

NOMAA

National Oriental Medicine Accreditation Agency

Institutional Self-Study Guide for Accreditation

2006

- **Standards of Quality**
- **Compliance Attributes**
- **Suggested Documentation**

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NOMAA Institutional Accreditation Self-Study Guide

Introduction

All degree-granting institutions applying for either institutional or programmatic accreditation by the National Oriental Medicine Accreditation Agency (NOMAA) need to conduct a self-study that demonstrates their ability to meet the quality standards of accreditation established by the NOMAA for voluntary accreditation. Those entities seeking institutional accreditation may designate the NOMAA as their nationally recognized accrediting agency for the purpose of establishing eligibility for student loan assistance available under Title IV of the Higher Education Act of 1965, as amended. Institutional adherence to the NOMAA standards is periodically confirmed through a process of institutional self-study and subsequent peer review, including at the time of renewed accreditation.

This “Self-Study Guide” has been prepared by the NOMAA to assist institutions in undergoing a review for purposes of institutional or programmatic accreditation. The self-study requires an examination of the entire institution and the contributions of its departments to the institution as a whole, including any potential impact of the NOMAA program in the case of an institution seeking programmatic accreditation. The process is intended to help identify areas that need strengthening and suggest future actions as well to assure compliance with accreditation standards.

Since each institution is unique it is essential that the institutional representative coordinating the self-study maintain ongoing communication with the NOMAA designated review coordinator during all phases of the self-study process.

Self-Study Format

An institution is required to conduct an in-depth self-assessment with respect to all applicable sections of the standards for either institutional or programmatic accreditation. These standards are articulated in the NOMAA Handbook of Accreditation. Three categories of information are to be provided under each standard, or grouping of standards, that includes the following:

Data

This involves current and accurate information provided by the institution describing its present status with regard to each particular standard or grouping of standards cited. This includes statements of “compliance attributes” which are intended to assist the institution in its self-assessment of their degree of compliance to each standard and to identify any areas needing changes. This information also assists peer reviewers and decision-making bodies in reaching decisions on accreditation and renewal of accreditation. Provided data also includes “suggested documentation” that afford additional support to determining compliance and may vary in type and scope, depending on an institution’s mission and scope of instruction. The institution should consult with the NOMAA review coordinator to clarify that documentation is appropriate to its circumstances.

Analysis

This requires the institution to undertake a careful and thorough evaluation of its compliance with the standard cited and of the effectiveness of its policies and practices in the area addressed by the standard. This effort gives due recognition to both accomplishments and needs.

Plans

This part of the response is intended for the institution to present its plans to build on its strengths in the area addressed or to correct identified weaknesses or matters of non-compliance.

NOMAA Standards of 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.

Compliance Attributes

- Institutional/programmatic mission and goals are clearly stated in the catalog and other publications.
- The mission statement does not conflict with the institution's charter or authorizations granted by their State Bureau or Commission of Private Postsecondary and Vocational Education.
- Institutional goals, objectives, policies, practices, and programs reflect and implement the mission.
- Components of the institution's educational program are consistent in defined objectives and content with stated institutional purpose, mission and goals.
- Members of the institutional community (trustees, administration, faculty, students) are knowledgeable about the institution's mission.

- Institutional and student outcomes are consistent with the institutional mission and goals.
- The institution has a plan and program to assess the effectiveness with which its units and services contribute to the consistent implementation of its mission and goals.

Suggested Documentation

- Citations of pertinent statements in catalogs, other publications, and internal documents.
- Syllabi, examinations and other course materials.
- Surveys of members of the institution's community.
- Data on outcomes for students and the institution as a whole.
- Institutional effectiveness assessment plan and program.
- Reports of internal and external reviews of the institution.
- Minutes of trustees, administrative committees, and faculty committees.
- Institutional long-range master plan.
- Statement of mission.
- Statement of institution vision.
- Evidence of reappraisal of mission.
- Evidence that institutional budgets reflect the mission and goals

*STANDARD I must be in full compliance by institutions/programs seeking preaccreditation.

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.

Curriculum Development

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 alongside 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.

Biomedical Sciences

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 student's 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 being 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.

Oriental Medical Sciences

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 dominant 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 have 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.

Clinical Medicine

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.) of Handbook. 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.

Clinical Clerkship

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, 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.

Electives

2.15 Electives (60 hours)

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.

Curriculum Evaluation

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.

Postgraduate Residency Training

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 OMD's 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.

Integrity of Credit

- a. Each course offered for credit by an institution/program shall be part of a general education requirement, a major requirement, or an elective in a curriculum leading to a first-professional doctor of oriental medicine (OMD) degree.
- b. Credit toward an undergraduate degree offered by institutions programs, other than the OMD degree, shall be earned only for college-level work for those degrees. Credit toward a graduate degree shall be earned only through work designed expressly for graduate students. Credit toward the professional OMD degree shall be earned only through work designed expressly for OMD students. The institution shall strictly control enrollment of secondary school students in undergraduate courses, of undergraduates in graduate courses, and of graduate students in undergraduate courses.
- c. The institution shall assure that credit is granted only to students who have achieved the stated objectives of each credit-bearing learning activity.

Compliance Attributes

- Remedial course work is not credit bearing.
- Coursework for undergraduate credit is college level.
- Course enrollment is strictly controlled by the institution according to level; appropriate prerequisite knowledge is required.
- Credit is granted only for courses that count toward some degree offered by the institution, at least as an elective.
- Credit is granted only for achievement of objectives of all credit-bearing activities; grades and credit are commensurate with demonstrated student attainment of course objectives.
- Registrar audits of program progress and completion are consistent with published requirements for curricula and degrees completion.

Suggested Documentation

- Instructional policy statement and internal guidelines on expectations of effort and level.
- Catalog descriptions of curricula and courses and their prerequisites.

