to be permitted, as use of a trained intermediary would result in another person's powers of observation and selection mediating a candidate's judgment.

8.8 The institution must publish fair and equitable policies with respect to refund of the unused portion of tuition, fees, and other charges in the event a student fails to enroll in the course or withdraws at anytime prior to completion of the course.

Guideline: The refund policy can be fully explained in catalogs, student contracts, and/or electronic publications.

8.9 Leave of Absence and Withdrawal

Institutions need to articulate rules for leave of absence and withdrawal and to specify what rules apply if and when the affected students want to possibly reenter the OMD program.

- 8.9.1 The clinical clerkships need to be completed in whole and strict rules need to be established if a reentering student needs to retake a missed clerkship efforts.

STANDARD IX

Record of Student Complaint and Compliance

The institution should demonstrate that it has in place a student complaint policy and procedures.

- 9.1 The institution/program must have and follow clear and identifiable written policies, regulations and procedures regarding student complaints, record keeping of student complaints and compliance toward prompt and thorough resolution.
 - 9.1.1 The institution/program must have procedures for students to file Incident Reports or complaints either against a member or the institution/program.
 - 9.1.2 The institution/program must maintain a written record of student complaints and the efforts toward resolution in a timely manner. Such documentation will be made available on site for review by the Site-Visitation Team.
 - 9.1.3 In working toward resolution for student complaints, the institution/program must have established and published clear and timely appeal procedures.

- 9.2 The institution/program must have adopted and follow clear policies, regulations and procedures to ensure equal opportunity and access to all members of institution/program in accordance with Section 503/504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 (ADA). The ADA definitions of disabled, reasonable accommodation and undue hardship should be available on campus.
 - 9.2.1 The institution/program's policy to prohibit discrimination against any student, employee, or applicant on the basis of physical or mental disability, or perceived disability must be evident in public documents, including the Catalog.
 - 9.2.2 Qualified students with specific physical disabilities must have reasonable access to participate fully in the instructional programs. The institution/program will provide reasonable and appropriate accommodations to enable employees and students to participate in the life of the campus community. Reasonable accommodations must be defined with respect to the unique environment of the institution or program of study.
 - 9.2.3 Prospective students with disabilities will have an opportunity to meet

with an appointed ADA Officer of the institution/program to discuss appropriate and reasonable accommodations expected from the institution/program. They will be responsible for reporting and supplying documentation verifying their disability.

- 9.2.4 Complaints filed by any student with disabilities will be promptly handled by an appointed ADA Officer of the institution/program, working with a committee, if necessary. Appeals related to the provision of reasonable accommodations by the institution/program may be directed to the Office of Differing Abilities or the Equal Opportunity and Affirmative Action Office.

STANDARD X

Publications, Grading & Advertisement

10.1 Academic Calendar:

The calendar system of the institution/program, as published in the catalog, shall designate the beginning and ending dates of terms (quarter, trimester, semester), legal holidays observed, registration period, and dates for all major exams.

10.1.1 A standard conversion of clock hours to credit hours/units are applied as follows: one semester credit hour/unit is given for each 15 hours of classroom participation plus required outside preparation; one semester credit hour/unit is given for each 30 hours of clinical instruction or supervised laboratory work, plus required outside preparation; and one semester credit hour/unit is given for each 45 hours of independent study or clinical externship.

10.1.2 One quarter credit hour/unit is given for each 10 hours of classroom participation plus required outside preparation; one quarter credit hour/unit is given for each 20 hours of clinical instruction or supervised laboratory work, plus required outside preparation; and one quarter credit hour/unit is given for each 30 hours of independent study or clinical externship.

10.2 Catalogs

Each institution is required to describe all courses associated with the OMD program curriculum in the institution's Bulletin, Catalog, or Student Handbook, or other suitable means for each academic year, indicating the years, semesters/quarters, credit hours/units, and clock hours involved. Each institution/program must publish, at least biennially, a catalog or bulletin or similar publication via paper document or its website, policies and procedures, in which complete and accurate public disclosure of essential information can be accessed by the public or constituents. These disclosures must be consistent with actual performance and/or application. The current requirements for disclosure are

10.2.1 The institution/program, must publish, at least every other year, via paper document or on its website, information on policies and procedures on academic standards, grading, attendance, tuition fees, refund policy, student promotion; retention; graduation; academic freedom; students' rights and responsibilities, including a grievance policy and appeal procedures; and other information pertinent to the student body.

10.2.2 Rules of Academic Responsibility

Enrolled students are members of the institution/program and are therefore subject to all rules and regulations contained in the student handbook, catalog, or other institution documents, as well as the state laws where the institution is located, and all laws of the United States.

- a. Each institution has a clear statement of the “Rules of Academic Responsibility” that, as a minimum, notes the responsibilities of each student to: steadfastly adhere to truthfulness and avoid fraud, deceit, or dishonesty of any type in connection with any academic program, or in the offering of assistance to another in violating the institution’s rules of academic responsibility.
- b. Penalties for violating institution rules of academic responsibility are to be specified and listed.

10.2.3 Personal and Professional Conduct

Each institution must establish a written policy on the evaluation of personal and professional conduct that is provided to each student.

- a. Oriental medical students are responsible for maintaining the highest level of personal and professional integrity and showing compassion and respect, especially for the patients that participate in their education, as well as for the staff, colleagues, faculty, and themselves.
- b. The institution’s policy should expand on the following general considerations where the student should:
 - i) Show concern for the rights of others.
 - ii) Demonstrate concern for the rights and welfare of patients.
 - iii) Be trustworthy.
 - iv) Show evidence of responsibility to duty.
 - v) Maintain a professional demeanor.
 - vi) Possess those individual traits and characteristics essential to the practice of oriental medicine.

10.3 Grading

Each institution/program is required to publish policies for grading and use a standard grading system that is consistent with most colleges and universities.

The institution/program must adopt and publish criteria for satisfactory academic progress (SAP), and remedial programs.

