



NOTICE OF TELECONFERENCE **CONTINUING EDUCATION COMMITTEE MEETING**

Committee Members

David Paris, D.C., Chair
Laurence Adams, D.C.
Pamela Daniels, D.C.

The Board of Chiropractic Examiners' (Board) Continuing Education Committee will meet by teleconference on:

Friday, December 1, 2023
12:00 p.m. to 2:00 p.m.
(or until completion of business)

The Committee may take action on any agenda item.

Teleconference Instructions: The Continuing Education Committee will hold a public meeting via Webex Events. Pursuant to the statutory provisions of Government Code section 11133, neither a public location nor teleconference locations are provided.

To access and participate in the meeting via teleconference, attendees will need to click on, or copy and paste into a URL field, the link below and enter their name, email address, and the event password, or join by phone using the access information below:

<https://dca-meetings.webex.com/dca-meetings/j.php?MTID=m815fdb4c32ba5df38e1a012943d908c>

If joining using the link above

Webinar number: 2486 236 8022
Webinar password: BCE121

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Instructions to connect to the meeting can be found at the end of this agenda.

Members of the public may, but are not obligated to, provide their names or personal information as a condition of observing or participating in the meeting. When signing into the Webex platform, participants may be asked for their name and email address. Participants who choose not to provide their names will be required to provide a unique identifier, such as their initials or another alternative, so that the meeting moderator can identify individuals who wish to make a public comment. Participants who choose not to provide their email address may utilize a fictitious email address in the following sample format: XXXXX@mailinator.com.

Note: Members of the public may also submit written comments to the Committee on any agenda item by Tuesday, November 28, 2023. Written comments should be directed to chiro.info@dca.ca.gov for Committee consideration.

AGENDA

- 1. Call to Order / Roll Call / Establishment of a Quorum**
- 2. Review and Possible Approval of January 4, 2023 Committee Meeting Minutes**
- 3. Update on Board's Continuing Education Program**
- 4. Review, Discussion, and Possible Recommendation Regarding Proposal to Mandate Basic Life Support or Cardiopulmonary Resuscitation Certification as a Condition for Licensure in Active Status (amend California Code of Regulations [CCR], Title 16, section 371 and add CCR, Title 16, section 371.1)**
- 5. Review, Discussion, and Possible Recommendation Regarding Proposal to Create a Process for Granting Exemptions or Extensions to the Annual Continuing Education Requirement to Licensees Who Have Been Adversely Affected by a Natural Disaster, State of Emergency, Medical Condition, or Other Hardship During Their License Renewal Period (add CCR, Title 16, section 364.1)**
- 6. Public Comment for Items Not on the Agenda**
Note: Members of the public may offer public comment for items not on the agenda. However, the Committee may not discuss or take action on any matter raised during this public comment section that is not included on this agenda, except to decide whether to place the matter on the agenda of a future meeting. [Government Code Sections 11125, 11125.7(a).]
- 7. Future Agenda Items**
Note: Members of the Committee and the public may submit proposed agenda items for a future Committee meeting. However, the Committee may not discuss or take action on any proposed matter except to decide whether to place the matter on the agenda of a future meeting. [Government Code Section 11125.]
- 8. Adjournment**

This agenda can be found on the Board's website at www.chiro.ca.gov. The time and order of agenda items are subject to change at the discretion of the Committee Chair and may be taken out of order. In accordance with the Bagley-Keene Open Meeting Act, all meetings of the Board are open to the public.

The Board plans to webcast this meeting at <https://thedcapage.wordpress.com/webcasts/>. Webcast availability cannot, however, be guaranteed due to limitations on resources or other technical difficulties that may arise. The meeting will not be canceled if webcast is not

available. If you wish to participate or to have a guaranteed opportunity to observe, please attend the meeting via Webex Events.

Government Code section 11125.7 provides the opportunity for the public to address each agenda item during discussion or consideration by the Committee prior to it taking any action on said item. Members of the public will be provided appropriate opportunities to comment on any issue before the Committee, but the Committee Chair may, at their discretion, apportion available time among those who wish to speak. Members of the public will not be permitted to yield their allotted time to other members of the public to make comments. Individuals may appear before the Committee to discuss items not on the agenda; however, the Committee can neither discuss nor take official action on these items at the time of the same meeting (Government Code sections 11125 and 11125.7(a)).