- Comprehensive list of all courses scheduled for a term.
- Written institutional policies regarding enrollment in courses (by level or place in the curriculum).
- Course materials, including general syllabi, instructor course outlines, exam questions, graded student papers, as indicated by review coordinator.
- Recent self-assessments or external assessments of programs, departments, and general education, as available and as indicated by review coordinator.
- Transcripts, registrar's audits on program progress; degree and program templates for advisors.
- Feedback from students, alumni, employers on attainment of course objectives and needed general skills and knowledge.
- Completed Course Assessment Forms, as indicated by review coordinator.

Curricular Goals and Objectives

- a. Institutional/program goals and the objectives of each curriculum and of all courses shall be carefully defined in writing.
- b. Each curriculum shall show evidence of careful planning. The content and duration of curricula shall be designed to implement their purposes.
- c. Course descriptions shall clearly state the subject matter and requirements of each course.

Suggested Documentation

- Descriptions of curricular objectives and requirements in the catalog and other printed materials, and on-line.
- Feedback from faculty and students regarding the effectiveness of curricula in implementing their purposes and meeting defined objectives.
- Course materials, including syllabi, examinations, and graded student papers, as indicated by review coordinator.
- Course evaluations by students and peer reviewers.
- Recent formal program evaluations, including assessment by internal committees and by external peer reviewers and/or constituencies.

Assessment of Achieving Goals and Objectives

There shall be a written plan to assess, no less than every five to seven years, the success of faculty and students in achieving institutional goals and curricular objectives and to promote improvement. Such assessment shall include systematic collection, review and use of quantitative and qualitative information about educational programs, including at

least some information that directly addresses learning outcomes, and shall be undertaken for the purpose of improving student learning and development.

Compliance Attributes

- Existence of the required plan.

Suggested Documentation

- Provision of the assessment plan.

Program Length, Credit, and Other Requirements

For each curriculum, the institution/program shall assure that courses will be offered with sufficient frequency to enable students to complete the program within the minimum time for degree completion.

Compliance Attributes

- Courses are offered with sufficient frequency to allow full-time students to complete the program within the minimum time frames set forth in these standards.
- The length of time for part-time students is reasonable, with suggested limits for program completion.

Suggested Documentation

- Catalog descriptions of all courses citing frequency of offering; catalog includes model schedules.
- Institution's analysis for the previous two years confirming the offering of courses with sufficient frequency for timely degree completion.
- Institution's analysis of its use of course substitutions and independent study as an alternative to offering of courses.
- Records of registrar's degree audits of students; student transcripts.
- Record of institution's reviews of graduate theses or the equivalent, and comprehensive examinations for sufficiency of depth, breadth, and quality of analysis.

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.

- 3.6 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).
- 3.7 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.
- 3.8 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.

- 3.8.1 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.
- 3.8.2 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.
- 3.8.3 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.
- 3.8.4 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.
- 3.8.5 Clinical competencies are measured for all work completed during the clinical clerkship efforts.

3.9 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.

- 3.9.1 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.
- 3.9.2 Graduates must demonstrate mastery of competencies associated with the assessment and diagnosis of child, adolescent, adult, geriatric, and medically compromised patients.
- 3.9.3 Graduates are competent in treatment planning, referral to medical specialists, and case presentation for child, adolescent, adult, geriatric, and medically compromised patients.
- 3.9.4 Graduates are competent in patient education and in conveying information regarding the prevention of diseases in a manner that the patient can understand.
- 3.9.5 Graduates are competent in control of pain and anxiety, and management of related problems for child, adolescent, adult, geriatric, and medically compromised patients.
- 3.9.6 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.
- 3.9.7 Graduates are competent in the prevention, management, and recognition of medical emergencies, including possible needling-induced incidents.
- 3.9.8 Graduates are competent in the sterilization standards and disposal of used

needles and blood contaminated materials.

- 3.9.9 Graduates are competent in following codes, rules, laws, and regulations that govern the provision of acupuncture and oriental medicine health services.
 - 3.9.10 Graduates are competent in infection control procedures to prevent transmission of infectious diseases to patients, the practitioner, and the staff.
 - 3.9.11 Graduates are competent in patient management and interpersonal skills.
 - 3.9.12 Graduates are competent in the fundamental elements of managing an acupuncture and oriental medicine practice.
 - 3.9.13 Graduates are competent to critically evaluate and incorporate new modalities and procedures into their practices when these modalities and procedures prove efficacious.
 - 3.9.14 Graduates are competent in the evaluation of the outcomes of treatment.
- 3.10 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.

- 3.10.1 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
- 3.10.2 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:
 - a. 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.

- b. 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.
- c. 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.
- d. Patient values refer 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.

Outcomes Assessment Plan

The institution/program shall prepare and continuously implement a plan for the systematic assessment of its effectiveness in promoting the quality of student achievement and development. Such assessment plan shall include but need not be limited to: graduation rates and, as pertinent to institutional mission and programs, state licensing examination results and job placement rates. The institution shall provide to the NOMAA Commission on request and in all applications for accreditation and renewal of accreditation, evidence of its implementation of the plan and its effects on the quality of student achievement in relation to its mission and goals. 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, clerkship, and operating procedures. The assessment plan also addresses how measuring technical standards (3.8), developing clinical competencies (3.9), and applying evidence-based medicine methodology (3.10), is implemented.

Compliance Attributes

- The institution/program has a comprehensive plan and program to assess its effectiveness in promoting the quality of student achievement and development on a scheduled, periodic basis and has implemented the plan.
- The institution's plan to assess its effectiveness includes assessment of the outcomes of its educational programs and services and specifically includes student persistence and graduation rates, licensing examination results and job placement rates as applicable to the fields and programs of study, and the institutional policies and practices contributing (or not contributing) to these outcomes.

Suggested Documentation

- Institutional effectiveness assessment plan and documentation of its implementation, results, and action taken.
- Outcomes data on student persistence rate, graduation rate, job placement, and other outcomes including, if applicable, state professional licensing examination results.