10.3.1 The institution faculty is committed to the idea that satisfactory performance is expected of all students, and that no single course or area of study is more important than another.

10.3.2 Successful completion of all required courses and clerkship are indispensable for the practice of oriental medicine; however, it is recognized that a student may have difficulty during the course of the program, and may require academic assistance and support by the faculty.

10.3.3 Credit Grades

Grades can be expressed in alphabetical or numeric terms. A grade point average (GPA) using the numeric is calculated by dividing the total grade points earned by the hours attempted for credit.

10.3.4 Other Notations

Other symbols and notations can be used in the grading system that does not carry grade points, such as pass/fail, satisfactory/unsatisfactory, etc.

10.4 The institution/program must publish policies and procedures regarding student complaints related to accreditation standards and procedures, and must maintain records of the receipt, adjudication, and resolution of such complaints.

Guideline: The program should utilize student complaints in its ongoing performance improvement processes, as appropriate.

10.5 Advertisements

The program or institution must assure that pertinent disclosures, general information about the institution/program's operation, educational programs, services, personnel and accreditation status are clear, accurate, and unambiguous.

STANDARD XI**Student Academic Records and Retention of Records**

- 11.1 The institution/program must have and follow clear and identifiable written policies and regulations regarding maintenance, access of and retention student records in compliance with applicable legal requirements.
- 11.1.1 The institution/program must have established procedures and demonstrate compliance with the Family Educational Rights and Privacy Act (FERPA) to protect the privacy of student records, including address, e-mail address, phone number, grades, financial information and attendance dates.
- 11.1.2 The institution/program must have established procedures and demonstrate compliance with Public Law 93-380, Section 438 (The Buckley Amendment) to protect student grades, records, or personal information from being given to or accessed by third parties without written consent of the student, unless requested by authorized agencies or court subpoenas.
- 11.1.3 The institution/program must demonstrate that a detailed system of records is safely maintained from theft, fire hazards and unwanted access.
- 11.1.4 The institution/program must have and demonstrate a safe record keeping system for permanent retention of student academic records. A policy for transferring, retention and safe keeping of student records must be adopted in the potential closure of the institution/program.
- 11.1.5 Whenever the institution/program disposes administrative or any other records or files (financial aid records, patients' files, etc.) a dated and record of the disposed files will be maintained.

SECTION VII. Procedures for Pre-Accreditation

1. Application

Applicant institution/program must submit application for pre-accreditation to NOMAA. The Commission Secretary of NOMAA Commission makes a capacity visit to determine the institution's/program's readiness for pre-accreditation. If the Commission Secretary determines that the applicant institution/program is ready, he/she will provide with information how to proceed for self-study.

2. Self-Study

Self-Study for pre-accreditation must contain following:

- 2.1 Appropriate governmental approval to operate a postsecondary institution of oriental medicine with bylaw, or
- 2.2 Approval to establish oriental medicine program within a multipurpose institution by its president.

3. Standards for Pre-accreditation

The applicant institution/programs must show in its self-study that it complies with each NOMAA Standards substantially and will be able to comply fully within 5 years.

- 3.1 Institutions/programs must fully comply with Standard I: Mission

4. On-Site Visit

The Commission Chair will appoint 2 persons to form the on-site visit team. One member is a specialist in Administration and Finance and the other in oriental medicine education. The two-person team will visit the institution/program within 60 days after receipt of Self-Study.

5. Evaluation of Self-Study

The on-site visit team will evaluate the degree of compliance with each NOMAA Standards and the institution's/program's commitment for full compliance with all NOMAA Standards within 5 years. The team summarizes what it found during the visit and report to the commission.

6. Response to On-Site Visit Reports

Institutions/programs will have an opportunity to respond in writing to the reports of the on-site review within 30 days.

7. Commission Decision

The Commission may grant pre-accreditation or deny it.

8. Pre-accreditation status

Pre-accreditation status can not be extended beyond 5 years

SECTION VIII. Application for Accreditation, Self-Study and On-Site Visit

1. Application

An institution/program may apply for accreditation if it believes that it meets all NOMAA Standards. The applicant must submit a formal application. Upon receipt of a completed application, the Commission Secretary of NOMAA will review the application and notify the applicant of the acceptance within 30 days.

2. Self-Study Process

The self-study is a critical and integral part of the accreditation process. It is a systematic process of institutional and programmatic self-assessment. A good self-study will provide valuable information that may be used for educational improvement. The institution/program should initiate the self-study process long before the expected site visit.

Completed self-study reports must be received by NOMAA at least 90 days prior to the site visit.

3. Guidelines for Self-Study Process

3.1 Self-Study Committee

The institution/program needs to form the self-study committee chaired by a high level administrator or a senior faculty. This contact person will be known as the Accreditation Liason Officer (ALO). The Committee will have to understand each accreditation standard. Normally, each committee member is responsible for certain standard (s). The Committee Chair must convene meetings as often as necessary

3.2 The on-going self-study analysis is the key to a successful self-study. It must represent a factual picture of the institution/program and it should distinguish between more and less significant features of its educational programs. The self-study must be a critical and objective appraisal of the weakness and problems as well as its strengths.

- 3.3 The self-study must be a unified study that should show the relationship of various activities of the institution/program.
- 3.4 The committee must develop a plan to address specific areas of concern in relation to each NOMAA accreditation standard.
- 3.5 The final review of the self-study assesses the outcome of the institution's/program's effort in pursuit of its mission and goals.

4. On-Site Visit

The purpose of the site-visit for accreditation is to determine whether the OM institution/program fully meets the accreditation standards. The OM institution/program must submit a completed self-study report at least 90 days prior to the expected site visit date.

- 4.1 The Criteria Review Committee Chair will recommend members for the five person visitation team and the Commission Chair will appoint the team members.
- 4.2 The team will be comprised of 1) team chair, 2) specialist in administration and finance, 3) oriental medicine educator, 4) specialist in oriental medicine clinical education, and 5) specialist in student services. The on-site visit will take three days or more depending on the size of the OM institution/ program.