This meeting is being held via Webex Events. The meeting is accessible to individuals with disabilities. A person who needs a disability-related accommodation or modification to participate in the meeting may make a request by contacting the Board at:

Telephone: (916) 263-5355

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Telecommunications Relay Service: Dial 711

Mailing Address:

Board of Chiropractic Examiners

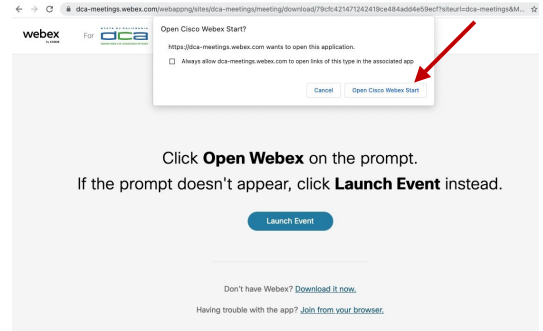
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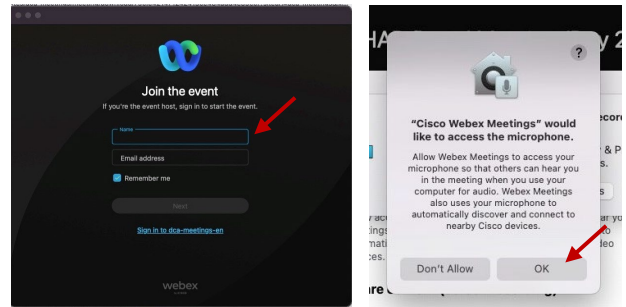
Providing your request at least five (5) business days before the meeting will help to ensure availability of the requested accommodation.

If joining using the meeting link

- 1 Click on the meeting link. This can be found in the meeting notice you received.
- 2 If you have not previously used Webex on your device, your web browser may ask if you want to open Webex. Click "Open Cisco Webex Start" or "Open Webex", whichever option is presented. DO NOT click "Join from your browser", as you will not be able to participate during the meeting.



- 3 Enter your name and email address*. Click "Join as a guest". Accept any request for permission to use your microphone and/or camera.

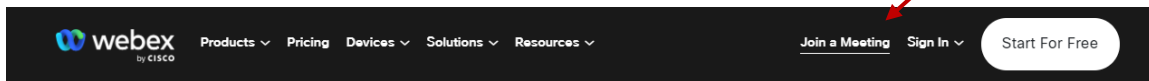


* Members of the public are not obligated to provide their name or personal information and may provide a unique identifier such as their initials or another alternative, and a fictitious email address like in the following sample format: XXXXX@mailinator.com.

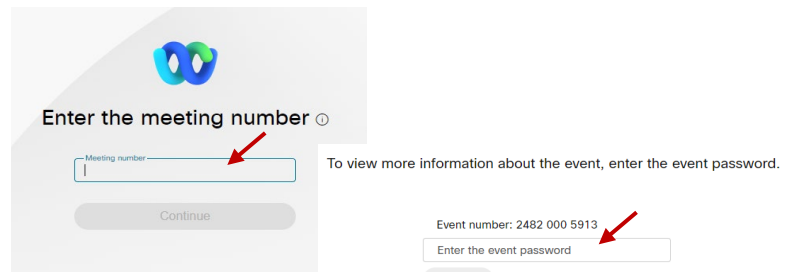
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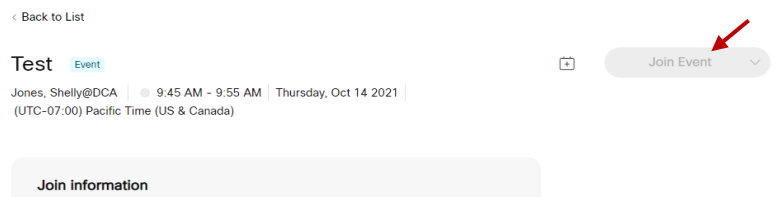
- 1 Click on "Join a Meeting" at the top of the Webex window.



- 2 Enter the meeting/event number and click "Continue". Enter the event password and click "OK". This can be found in the meeting notice you received.