Annual Submissions on Outcomes

The institution shall annually submit:

- a. Timely and accurate statistical information as prescribed by the NOMAA standards;
- b. Additional specified reports, including data related to persistence and graduation rates, state licensing examination results, job placement rates, and other evidence of the quality of student achievement;
- c. Record of compliance with its program responsibilities under HEA Title IV (including student default rate data, and the results of audits and program reviews);
- d. Record of student complaints and their outcomes; and
- e. Other information pertaining to an institution's compliance with the standards prescribed in this Part, as determined by the Commission.

Compliance Attributes

- Annual reports are accurate, complete, and timely.

Suggested Documentation

- Annual reports provided to the NOMAA Commission
- Previous outcomes studies, including graduation rates and job placement rates as appropriate.

Improving Student Achievement

The mission of NOMAA accredited institution/programs is to graduate first-professional level doctor of oriental medicine (OMD) practitioners that are able to enter to private practice or seek employment in the health care industry. Based on the most recent student achievement data submitted to the NOMAA, an institution/program that reports job placement rates, including civilian and military occupations, below 80 percent, and that has not shown an improvement over the preceding year of at least three percent, shall prepare and submit a plan to improve student achievement in terms of job placement rates. Such plan shall include but need not be limited to: strategies and timelines intended to achieve at least 80 percent or a three-percent annual improvement within a period not

to exceed four years at an institution where the longest program is at least four years duration.

Compliance Attributes

- Provision of a satisfactory plan to address any shortfalls in the designated performance measures.

Suggested Documentation

- Written plan, with timelines, to come into compliance with the performance standards.

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.

Competence and Credentials

- a. All members of the faculty shall have demonstrated by training, earned degrees, scholarship, experience, and by classroom performance or other evidence of teaching potential, their competence to offer the courses and discharge the other academic responsibilities which are assigned to them.
- b. All faculty members who teach within a curriculum leading to a graduate degree shall possess earned doctorates or other terminal degrees in the field in which they are teaching or shall have demonstrated, in other widely recognized ways, their special competence in the field in which they direct graduate students.

Compliance Attributes

- Faculty have the documented expertise, including the advanced study and licensure appropriate to the field, to teach each course to which they are assigned and conduct other faculty responsibilities set forth in this Section.
- Faculty members teaching at the graduate level hold earned doctorates or other terminal degrees in their specialty areas. Any faculty members teaching at the graduate level who do not hold an earned doctorate or other terminal degree have significant, widely recognized special competence in the field in which they teach graduate students as demonstrated by such means as publication record.
- The faculty has college teaching and administrative experience appropriate to their assignments.

Suggested Documentation

- Faculty transcripts/resumes; record of professional activity; record of service at the institution/program, as included in faculty folders and other documents.
- Completed faculty information forms and forms on expected advanced training for particular courses, as indicated by the NOMAA review coordinator.
- Completed Faculty Profile Form.
- Faculty handbook, employment agreements and contracts, and other documents with criteria for employment, retention, promotion and tenure; evaluation process and standards, and professional development expectations and support.
- Advertisements for faculty positions.

- Minutes of trustee meetings and administrative and faculty committee meetings related to staffing, curriculum and academic standards.
- Course materials, including syllabi and graded student work. Course evaluations by students and peers.
- Institutional self-assessments of the educational program and its components, and their outcomes on staffing.

Adequacy to Support Programs

- a. The faculty shall be sufficient in number to assure breadth and depth of instruction and the proper discharge of all other faculty responsibilities.
- b. To foster and maintain continuity and stability in academic programs and policies, there shall be in the institution a sufficient number of faculty members who serve full-time at the institution.
- c. For each curriculum the institution/program shall designate a body of faculty who, with the academic officers of the institution, shall be responsible for setting curricular objectives, for determining the means by which achievement of objectives is measured, for evaluating the achievement of curricular objectives, and for providing academic advice to students.
- d. The ratio of faculty to students in each course shall be sufficient to assure effective instruction.

Compliance Attributes

- The faculty clearly is responsible for the development, implementation, and evaluation of curricular design, for ongoing quality assurance, and advising.
- The number of full-and part-time faculty members is sufficient to assure the consistent attainment of institutional and program objectives with respect to breadth and depth of instruction, timely offering of all courses needed to complete each program, and effective conduct of other academic responsibilities.
- There are a sufficient and appropriate number of ongoing full-time faculty members to assure continuity of leadership and stability in all academic programs, including the development, implementation and evaluation of curricular design, ongoing quality assurance, and advising in all program areas. Any exception to the maintenance of a well-qualified core of ongoing full-time faculty in each program area is thoroughly documented in terms of high qualitative learning outcomes for students as well as the unique nature of the field.
- Class size and the methods of instruction are consistently conducive to effective learning. The size of each class is such as to assure prompt, continual, and substantive feedback on student performance during the course and to assure ongoing faculty accessibility to students in the course. Class size is such that the instructor, or a well-qualified member of the instructional team for the course, has a good working

knowledge of each student's strengths and weaknesses in the course and interacts with the student to strengthen performance. Remedial classes have enrollments consistent with intensive, individualized teaching; they are consistently less than 20.

- Course evaluations by students and peers assess whether class size and methods of instruction are conducive to effective learning.

Suggested Documentation

- Printouts of courses offered, with class sizes; summary data on class sizes.
- Completed Faculty Profile Form.
- Course grade sheets, as indicated by review coordinator.
- Faculty Information Forms, as indicated by review coordinator.
- Expected Faculty Expertise Forms, as indicated by review coordinator.
- Syllabi of all courses, examinations, graded student papers, and other course materials as indicated by the NOMAA review coordinator.
- Continuity of Faculty Form.
- Observations in institutional self-studies of programs and of institutional functioning, and their outcomes.
- Feedback from students, faculty, graduates and others on instructional effectiveness and outcomes.
- Student and peer evaluations of instructors and courses.
- Composition of committees, including academic standards, curriculum, and tenure and promotion.
- Minutes of faculty committees.
- Faculty handbook and other documents addressing (a) academic governance and (b) expectations in teaching.
- Institutional self-studies of optimum class size for effective teaching and the core of full-time faculty needed to assure continuity and stability in programs and policies.
- Data on student/faculty ratios and class size.
- Data on proportion of instruction by full-time faculty.
- Institutional definition of full-time employment for faculty members.