NOMAA will inform the institution/program of the team members and visitation date. The institution/ program has a right to refuse any team member for whatever reason (s). If any team member is refused, NOMAA will provide a replacement without changing the scheduled visit date. If the replacement is refused, the site-visit date will be re-arranged through mutual agreement between NOMAA and the institution/program.

4.3 Interim Progress Visit

The purpose of this visit is to determine whether the OM institution/program has corrected the previously cited deficiencies. A two-person team will be appointed by the Commission upon recommendation by the CRC Chair. This visitation normally takes one day.

4.4 Focused Visit

The purpose of this visit is to determine compliance in the particular area (s). The Commission Chair will appoint a two person team upon the recommendation of the CRC chair. The visitation normally takes one or two days.

4.5 Outside Observer (s)

Any person (s) who wishes to observe the on-site visit may request approval of NOMAA Commission Chair and consent from the OM institution/program. The observer is not a consultant to either the on-site visit team or the institution/program. The observer may attend all phases of the visitation if the institution/program consents. The observer may present his/her evaluation of the visit team at the end of the visit.

4.6 Response to On-Site Visit Reports

Institutions/programs will have an opportunity to respond in writing to the reports of the on-site review within 30 days.

5. On-Site Visit Agenda

The Commission Secretary of NOMAA prepares a draft agenda in consultation with the visit team leader. All site visits will have the following agenda:

- 5.1 The team will hold a session for planning and document review prior to starting the on-site visit. The main topics include a) schedule of the visit, b) review of protocol for team members, c) identification of areas of clarification, d) discussion of the materials provided as they relate to the accreditation standards.
- 5.2 Representatives of the institution/program will be conducted. Usual topics would include a) Chief Academic Officer's perception of the strengths, challenges, and areas of concern, b) the team's perception of areas that would require explanation and clarification during the visit, and c) other subjects selected by the CEO or Chief Academic Officer of the OM institution/program.
- 5.3 The CEO or CAO leads a campus tour including teaching facilities and clinic facilities.
- 5.4 An open meeting will be conducted with students only to obtain input on student perceptions regarding the effectiveness of the program.
- 5.5 An open meeting with faculty only will be conducted to allow the faculty to participate in the discussion with the team.
- 5.6 Meeting with individual faculty members, students, and administrators may be conducted if the team wishes.
- 5.7 Team meeting may be held any time to go over any findings and/or discussions.

- 5.8 An executive session with CEO to give an oral report that will provide the institution/program with an accurate preview of the final report. During this session, the institution/program may present information to correct any errors.
- 5.9 An exit interview will be conducted with the CEO, CAO, and others the institution/program wishes.

6. Structure of the Report

All on-site visit reports will consist of the following:

- 6.1 Any information that is not a part of the self-study reports but obtained during the site visit.
- 6.2 Background information.
- 6.3 Student achievement data such as competency exam results, licensing board exam passage rate, etc.
- 6.4 Any area of non-compliance, concerns, strengths, bases on each standard.
- 6.5 Team member's area of assignment
- 6.6 Reports on materials reviewed and individuals interviewed by the team.
- 6.7 Review of compliance with each standards and recommendation on each
- 6.8 Summary: continuing requirements, new requirements and commendations
- 6.9 Recommendation Summary

7. Financing the Accreditation Process

- 7.1 Annual accreditation and pre-accreditation sustaining fees are paid by the institution/program.
- 7.2 NOMAA receives substantial contributions for the professional organizations.
- 7.3 NOMAA also receives substantial donations from more than 300 individual practitioners.

SECTION IX. Accreditation Procedures

1. Review of Accreditation Reports

A copy of the reports including recommendations will be sent to each site-visit team member for review and corrections. The report then will be sent to the institution/program for review and correction of errors. The institution/program may request correction of errors of fact only, if any. The institution/program will be allowed to submit a written response to the visiting team report and will be reviewed and evaluated by NOMAA CRC.

2. Accreditation Decision

2.1 Pre-accreditation Status

The NOMAA Commission will approve the request for pre-accreditation status if the requirements for pre-accreditation status are met or they will deny the request if the institution/program does not meet the requirements for pre-accreditation status. NOMAA will specify which requirements were not met.

2.2 Accreditation without Condition

The institution/program is in full compliance with the NOMAA standards for institutional/programmatic accreditation. Any follow-up matters are not of a nature or scope that affects the institution/program's capacity to maintain adherence to the NOMAA accreditation standards for the period of accreditation. Recommendations or any follow-up reports relate either to minor compliance matters or to strengthening of practices that meet the standards of compliance. The term of initial accreditation may be granted for up to five years. Subsequent re-accreditation actions may be granted for a term of up to seven years.

2.3 Accreditation with Condition

The institution/program is in substantial compliance with the standards for institutional/programmatic accreditation. Any areas of non-compliance are not of such nature or scope as to call into question the institution/program's major adherence to the institutional accreditation standards during the term of accreditation. The institution/program has demonstrated the intent and capacity to rectify identified deficiencies and strengthens practice in marginally acceptable matters within no more than two years. Accreditation with condition may be for a period of up to five years, contingent on a finding of compliance within no more than two years on any areas for deficiency cited in the Commissions accreditation action. Accreditation with condition may apply to

institutions/programs seeking initial accreditation or renewal of accreditation. The institution/ program must provide documentation of compliance within the certain period of time as determined by the NOMAA Commission.

2.4 Probationary Accreditation

The institution/program is in partial compliance with institutional/programmatic accreditation standards and may reasonably be expected to meet accreditation standards within no more than two years. During this period, the institution/program provides documentation of compliance with standards, particularly all standards that were not met at the time of the Commission's action. A follow-up visit by NOMAA staff and/or peer reviewers may be required following provision of a required report. Probationary accreditation may apply only to institutions seeking renewal of accreditation.

3. Denial of Accreditation

The institution/program does not meet standards for institutional/programmatic accreditation and cannot reasonably be expected to meet those standards within two years. Denial of accreditation may apply to institutions seeking initial accreditation or renewal of accreditation. The NOMAA Commission may deny accreditation at any time when the institution/ program are deemed to have such weakness in meeting accreditation status that the quality of the entire program is unacceptable prior to denial of accreditation. The NOMAA Commission will require to show case why accreditation should not be withdrawn. The NOMAA Commission will cite all areas of non-compliance and the instructional/program must respond within 30 days. An institution/program that loses accreditation may not apply for accreditation within two years.

4. Withdrawal from Accreditation

The institution/program may withdraw from accreditation at any time by informing NOMAA in writing.

5. Appeal Process

An institution/program can make a request for reconsideration within 30 days following receipt of unfavorable NOMAA decision. The request must accompany documentation, pertinent data, and other information.

6. NOMAA Appeal Panel

The NOMAA Appeal Panel consists of three impartial individuals of the Commission (one public member) selected by the Commission Chair. Any decision needs two votes.

7. Appeal Hearing

When an institution/program appeals for any NOMAA decision, NOMAA must convene an Appeal Panel within 90 days. NOMAA Commission Secretary will notify the institution/program as to the date and place for hearing. The Appeal Panel will investigate all available materials on hand that are relevant with the case.

The Appeal Panel will hear NOMAA presentation and the institution/program will present its case. Legal counsel is allowed to present the case. The panel may ask questions regarding the institution/program. At the end, the panel will deliberate and render recommendation: sustain the original action of NOMAA or reconsideration.

8. Monitoring Accredited Program

8.1 Progress Report

NOMAA will request a progress report when there is reasonable cause indicating the accreditation standards are considered not being met. NOMAA will specify deficiencies and the member institution must provide necessary information as stipulated. Progress Report must be submitted by due date specified in the requirement.

8.2 Interim Progress Review

NOMAA may require an interim progress review if an institution's/program's response to findings of a previous on-site visit is not adequately addressed.

8.3 Focused Visitation

NOMAA may conduct a focused on-site visitation to review the problems noted in pre-accreditation or full accreditation on-site visit, or interim progress review for issue not adequately addressed. A focused visitation may be conducted when deemed necessary by the NOMAA commission.

8.4 Unannounced site Visitation

When NOMAA determined that an institution/program is not in compliance with NOMAA standards and/or its regulations, an announced visitation may be conducted

to verify the accuracy of information by the Commission Secretary or a Commissioner appointed by Commission Chair.

8.5 Annual Institutional Report (AIR)

Each program or institution is required to submit an Annual Institutional Report (AIR) under the following criteria:

- 8.5.1 A program or institution that received status (Eligibility, Initial Accreditation, Renewal Accreditation) with the Commission on Accreditation between January and June shall submit its AIR by July 31 and by January 31 for a program or institution that received status between July and December of the following year.
- 8.5.2 A program or institution must use the standardized AIR format published by NOMAA and available on the Internet.
- 8.5.3 The following minimal data and information must be provided in the AIR:
 - a. Name of program or institution, date and name of individual preparing the AIR.
 - b. General Information about program or institution: phone and fax number, address and email address, state agency authorizing program or institution offering degree(s), control of organization, foundation date and date of most current accreditation status granting and list of the top management of the program or institution.
 - c. Detailed information on the educational program: Academic system, calendar of enrollment dates, minimum and maximal degree completion time, graduation requirements and breakdown of credit and/or hourly requirements for basic, clinical and residency requirements (qualitative and quantitative).
 - d. Demographic information on the instructional faculty: Average Faculty Teaching Equivalent (FTE) load, institutional faculty student ratio, and number of full-time, part-time faculty and number of faculty on overload, if applicable.
 - e. Demographic information on new student enrollments to include educational, ethnic, gender breakdown and enrollment ratios (applications, admitted, enrolled).
 - f. Retention or attrition rates
 - g. Graduation rates and Licensing exam results

- h. Summary and findings of direct and indirect assessment/evaluation of program effectiveness and student learning.
 - i. Financial Aid information (if applicable): Percentage of students on Financial Aid and Recent Cohort student loan default rate.
 - j. Financial Stability of program or institution: Provide a copy of the Annual Audited Financial Statement and Independent Auditor's Report, and provide data for stability financial ratios including the tuition dependency ratio.
 - k. Any significant changes in the operation of the program or institution
 - l. List of progress made toward solving all the issues, concerns and noncompliance areas listed in the most recent team report or letter of action by the Commission on Accreditation.
 - m. Certification letter from the CEO for accuracy of information provided in the AIR.
 - n. Payment of Annual Sustaining Fee
- 8.5.4 Additional information may be requested from the commission regarding specific questions the commission may have concerning the standards and procedures
- 8.5.5 The Criteria Review Committee will review the AIR report. If any deficiencies are noticed, NOMAA will inform the member institution to correct within 30 days.

9. Adverse Action

Should the NOMAA Commission's review of an institution indicate that the institution is not in compliance with a particular standard, NOMAA, as the accrediting agency, shall take prompt adverse action, or require the institution to take appropriate action to bring itself into compliance with the standard, within a specified time frame. NOMAA has sole discretion in determining whether the action shall be of an adverse nature or some other type of action. The time frame for an institution to bring itself into compliance shall not exceed 2 years. If the institution does not bring itself into compliance within this specified period, the Commission will initiate adverse action by issuing a show cause order, unless the Commission, for good cause, extends the period for achieving compliance. Good causes include 1) change in CEO, CAO, CFO, 2) demonstration of progress on a plan whose fulfillment would require an extension in time, and 3) other substantive financial or administration changes, which affect the operation of the institution/program

10. Show Cause

A show cause order includes a specific date when pre-accreditation or accreditation will be withdrawn if certain conditions are not met. The burden of proof rests with the institution to demonstrate why its pre-accreditation or accreditation status should be continued. If the Commission acts to remove the institution from pre-accreditation or accreditation status, the action may be appealed. An institution so removed may apply for reinstatement as soon as the deficiencies have been corrected, subject to the time limits set forth under adverse action. The reinstatement will entail advisory services and on-site evaluations.