Evaluation and Professional Responsibilities

- a. The teaching and research of each faculty member, in accordance with the faculty member's responsibilities, shall be evaluated periodically by the institution/program. The teaching of each inexperienced faculty member shall receive special supervision during the initial period of appointment.

- b. Each member of the faculty shall be allowed adequate time, in accordance with the faculty member's responsibilities, to broaden professional knowledge, prepare course materials, advise students, direct independent study and research, supervise teaching, participate in institutional governance and carry out other academic responsibilities appropriate to his or her position, in addition to performing assigned teaching and administrative duties.

Compliance Attributes

- Institutional policy provides for evaluation of faculty members according to an established schedule and procedure; faculty folders reflect adherence to stated policy.
- Orientation and supervision of inexperienced faculty members are carried on during the initial period of appointment; other faculty is evaluated periodically with respect to their teaching and other responsibilities.
- The institution has written policies regarding release time and other support for faculty members pursuing activities, which contribute, to their professional knowledge and implements them consistently and evenhandedly.
- Faculty workloads are consistent with the skill levels of students and their needs for instructional support, feedback and individual mentoring.
- Faculty workloads permit sufficient time for participation in academic governance, advising, professional development and other designated responsibilities.
- Faculty workloads provide sufficient time for course preparations and for frequent and careful assessments of students' progress, including the development of writing and analytical skills.
- Assignment of maximum faculty teaching loads is consistent with the assessed quality of teaching and with high qualitative learning outcomes for students. Total teaching loads, including overload assignments, take into account the effect of class size and total student load on quality of instruction. Normally, full-time faculty has a teaching load of no more than three separate course preparations.

Suggested Documentation

- Written institution policies in faculty handbook, individual or collective contracts or agreements, and other documents, including descriptions of formal systems of faculty evaluation, orientation and supervision of inexperienced faculty, and faculty workloads.
- Materials in faculty folders on evaluation of teaching and other responsibilities.
- Description of advising responsibilities and workloads of faculty and staff, description of basis for assigning advisees.
- Record of faculty development and other professional activities.
- Internal assessments of faculty workload in relation to the quality of student achievement and development.

- Completed Faculty Information Forms and Statements of Expected Expertise, as indicated by review coordinator.
- Any institutional self-studies on teaching effectiveness.
- Syllabus, examinations, graded student papers and other course materials as indicated by review coordinator.

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 supervisor’s 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 patient's 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.

Facilities, Equipment, and Supplies

- a. The institution shall provide classrooms, administrative and faculty offices, auditoria, laboratories, libraries, audio-visual and computer facilities, clinical facilities, studios, practice rooms, and other instructional resources sufficient in number, design, condition, and accessibility to support its mission, goals, instruction, programs, and all other educational activities.
- b. The institution shall provide equipment sufficient in quantity and quality to support administration, instruction, research, and student performance.

Compliance Attributes

- Facilities include an adequate number of well-equipped class, conference, and multimedia/computer rooms, and laboratories, as appropriate to the curricula offered.
- Adequate maintenance and repair of equipment and supplies.
- Adequate faculty office space for meetings with students and course preparations.
- Adequate space and equipment for academic support services and administrative services.
- Compliance with the State Fire Code, or with a local fire code that supersedes it, with applicable local health and sanitation codes, and other licensing requirements.

- Provision of computers and other teaching aids sufficient in number, kind and condition to meet institutional and course objectives.
- Adequate provision for accessibility by all students.

Suggested Documentation

- Summary data on classrooms, laboratories, academic support services, faculty, administrative services and other spaces, and equipment related to the educational program.
- Summary of provisions for accessibility for students; reports on compliance.
- Summary data on computing and other equipment for the educational program and plans for upgrades.
- Maintenance agreements or budget allocations for maintenance and repair of classroom and laboratory equipment.
- Written agreements for provision of facilities or services by other organizations and to other organizations.
- Certificates of occupancy, code, fire, safety, and health compliance, as applicable.

Library and Information Resources

- a. The institution/program shall provide libraries that possess and maintain collections and technology sufficient in depth and breadth to support the mission of the institution and each curriculum.
- b. Libraries shall be administered by professionally trained staff supported by sufficient personnel. Library services and resources shall be available for student and faculty use with sufficient regularity and at appropriate hours to support the mission of the institution and the curricula it offers.

Compliance Attributes

- The library collection contains print materials, including monographs and serials, and non-print media adequate in breadth and depth to support the institution's mission and curricula, in addition to full-text data bases.
- Professional library staff has master's degrees from accredited library schools.
- Faculty and students have ready access to the circulation, reference, and reserve collections.
- Professional and support staff is sufficient in number to provide instruction and other services to students and to engage in collection development.
- Library services such as orientation, computer search, and duplicating equipment are available to faculty and students.

- Library seating capacity and hours are adequate to meet the needs of students and faculty.
- If the institution operates a virtual library, these resources complement rather than supplant an on-site collection.
- Students consistently attain information literacy skills through their use of library resources.

Suggested Documentation

- Statement of library hours for student use.
- Statement of collection development plan and underlying budgeting.
- Summary of library holdings and resources by major program area; list of acquisitions in the last year by program area.
- Summary of materials placed on reserve for courses in the fall term of the academic year of the site visit.
- Resumes of full- and part-time professional staff; summary of staffing during hours of operation.
- Summary of seating capacity and computers for student use.
- Summary of access to databases and other information available through library computers.
- Any written agreements or contracts for sharing information resources with other library organizations or networks.
- Summary of instruction in information accessing and library use skills in the term preceding the accreditation site visit; provision of instructional materials.
- Course materials documenting training in information literacy.
- Analysis of library holdings of materials cited under bibliographic resources in course syllabi.
- Evidence of support for the institution's mission in the library's holdings and services.

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.

Administration

6.1 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.

Fiscal Capacity

6.2 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.