11. Substantive Change

NOMAA requires member institutions (accredited and pre-accredited institutions/programs) seeking substantive change to receive prior approval before change can be implemented.

The request for substantive change(s) must be done in writing at least 120 days prior to expected implementation date. The request must state the reason(s) for change(s) and the change will not adversely affect the accredited program.

The NOMAA Executive Committee will evaluate the substantive change request and make a recommendation to approve or deny to the Commission Chair and the Chair makes a decision within 7 days from the dated of receipt of recommendation. If the decision is denied NOMAA will explain fully why id denied the request.

If the substantive change request is for change of member institution's location or additional location(s), two Executive committee members will make a site visit to evaluate legal and other pertinent factors for approval or denial. If approved, accreditation status will include the new and/or additional locations and covered in Title IV Financial Aid.

Following changes are considered substantive changes:

- 11.1 Change in the established mission or objectives
- 11.2 Change in the legal status, from of control, or ownership of the institution.
- 11.3 The addition of courses or programs that represent a significant departure,
- 11.4 Change in either in content or method of delivery, from those that were offered when the member institution was last evaluated.
- 11.5 The addition of courses or programs at a degree or credential level above that which is included in the institution's current accreditation or pre-accreditation.

- 11.6 A change from clock hours to credit hours, or vice versa.
- 11.7 Substantial increase in the number of clock or credit hours awarded for successful completion of a program.
- 11.8 The establishment of additional location geographically apart from the main campus at which the institution offers at least 50% of an educational program.

12. Branch Campus

An institution is required to notify NOMAA, in writing, if it plans to establish a branch campus, and to submit a business plan that describes: 1) the educational program(s) to be offered at the branch campus; 2) the projected revenue and expenditures and cash flow of the branch campus; and 3) the operation, management, and physical resources of the branch campus.

NOMAA will include the branch campus in the institution's accredited status only after evaluating the business plan and taking other necessary action to permit the Agency to determine that the branch campus has sufficient educational, financial, operational, management, and physical resources to satisfy NOMAA's accreditation standards.

NOMAA shall conduct a site visit at the branch campus as soon as practicable, but no later than 6 months after the establishment of the branch campus. The branch campus approved by NOMAA can participate in Title IV.

13. Change of Ownership

All proposed changes of ownership of an institution must be approved by NOMAA. The approval process shall entail submitting a letter of request accompanied by a financial statement of the intended owner(s), including a complete and thorough summary of all business activities/and or connections with private educational institutions during the past 5 years and any other information that Agency staff may judge necessary. An institution that has approved changes in ownership will be required to undergo an on-site review within 6 months of said change, and will bear the cost of such review.

An ownership interest is a share of the legal or beneficial ownership or control, or a right to share in the proceeds, of an institution. A 25% ownership interest, alone or with family members, or holding the position of Director, CEO, or both executive officer and general partner constitutes substantial control over an institution.

14. Teach-Out Agreement

In the event NOMAA determines that an institution is incapable of fulfilling its financial obligations or for any other purpose may need to seek to terminate its operations, then the institution must enter into a teach-out agreement with another institution. NOMAA's prior approval of the teach-out agreement is required. The teach-out agreement must: a) be consistent with applicable NOMAA standards and policies and b) provide for the equitable treatment of students by ensuring that:

- 14.1 Students are provided, without additional charge, all of the instruction promised by the closed institution prior to its closure but not provided to students because of the closure; and
- 14.2 The teach-out institution is geographically proximate to the closed institution and can demonstrate compatibility of its program structure and scheduling to that of the closed institution.
- 14.3 The funds follow the student and are paid to the institution that earned the funds.

15. Complaint Review

NOMAA will review any complaint it receives, against an accredited institution or NOMAA itself, that is related to NOMAA's standards or procedures, and will seek to resolve the complaint in a timely, fair, and adequate manner. The complaint must be filed in writing.

If the complaint is against NOMAA, its Executive Committee will convene as soon as possible (within 7 days) to resolve the complaint.

If the complaint is against an accredited institution/program, the institution will have 20 days to respond to the complaint, in writing. NOMAA will have 10 days to verify the complaint has been resolved, or may take action on the complaint. If the complainant remains aggrieved, NOMAA may utilize its other remedies, including adverse action and show cause.

16. Public Disclosure

NOMAA requires all public disclosure to the public regarding preaccreditation or accreditation status (including advertising and press releases) must be accurate and specify as to the institutional or programmatic nature of the preaccreditation or accreditation status granted by NOMAA. Reference to the NOMAA must be included along with contact information of address, phone number, and website.

National Oriental Medicine Accreditation Agency
721 North Euclid Street, Suite 205D
Anaheim, CA 92801

Telephone: (213) 820-2045

www.nomaa.org

A copy or notice - including all information to be published – must also be sent to NOMAA to assure accuracy. Any inaccuracies require public correction of incorrect or misleading information concerning an accredited or pre-accredited institution/program as to:

- 16.1 The accreditation status of the institution;
- 16.2 The contents of reports of site visit team evaluators; and
- 16.3 NOMAA's accrediting actions with respect to the institution

17. Third-Party Testimony

17.1 Procedures for Submitting Written Comments Prior to the Site Visit

The Commission publishes on the NOMAA Web site the list of programs that have submitted application for candidacy, initial accreditation and reaccreditation during that calendar year for which NOMAA is seeking public comment as part of its current accreditation review of the published programs. The listing will include the dates of the scheduled site visit for each program.

Individuals who wish to submit written testimony about any of the programs scheduled for a site visit must adhere to the following procedures:

All comments about education programs are due in the Accreditation Office no later than fifteen (15) days before the first day of the scheduled site visit. Comments received after this time will not be forwarded to the site visit team for consideration during the accreditation review.

All written testimony must include the commentor's name, address, telephone contact information and the commentor's relationship to the program in order for the Accreditation Office staff to verify the source of the testimony, including comments submitted via fax or as an e-mail attachment. All comments must be signed.

Comments should be submitted to:

National Oriental Medicine Accreditation Agency
721 North Euclid Street, Suite 205D
Anaheim, CA 92801

Telephone: (213) 820-2045

www.nomaa.org

17.2 Procedures for Providing Comments During Site Visit

Programs scheduled for review also are responsible for soliciting public comment from students and consumers by holding a public meeting during the scheduled site visit. The program must widely publish an announcement regarding this meeting as soon as possible after the Commission approves the site visit, but no later than fifteen (15) days prior to the site visit. The announcement should indicate that a copy of the Handbook of Accreditation and/or the Commission's policy on public comment may be obtained by contacting the:

National Oriental Medicine Accreditation Agency
721 North Euclid Street, Suite 205D
Anaheim, CA 92801

Telephone: (213) 820-2045

www.nomaa.org

18. Complaints

NOMAA will review any complaint it receives, against an accredited institution/program or NOMAA itself, that is related to NOMAA's standards or procedures, and will seek to resolve the complaint in a timely, fair, and adequate manner.

To be reviewed, the complaint must be submitted in writing. The institution will have 20 days to respond to the complaint, in writing, to NOMAA. NOMAA will have 10 days to verify the complaint has been resolved, or may take action on the complaint. If the complaint remains aggrieved, NOMAA may utilize its other remedies, including adverse action and show cause.

19. Due Process

NOMAA believes Due Process is important in its accreditation procedures.

- 19.1 NOMAA will use procedures that afford on an institution/program a reasonable time to comply with NOMAA's request for information and documents.
- 19.2 NOMAA will notify the institution/program in writing of any adverse accrediting action or an action to place the institution/program on probation or show cause. The notice will specify the basis for the action.
- 19.3 NOMAA will permit the institution/program the opportunity to appeal an adverse action and the right to be represented by counsel during that appeal. NOMAA will allow institutions/programs the right to appeal other types of action.
- 19.4 NOMAA will notify the institution/program in writing of the result of the appeal and the basis for that result.

SECTION X. Reporting Requirements

1. Initial and Continuing Accreditation Decisions

NOMAA will provide written notification regarding its accreditation decisions to the Secretary of the USDE, the appropriate state licensing or authorizing agency, the appropriate accrediting agencies, and the public within 30 days after the decision to:

- 1.1 Award initial accreditation or pre-accreditation.
- 1.2 Renew accreditation or pre-accreditation.

2. Adverse Decisions

NOMAA will provide written notification regarding its decisions to the Secretary of Education of the USDE, the appropriate state licensing or authorizing agency, the appropriate accrediting agencies, and the public within 30 days after it makes either of the following decisions:

- 2.1 A final decision of probation or equivalent status.
- 2.2 Final decision to deny, withdraw, suspend, revoke, or terminate the accreditation or pre-accreditation of an institution/program.

Written notice to the public regarding the above decisions will be made within 24 hours of the notice to the institution/program. In addition, a brief statement summarizing the reasons for the agency's decision and the comments, if any, that the affected institution/program may wish to make with regard to that decision will be provided to the Secretary of the USDE, the appropriate state licensing or authorizing agency, the appropriate accrediting agencies, and the public upon request, no later than 60 days after the final decisions.

3. Withdrawal or Lapses of Accreditation

NOMAA will notify the Secretary of the USDE, the appropriate state Licensing or authorizing agency, the appropriate accrediting agencies, and, upon request, the public within 30 days of receiving notification from the institution/program if it has decided to withdraw voluntarily from pre-accreditation, provisional accreditation or accreditation.

NOMAA will notify the Secretary of the USDE, the appropriate state Licensing or authorizing agency, the appropriate accrediting agencies, and, upon request, the public within 30 days of the date on which accreditation or pre-accreditation lapses if the

institution/program notifies NOMAA that it will not request renewal of its pre-accreditation or accreditation status.

4. Requirements for Title IV Compliance

Accredited institutions/programs that receive Title IV student financial aid are required to meet very specific standards based upon federal guidelines overseen by the US Department of Education (34. CFR.602, 34.CFR.667, and 34.CFR.668). The institution/program should demonstrate that it is in compliance with Title IV program responsibilities by monitoring and minimizing loan default rates. The institution/program's compliance with its HEA Title IV program responsibilities, including but not limited to the following shall be a consideration in a review for accreditation or renewal of accreditation, or in an enforcement review:

- 4.1 The institution/program must demonstrate that its annual student loan default rate is within that required by the prescribed federal ranges.
- 4.2 The institution/program is required to submit a copy of its default management plan.
- 4.3 The institution/program is required to submit an annual independent auditor's financial statement or a compliance audit.
- 4.4 The institution/program must conduct complete financial aid program reviews. The institution/program shall submit information from this record of compliance to the NOMAA on a periodic basis as determined by the NOMAA Commission.
- 4.5 If the institution/program default rate exceeds the prescribed federal limit, the institution/program must include its default management plan and document compliance with the plan through monitoring and adherence to the plan. A report addressing the effectiveness of the plan and an improvement plan, if necessary, must also be submitted if the institution's/program's default rates have not improved.
- 4.6 An institution shall have a procedure in place to ensure that it is in compliance with its program responsibilities under Title IV of the HEA and shall maintain a record describing such procedure.
- 4.7 An institution shall maintain a record of its compliance with its program responsibilities under Title IV of the HEA over the previous 10 years, unless the NOMAA Commission determines that there is good cause for a shorter records retention period.
- 4.8 The institution/program must provide evidence of attendance at a work-shop or seminar on student financial management and educational program evaluation.