Non-Discrimination Policy

6.3 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.

Governing Board

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.

Administrative Responsibilities

- a. Responsibility for the administration of institutional policies and programs shall be clearly established.
- b. Within the authority of its governing board, the institution shall provide that overall educational policy and its implementation are the responsibility of the institution's faculty and academic officers. Other appropriate segments of the institutional community may share in this responsibility in accordance with the norms developed by each institution.
- c. Academic policies applicable to each course, including learning objectives and methods of assessing student achievement, shall be made explicit by the instructor at the beginning of each term.
- d. The institution shall provide academic advice to students through faculty or appropriately qualified persons. The institution shall assure that students are informed at stated intervals of their progress and remaining obligations in the completion of the program.
- e. The institution shall maintain for each student a permanent, complete, accurate, and up-to-date transcript of student achievement at the institution. This document will be the official cumulative record of the student's cumulative achievement. Copies shall be made available at the student's request, in accordance with the institution's stated policies, or to agencies or individuals authorized by law to review such records.

Compliance Attributes

- Responsibilities for all institutional functions and services are clearly established and known to all affected constituencies through publication and timely notice.
- Communication channels are clearly established and follow established organizational structure in educational governance and administrative services; communication is open.
- Institutional organization and services, and the institution's program for assessing institutional functioning, are effectively focused on maximizing the quality of student achievement and development.
- Faculty and academic officers are actively engaged in and responsible for the setting of curricular and academic standards.
- Students, advisory committee members, and other representatives of the college community have an opportunity to share in the responsibility of educational governance.
- Academic policies are made explicit by instructors at the beginning of each course.
- A course outline has been developed for each course that includes learning objectives; prerequisites; credits allocated; methods of instruction; course content and assignments; means of assessing student achievement; basis of grades; bibliographic and other resources related to course; and other course policies.
- Students are formally informed of their progress, including all grades and cumulative grade point average, throughout each term.
- Faculty and other staff with advisement responsibilities are regularly and conveniently available to students for academic and career planning advisement.
- Copies of cumulative transcripts and assessments of remaining academic requirements and other obligations are available to students on request.
- Transcripts are kept current and accurately reflect student achievement; they include a key to the meaning of symbols, abbreviations, and calculations; there are satisfactory provisions for security.
- The institution has and adheres to procedures and criteria for entries on and changes to academic transcripts.
- Courses taken at other colleges and accepted for credit are included on the transcript.
- Transcripts clearly differentiate between credit and non-credit courses.
- Transcripts include term and cumulative grade point averages.
- Policies on recording of grades, including those for repeated courses, changes in grades, and other aspects of recording and calculating student attainment adhere to sound, widely accepted professional practices.

Suggested Documentation

- For NOMAA institutions, and as available for proprietary institutions, by-laws of the board of trustees and minutes of their meetings.
- Organizational charts of the institution's structure; description of responsibilities of senior staff; description of responsibilities of committees responsible for assuring institutional effectiveness.
- Written policies concerning curriculum development, evaluation, and revision.
- Minutes of faculty and administrative committees responsible for academic governance.
- Sample transcripts, advisement worksheets, and degree audit worksheets as indicated by review coordinator.
- Compendium or handbook of policies relating to student records, including recording of student progress and records retention.
- Institutional effectiveness assessment plan or its equivalent.
- Self-assessments of academic programs or administrative services in the last three years, and their outcomes.
- Description of the institution's resource allocation process and criteria.
- Course syllabi, as indicated by review coordinator.

Policy Responsibilities

- a. Responsibility for the administration of institutional policies and programs shall be clearly established.
- b. Within the authority of its governing board, the institution shall provide that overall educational policy and its implementation are the responsibility of the institution's faculty and academic officers. Other appropriate segments of the institutional community may share in this responsibility in accordance with the norms developed by each institution.
- c. Academic policies applicable to each course, including learning objectives and methods of assessing student achievement, shall be made explicit by the instructor at the beginning of each term.
- d. The institution shall provide academic advice to students through faculty or appropriately qualified persons.
- e. The institution shall assure that students are informed at stated intervals of their progress and remaining obligations in the completion of the program.
- f. The institution shall maintain for each student a permanent, complete, accurate, and up-to-date transcript of student achievement at the institution. This document will be the official cumulative record of the student's cumulative achievement. Copies shall be made available at the student's request, in accordance with the institution's stated policies, or to agencies or individuals authorized by law to review such records.

Compliance Attributes

- Responsibilities for all institutional functions and services are clearly established and known to all affected constituencies through publication and timely notice.
- Communication channels are clearly established and follow established organizational structure in educational governance and administrative services; communication is open.
- Institutional organization and services, and the institution's program for assessing institutional functioning, are effectively focused on maximizing the quality of student achievement and development.
- Faculty and academic officers are actively engaged in and responsible for the setting of curricular and academic standards.
- Students, advisory committee members, and other representatives of the college community have an opportunity to share in the responsibility of educational governance.
- Academic policies are made explicit by instructors at the beginning of each course.
- A course outline has been developed for each course that includes learning objectives; prerequisites; credits allocated; methods of instruction; course content and assignments; means of assessing student achievement; basis of grades; bibliographic and other resources related to course; and other course policies.
- Students are formally informed of their progress, including all grades and cumulative grade point average, throughout each term.
- Faculty and other staff with advisement responsibilities are regularly and conveniently available to students for academic and career planning advisement.
- Copies of cumulative transcripts and assessments of remaining academic requirements and other obligations are available to students on request.
- Transcripts are kept current and accurately reflect student achievement; they include a key to the meaning of symbols, abbreviations, and calculations; there are satisfactory provisions for security.
- The institution has and adheres to procedures and criteria for entries on and changes to academic transcripts.
- Courses taken at other colleges and accepted for credit are included on the transcript.
- Transcripts clearly differentiate between credit and non-credit courses.
- Transcripts include term and cumulative grade point averages.
- Policies on recording of grades, including those for repeated courses, changes in grades, and other aspects of recording and calculating student attainment adhere to sound, widely accepted professional practices.