5. Other Required Reporting Information

NOMAA must submit to the USDE:

- 5.1 A copy of any annual report it prepares;
- 5.2 A copy, updated annually, of its directory of accredited and pre-accredited institutions/programs;
- 5.3 A summary of NOMAA 's major accrediting activities during the previous year (an annual data summary), if requested by the Secretary to carry out the Secretary's responsibilities related to this part;
- 5.4 Any proposed changed in NOMAA's policies, procedures, or accreditation or pre-accreditation standards that might alter NOMAA's
 - 1) Scope or recognition; or
 - 2) Compliance with the criteria for recognition;
- 5.5 The name of any institution/program NOMAA accredits that NOMAA
has reason to believe is failing to meet its Title IV, HEA program responsibilities or is engaged in fraud or abuse, along with NOMAA's reasons for concern about the institution/program;
- 5.6 If the Secretary requests, information that may bear upon an accredited
or pre-accredited institution's/program's compliance with its Title IV, HEA program responsibilities, including the eligibility of the institution/program to participate in Title IV, HEA programs. The Secretary may ask for this information to assist the Department in resolving problems with the institution's participation in the Title IV, HEA programs.

6. Decisions of State and Other Accrediting Agencies

- 6.1 No State approval:

NOMAA will not accredit institutions that lack legal authorization to offer professional doctorate (or its equivalent) by the state in which the institution is located.

- 6.2 Legal and/or other Adverse Actions:

NOMAA will not grant initial or renewed accreditation or pre-accreditation if NOMAA knows, or has reasonable cause to know, that the institution is subject to:

- 6.2.1 A pending or final action brought by a state agency to suspend, revoke, withdraw, or terminate the institution's legal authority to provide postsecondary education;
- 6.2.2 A decision by a recognized agency to deny accreditation;
- 6.2.3 Pending or final action brought by a recognized agency to suspend, revoke, withdraw, or terminate the accreditation or pre-accreditation;
- 6.2.4 Probation or an equivalent status imposed by a recognized agency.

NOMAA may grant accreditation or pre-accreditation only on the condition that NOMAA provides to the Secretary of USDE, within 30 days of its action, a thorough and reasonable explanation, consistent with NOMAA standards, why the action of the other body does not preclude NOMAA's grant of accreditation or pre-accreditation.

6.3 Adverse Action by Another Agency

If NOMAA learns that an institution/program it accredits or pre-accredits is the subject of an adverse action by another recognized accrediting agency or has been placed on probation or equivalent status by another recognized agency, NOMAA will promptly review its accreditation or pre-accreditation of the institution/program to determine if NOMAA should also take adverse action or place the institution/program on probation or show cause.

6.4 Sharing Information

NOMAA, upon request, will share with other appropriate recognized accrediting agencies and recognized state approval agencies, information about the accreditation or pre-accreditation status of an institution/program and any adverse actions it has taken against an accredited or pre-accredited institution/program.

7. Public Disclosure

NOMAA requires that, if an institution elects to make a public disclosure of its pre-accreditation or accreditation status granted by NOMAA, the institution discloses that status accurately, including the specific academic or instructional programs covered by the status and the name, address, and telephone number of NOMAA.

NOMAA requires the public correction of incorrect or misleading information concerning an accredited or pre-accredited institution as to:

- 7.1 The accreditation status of institution;
- 7.2 The contents of reports of site visit team evaluators; and
- 7.3 NOMAA's accrediting actions with respect to the institution

8. Information Requested by the Public

NOMAA will maintain and make available to the public, upon request, written materials describing:

- 8.1 Each type of accreditation and pre-accreditation it grants,
- 8.2 The procedures that institutions/programs must follow in applying for accreditation or pre-accreditation
- 8.3 The NOMAA Standards and Procedures for determining whether to grant, reaffirm, reinstate, restrict, deny, revoke, terminate, or take any other action related to each type of accreditation and pre-accreditation,
- 8.4 The institutions/programs that NOMAA accredits or pre-accredited, and for each institution/program, the year NOMAA will next review or reconsider for accreditation or pre-accreditation, and
- 8.5 The names, academic and professional qualifications, and relevant employment and organizational affiliations of Commissioners, Committee members and the Commission Secretary.

SECTION XI. Appendices

Appendix A. Ethics, Values, and Standards

Preface

The National Oriental Medicine Accreditation Agency Values and Standards of Professional Conduct are fundamental to the values of and essential to achieving its mission to lead the oriental medical profession globally by setting high standards of education, integrity, and professional excellence. High ethical standards are critical to maintaining the public's trust in the oriental medicine profession.

Values and Standards promote the integrity of NOMAA and member Institutions and serve as a model for measuring the ethics of oriental medicine professionals globally, regardless of job function, cultural differences, or local laws and regulations.

All NOMAA Institute members and NOMAA candidates must abide by the Values and Standards and are encouraged to notify their employer of this responsibility. Violations may result in disciplinary sanctions by NOMAA. Sanctions can include revocation of membership, candidacy in the NOMAA Program, and the right to use the NOMAA designation.

STANDARDS OF PROFESSIONAL CONDUCT

1. Act with integrity, competence, diligence, respect, and in an ethical manner with the public, clients, prospective patients, employers, employees, colleagues in the oriental medicine profession, and other participants in the global medical Professions.
2. Place the integrity of the oriental medicine profession and the interests of patients above their own personal interests.
3. Use reasonable care and exercise independent professional judgment when conducting analysis, making recommendations, taking actions, and engaging in other professional activities.
4. Practice and encourage others to practice in a professional and ethical manner that will reflect credit on themselves and the profession.

5. Promote the integrity of, and maintain and improve their professional competence and strive to maintain and improve the competence of other oriental medicine professionals.

PROFESSIONALISM

A. Knowledge of the Law.

Members and Candidates must understand and comply with all applicable laws, rules, and regulations (including Ethics Values and Standards of Professional Conduct) of any government, regulatory organization, licensing agency, or professional association governing their professional activities. In the event of conflict, Members and Candidates must comply with the more strict law, rule, or regulation.

Members and Candidates must not knowingly participate or assist in and must dissociate from any violation of such laws, rules, or regulations.

B. Independence and Objectivity.

Members and Candidates must use reasonable care and judgment to achieve and maintain independence and objectivity in their professional activities.

Members and Candidates must not offer, solicit, or accept any gift, benefit, compensation, or consideration that reasonably could be expected to compromise their own or another's independence and objectivity.

C. Misrepresentation.

Members and Candidates must not knowingly make any misrepresentations relating to, oriental medicine recommendations, actions, or other professional activities.

D. Misconduct.

Members and Candidates must not engage in any professional conduct involving dishonesty, fraud, or deceit or commit any act that reflects adversely on their professional reputation, integrity, or competence.

E. Public Interest

Serve the public, beyond serving oneself. NOMAA is committed to:

1. Exercise discretionary authority to promote the public interest.
2. Oppose all forms of discrimination and harassment, and promote affirmative action.
3. Recognize and support the public's right to know the public's business.
4. Involve citizens in policy decision-making.
5. Exercise compassion, benevolence, fairness and optimism.
6. Respond to the public in ways that are complete, clear, and easy to understand. Be prepared to make decisions that may not be popular.

F. Personal Integrity

Demonstrate the highest standards in all activities to inspire public confidence and trust in public service. NOMAA is committed to:

1. Maintain truthfulness and honesty and to not compromise them for advancement, honor, or personal gain.
2. Ensure that others receive credit for their work and contributions.
3. Zealously guard against conflict of interest or its appearance: e.g., nepotism, improper outside employment, misuse of public resources or the acceptance of gifts.
4. Respect superiors, subordinates, colleagues and the public.
5. Take responsibility for their own errors.
6. Conduct official acts without partisanship.

G. Promote Ethical Organizations

Strengthen organizational capabilities to apply ethics, efficiency and effectiveness in serving the public. NOMAA is committed to:

1. Enhance organizational capacity for open communication, creativity, and dedication.

2. Subordinate institutional loyalties to the public good.
3. Establish procedures that promote ethical behavior and hold individuals and organizations accountable for their conduct.
4. Provide organization members with an administrative means for dissent, assurance of due process and safeguards against reprisal.
5. Promote merit principles that protect against arbitrary and capricious actions.
6. Promote organizational accountability through appropriate controls and procedures.
7. Encourage organizations to adopt, distribute, and periodically review a code of ethics as a living document.

H. Professional Excellence

Strengthen individual capabilities and encourage the professional development of others. NOMAA is committed to:

1. Provide support and encouragement to upgrade competence.
2. Accept as a personal duty the responsibility to keep up to date on emerging issues and potential problems.
3. Encourage others, throughout their careers, to participate in professional activities and associations.
4. Allocate time to meet with students and provide a bridge between classroom studies and the realities of public service.

I. Programs and Institutions

Programs and Institutions shall adhere to the following principles of ethics:

1. The primary emphasis on advertising oriental medicine professional education should be on the educational program.
2. All statements and representations should be clear, factually accurate, and current.
3. Catalogs and other official publications (printed or electronic) should be readily available and accurately depict:
 - a. Purpose and goals of the program

- b. Admission requirements and procedures
 - c. Degree requirements
 - d. Faculty, with degrees held and the conferring institution
 - e. Tuition, fees and other program costs, along with procedure for refund and withdrawal
 - f. Financial aid programs
4. Program catalogs and other official publications (printed or electronic) describing career opportunities should provide clear and accurate information about:
 - a. National and state requirements for eligibility for licensure
 - b. Any unique requirements for career paths, or for employment and advancement opportunity in the profession.

If an Institution/program elects to disclose its accreditation or preaccreditation status to the public, the NOMAA must verify the accuracy of the information. The public disclosure of the accreditation status by the Institution must be sent to the NOMAA Commission and it must include:

1. A statement that the college grants the Doctor of Oriental Medicine (OMD) degree,
2. A statement that the college is accredited by the NOMAA, and
3. The address, e-mail, and telephone number of the NOMAA. If incorrect or misleading information is included in the public disclosure of the accreditation status of the college, the NOMAA will provide the accurate accreditation status to the public, make corrections in reports of site visit reviews or reports of evaluation, or the NOMAA's accrediting or preaccreditation actions with respect to the Institution, as necessary. The institution/program will be notified that the NOMAA intends to correct the incorrect or misleading information disclosed by the NOMAA. Public disclosure of NOMAA corrections will be made in the NOMAA website, or other avenues. Should Institution/program release additional information; the NOMAA Commission must be notified. The Commission may maintain or place condition on the accreditation status assigned until it is satisfied that the public is no longer being misled.

If an Institution/program elects to disclose its accreditation or preaccreditation status to the public, the NOMAA must verify the accuracy of the information. The public disclosure of the accreditation status by the Institution must be sent to the NOMAA Commission and it must include:

4. A statement that the college grants the Doctor of Oriental Medicine (OMD) degree,
5. A statement that the college is accredited by the NOMAA, and
6. The address, e-mail, and telephone number of the NOMAA. If incorrect or misleading information is included in the public disclosure of the accreditation status of the college, the NOMAA will provide the accurate accreditation status to the public, make corrections in reports of site visit reviews or reports of evaluation, or the NOMAA's accrediting or preaccreditation actions with respect to the Institution, as necessary. The institution/program will be notified that the NOMAA intends to correct the incorrect or misleading information disclosed by the NOMAA. Public disclosure of NOMAA corrections will be made in the NOMAA website, or other avenues. Should Institution/program release additional information; the NOMAA Commission must be notified. The Commission may maintain or place condition on the accreditation status assigned until it is satisfied that the public is no longer being misled.