Suggested Documentation

- For NOMAA institutions/programs, and as available for proprietary institutions, by-laws of the board of trustees and minutes of their meetings.
- Organizational charts of the institution's structure; description of responsibilities of senior staff; description of responsibilities of committees responsible for assuring institutional effectiveness.
- Written policies concerning curriculum development, evaluation, and revision.
- Minutes of faculty and administrative committees responsible for academic governance.
- Sample transcripts, advisement worksheets, and degree audit worksheets as indicated by review coordinator.
- Compendium or handbook of policies relating to student records, including recording of student progress and records retention.
- Institutional effectiveness assessment plan or its equivalent.
- Self-assessments of academic programs or administrative services in the last three years, and their outcomes.
- Description of the institution's resource allocation process and criteria.
- Course syllabi, as indicated by review coordinator.

Fiscal Capacity

The institution shall possess the financial resources necessary for the consistent and successful accomplishment of its mission and objectives at the institutional, program and course levels.

Compliance Attributes

- The institution demonstrates an acceptable score on the Federal Test of Financial Responsibility and meets all other federal criteria for determining if the institution may participate in the Title IV student aid programs.
- The institution's certified audits and other data indicate ongoing capacity to carry out its educational mission effectively and in compliance with these accreditation standards.
- The institution demonstrates adequacy in enrollment, operating results, and balance sheet results, as measured by a set of thirteen ratios common to the higher education enterprise.

Suggested Documentation

- Institutional budget for the current year; monthly cash flow for the 12 months preceding provision of the self-study.
- Certified financial audits for the three most recent fiscal years.
- Federal Test of Financial Responsibility data for the three most recent years; Federal compliance audits of "13 common ratios" data in the three most recent fiscal years; other audits related to financial responsibilities under HEA Title IV (in the three most recent years).
- Documentation of expenditures supporting the institution's mission, goals, and objectives.

Teach-Out Agreements

Any teach-out agreement that an institution has entered into with another institution or institutions shall be submitted to the department for approval. To be approved, such agreement shall:

- a. Be between or among institutions that are accredited or pre-accredited by a nationally recognized accrediting agency;
- b. Ensure that the teach-out institution(s) has the necessary experience, resources, and support services to provide an educational program that is of acceptable quality and reasonable similar in content, structure, and scheduling to that provided by the closed institution;
- c. Ensure that the teach-out institution(s) can provide students access to the program and services without requiring them to move or travel substantial distances.

Compliance Attributes

- Any teach-out agreement has been approved by the department.
- Any teach-out agreement shall be with an accredited institution or institutions.
- The teach-out institution has the necessary experience, resources, and support services to provide a comparable educational program.
- The teach-out plan does not require students to move or travel substantial distances to have access to the program(s) and services.

Suggested Documentation

- None required.

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.

The institution shall assure that whenever and wherever the institution offers courses as part of a curriculum it shall provide adequate support services, taking into account its mission and the needs of its students.

Compliance Attributes

- The institution adequately assesses the skill levels of all entering degree students and addresses any needs for the development of college-level skills, including the areas of writing, literacy, computing, time management, and analytical thinking that are consistent with the institution's educational mission.
- The institution provides the academic and other support services, including but not limited to tutoring and personal and career counseling, that students may need to succeed in the programs to which they have been admitted.
- The institution provides adequate advising and program planning services to support its academic programs.
- The institution has procedures to assess the effectiveness of its support services in meeting students' needs.
- If the institution admits English language learners, it provides adequate instruction in English as a Second Language (ESL) to enable such students to undertake college level study in English.
- The institution provides physical resources commensurate with the scope and fields of instruction and learning needs of the students.

Suggested Documentation

- Samples of any tests or other diagnostic tools used for student assessment, together with the meaning of scores, and the resulting placements and/or other outcomes in accordance with test results.
- Citation of written policies and procedures regarding academic advising, placement, and other student support services; a summary of staffing for these services; a summary record of services provided in the academic year preceding the review visit.
- If childcare is operated by the institution, record of its licensure.
- Assessment of services provided to a sample of 15-30 "at risk" students, as indicated by review coordinator.
- Descriptions of special strategies and programs to strengthen student persistence, and their outcomes.

STANDARD VIII Recruiting, Admissions 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.

Admissions

- 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 an 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 student's 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.

Recruitment

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 an 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.

Technical Standards

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.

Refund Policies and Withdrawal

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.

Admissions

- a. The admission of students shall be determined through an orderly process using published criteria that shall be uniformly applied.
- b. Admissions shall take into account the capacity of the student to undertake a course of study and the capacity of the institution to provide the instructional and other support the student needs to complete the program.
- c. Among other considerations, the admissions process shall encourage the increased participation in collegiate programs at all levels of persons from groups historically underrepresented in such programs.

Compliance Attributes

- Admissions criteria are fully and accurately described in the catalog and other admissions literature.
- The institution adheres to published admission criteria and policies for admitting only those students capable of completing the course of study to which they apply, given the instructional and other support it provides.
- The institution effectively places all admitted students in courses and services consistent with their assessed skill and knowledge.
- The institution identifies groups historically underrepresented in college programs and encourages the enrollment of students from those groups.
- The institution identifies any special educational needs of students, including students with disabilities, and makes appropriate provisions for meeting those needs.

- Availability of documentation that remediation, other college skills, and developmental programs are effective.
- Social, psychological, health, financial, and academic counseling services are available to students and are effective.

Suggested Documentation

- Data on number of applications, acceptances, and students enrolled for the most recent academic years together with demographic and academic profile of admitted students for the most recent fall term including such demographic elements as age, gender, racial/ethnic distribution, and geographic origin of students and such academic elements as grade point averages and admission test scores, as pertinent.
- Admissions criteria as published in catalog; supplemental written materials describing assessment standards and policies.
- Written advanced placement policies and challenge opportunities.
- Written guidelines on providing academic assistance to students in need of remediation; documentation of practice.
- Sample of admission files, as indicated by review coordinator.
- Data, including institutional self-studies, on the success/failure of students who have completed remedial coursework.
- Catalog and other published materials indicating availability of social, psychological, health, financial, and academic counseling services.
- Statement of materials that normally are included in a student folder.
- Provision of a sample of student academic records, as indicated by review coordinator.
- Procedures for identifying and addressing special educational needs of admitted students.
- Data on the number of persons from historically underrepresented groups recruited by, applying to, and accepting and enrolling at the institution; discussion of policy and strategies employed.

Public Disclosure of Accreditation Status

An institution/program that elects to disclose its accreditation status shall disclose such status accurately and include in its disclosure the specific academic and instructional programs covered by that status and information identifying the NOMAA as its institutional accrediting agency. Such information shall include the address and telephone number of the institution.

Compliance Attributes:

- The institution's statement of its accreditation status is accurate and up-to-date.

Suggested Documentation:

- Published materials that cite the institution's accreditation by the NOMAA; citation of the pages in the self-study.

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.

Student Complaints

- a. The institution/program shall establish, publish, and consistently administer internal procedures to receive, investigate, and resolve student complaints related to the standards prescribed in this Part.
- b. The institution may have informal means by which students can seek redress of their complaints.
- c. The institution shall have a formal complaint procedure that shall include, but need not be limited to: steps a student may take to file a formal complaint; reasonable and appropriate time frames for investigating and resolving a formal complaint; provision for the final determination of each formal complaint to be made by a person or persons not directly involved in the alleged problem; and assurances that no action will be taken against the student for filing the complaint.
- d. The institution shall maintain adequate documentation about each formal complaint and its disposition for a period of at least six years after final disposition of the complaint. Assessment of the disposition and outcomes of complaints shall be a required component of any self-study required by this Part and shall be a consideration in any review for accreditation or renewal of accreditation.

Compliance Attributes

- The institution has formal procedures for students to file complaints and seek redress of grievances consistent with the requirements of this section. The procedures protect the rights of the student and provide for a fair hearing with adequate assurance that no action will be taken against the student for filing the complaint.
- The institution maintains adequate documentation of its handling of all formal complaints for at least six years after the final disposition of the complaint.

Suggested Documentation

- Catalogs, student handbooks, or other publications widely available to students stating complaint policy and procedures; citation of pages in the self-study.
- Record of any complaints in previous two years.

STANDARD X Publications, Grading & Advertisement

Academic Calendar

- 10.1 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.

Catalogs

- 10.2 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.

Grading

10.3 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.

Published Policies

The institution shall establish, publish and enforce explicit policies with respect to:

- a. Academic freedom;
- b. The rights and privileges of full-time and part-time faculty and other staff members, working conditions, opportunity for professional development, workload, appointment and reappointment, affirmative action, evaluation of teaching and research, termination of appointment, redress of grievances and faculty responsibility to the institution; and
- c. Requirements for admission of students to the institution and to specific curricula, requirements for residence, graduation, awarding of credit, degrees or other credentials, grading, standards of progress, payment of fees of any nature, refunds, withdrawals, standards of conduct, disciplinary measures and redress of grievances.

Compliance Attributes

- Clear and reasonable policies are published and in effect for each of the above items; policies are consistent with applicable governmental requirements; policies meet widely accepted professional expectations of "even-handedness" and "fairness."

Suggested Documentation

- Catalogs and brochures, student handbook, faculty handbook, contracts and other pertinent publications; reference to pertinent publications and pages for each item.
- Record of complaints and their resolutions.

Catalog Information

The following information shall be included in all catalogs of the institution:

- a. Information shall be provided on financial assistance available to students, costs of attending the institution, the refund policy of the institution, and the instructional programs and other related aspects of the institution. Information shall include programs of financial assistance from State, Federal, institutional and other sources.
- b. Cost of attending the institution for each of the cost categories listed below shall be provided. Estimates, so indicated, may be used where exact figures are unavailable or inappropriate. Where summary information is provided, an institutional office where detailed information can be obtained shall be identified.
 - (1) Tuition and fees. Information shall be provided on all assessments against students for direct educational and general purposes. A brief description of the purpose of any mandatory fee shall be included if the purpose of such fee is not apparent from its name. Course fees and lab fees shall be clearly identified. Conditions under which non-mandatory fees need not be paid shall be clearly stated.
 - (2) Books and supplies. Estimated costs of textbooks, books, manuals, consumable supplies and equipment, which a student should possess as a necessary corollary to instruction, shall be provided. Separate estimates shall be provided for major program categories for which such costs vary more than 25 percent from the average for the entire institution.
 - (3) Room and board. Costs of housing and food services operated by the institution shall be provided where such services are available. Estimated costs of similar accommodations available in the community shall also be provided. These figures shall be consistent with estimated student budgets prepared by the institution's financial aid office.
 - (4) Other living expenses. Estimated cost of personal expenses applicable to students devoting primary efforts to pursuit of educational objectives shall be provided. This estimate shall be consistent with similar figures defined by the institution's financial aid office.

Compliance Attributes

- Information on state, federal and other sources of assistance to students is provided.
- Tuition and mandatory course and laboratory fees are clearly identified. Conditions under which non-mandatory fees need not be paid are clearly stated.

- Estimated costs of textbooks, manuals, consumable supplies and equipment that a student should possess are provided.
- Costs of housing and food services operated by the institution are provided. Estimated costs of similar accommodations available in the community are also provided.
- Estimated cost of personal expenses applicable to students devoting primary efforts to pursuit of educational objectives is provided.

Suggested Documentation

- Catalogs; citation of pages in self-study.

Refund Policy

The institution shall state its policy concerning refunds due to failure of students to complete an academic term for any reason. The policy shall include the percentage or amount of tuition, fees, institution-operated room and board, and other assessments to be refunded after specified elapsed periods of time.

Compliance Attributes

- The institution has a clearly stated and published refund policy that includes the percentage or amount of tuition, fees, institution-operated room and board charges, and other assessments to be refunded after specified elapsed periods of time.

Suggested Documentation

- Catalogs; citation of pages in self-study

Program Information

The instructional programs of the institution shall be described accurately.

- a. Degree, certificate and diploma programs. A list of degree, certificate and diploma programs, including NOMAA doctor of oriental medicine (OMD) degree, shall be provided in those institutions that offer other programs in addition to the OMD program. Self standing institutions that only offer the OMD program also need the to accurately describe the OMD degree The list shall contain at least the official approved program title, degree, HEGIS code number, and shall be preceded by a statement that enrollment in other than registered or otherwise approved programs may jeopardize a student's eligibility for certain student aid awards.
- b. Program descriptions. Each degree, certificate or diploma program shall be described in terms of both prerequisites and requirements for completion.

- c. The academic year in which each instructional offering (course) is expected to be taught shall be indicated.
- d. Program related facilities. A general description of instructional, laboratory and other facilities directly related to the academic program shall be provided, in addition to general information describing the total physical plant. Narrative and/or statistical information shall be provided about library collections and facilities, student unions, and institution-operated eating-places. Hours of operation, including holiday and vacation schedules, shall be provided.
- e. Faculty and other instructional personnel. Regular resident faculty shall be listed by rank, with the highest degree held by the faculty member and the institution by which such degree was granted, and department or major program area to which such member is assigned. An estimated number of adjunct faculty and teaching assistants in each department or major program area shall be provided.
- f. Recruiting and admission practices. The process and criteria for the recruitment and admission of students to the institution and to specific curricula, as required by STANDARD VIII of this Self-Study Guide, shall be published.
- g. Academic calendar. The academic calendar of the institution, and of specific curricula, if different, shall be published.
- h. Grading. The grading policy of the institution, and of specific curricula, if different, shall be published.

Compliance Attributes

- Programs are accurately listed according to title, degree, and HEGIS code.
- Programs are described in terms of both prerequisites and requirements for completion.
- The academic year in which each course is expected to be taught is included.
- Instructional, laboratory, and other facilities directly related to the academic program are described.
- Information about hours of operation of the institution's services, including the library and food services, is provided.
- Faculty are listed by rank, indicating the highest degree held by each faculty member, the institution which granted the highest degree, and the program area to which the faculty member is assigned.
- An estimated number of adjunct faculty and teaching assistants in each department or major program is provided.
- Admissions criteria and procedures are fully described in the institution's catalogs.
- The academic calendar is published in the catalog.
- The institution's academic policies including its grading policies are published.

Advertising

- a. Advertising conducted by or on behalf of an institution/program shall not be false, misleading, deceptive, or fraudulent and shall be consistent with the provisions of General Business Law. Advertising and promotional material shall not leave false, misleading, or exaggerated impressions of the institution/program, its personnel, its facilities, its courses and services, or the occupational opportunities of its graduates.
- b. The primary emphasis of all advertisements and promotional literature shall be the educational services offered by the institution. Such advertising and promotional literature shall clearly indicate that education, not employment, is being offered by the institution.
- c. Statements and representations in all forms of advertising and promotion shall be clear, current, and accurate. To the extent that statements of facts are made, such statements shall be restricted to facts that can be substantiated. Materials to support statements and representations in advertising and promotion shall be kept on file and shall be available for review by the department.
- d. Any endorsement or recommendation shall include the author's identity and qualifications and shall be used only with the author's consent. No remuneration of any kind for any such endorsement or recommendation shall be paid for such endorsement or recommendation.

Compliance Attributes

- Students are recruited based on factual and accurate information about the institution.
- Financial aid is not the sole enrollment incentive used to recruit students, and aid available only at the institution is distinguished from aid available at most institutions.
- When recruiting students, representatives of the institution state clearly their credentials, purpose, and position or affiliation with the institution; such recruiters are either volunteers or paid employees of the institution and are not paid on the basis of numbers of students recruited.
- All advertisements, promotional literature and recruitment activities focus primarily on the educational services offered by the institution.
- The institution accurately characterizes its recognition by the New York State Board of Regents.

Suggested Documentation

- Advertising and other promotional materials.
- Catalogs; citation of pages in self-study.

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.

Student Retention and Graduation

Information on student retention and graduation rates shall be provided based on a summary of the most recent cohort survival statistics (e.g., percentages of those students enrolled at the end of the spring term, percentages of freshman classes that graduate in four, five and six years) available to the institution for at least full-time undergraduates. Statistics shall be computed in a manner consistent with data reported to the department through its higher education data system.

Outcomes for Former Students

Summaries of employment outcomes, advanced study, and student professional and occupational licensing examination results compiled by or provided to the institution shall be provided. The student cohort year or years, or date of examinations shall be included. Data displays on employment outcomes shall be by major or discrete curricular area.

Compliance Attributes

- Information on graduation rates and retention is provided.
- Summaries of job placement statistics and information on other activities of former students compiled by the institution are available.

Suggested Documentation

- Catalogs; citation of pages in self-study.

HEA Title IV Program Responsibilities

Accredited institutions 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 should demonstrate that it is in compliance with Title IV program responsibilities by monitoring and minimizing loan default rates. The institution 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:

1. The institution/program must demonstrate that its annual student loan default rate is within that required by the prescribed federal ranges.
2. The institution is required to submit a copy of its default management plan.
3. The institution is required to submit an annual independent auditor's financial statement or a compliance audit.
4. The institution 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.
5. If the institution 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.
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.
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.

8. The institution must provide evidence of attendance at a workshop or seminar on student financial management and educational program evaluation.

Compliance Attributes

- The institution has a procedure in place to ensure its compliance with its responsibilities to participate in Title IV student aid programs.
- The institution maintains a record describing its compliance, including student default rate data; financial or compliance audits conducted by the Secretary; and program reviews conducted by the Secretary.

Suggested Documentation

- Written procedures indicating methods of complying with Title IV responsibilities.
- Record of compliance, including Federal audits.
- Student default rates in most recent three year