- 3 The meeting information will be displayed. Click "Join Event".



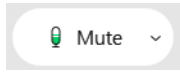
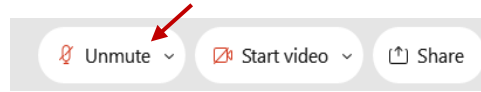
OR

Connect via telephone*:

You may also join the meeting by calling in using the phone number, access code, and passcode provided in the meeting notice.

Microphone

Microphone control (mute/unmute button) is located on the command row.

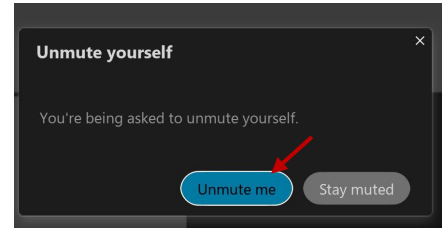


Green microphone = Unmuted: People in the meeting can hear you.



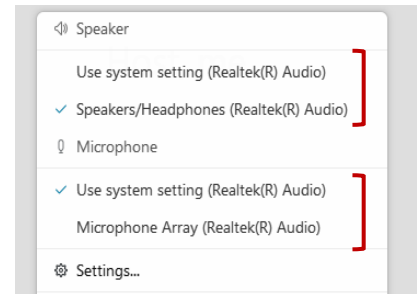
Red microphone = Muted: No one in the meeting can hear you.

Note: Only panelists can mute/unmute their own microphones. Attendees will remain muted unless the moderator enables their microphone at which time the attendee will be provided the ability to unmute their microphone by clicking on "Unmute Me".



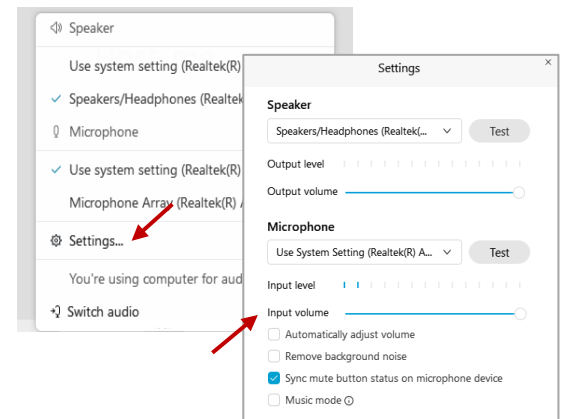
If you cannot hear or be heard

- 1 Click on the bottom facing arrow located on the Mute/Unmute button.
- 2 From the pop-up window, select a different:
 - Microphone option if participants can't hear you.
 - Speaker option if you can't hear participants.



If your microphone volume is too low or too high

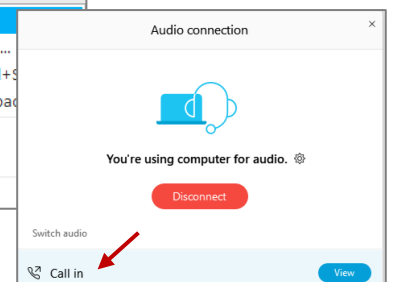
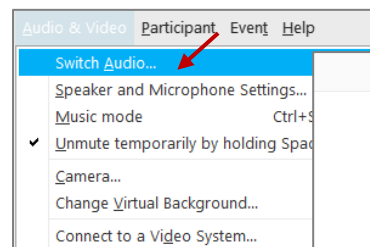
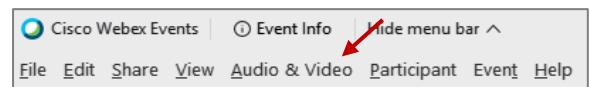
- 1 Locate the command row – click on the bottom facing arrow located on the Mute/Unmute button.
- 2 From the pop-up window:
 - Click on "Settings...":
 - Drag the "Input Volume" located under microphone settings to adjust your volume.



Audio Connectivity Issues

If you are connected by computer or tablet and you have audio issues or no microphone/speakers, you can link your phone through Webex. Your phone will then become your audio source during the meeting.

- 1 Click on "Audio & Video" from the menu bar.
- 2 Select "Switch Audio" from the drop-down menu.
- 3 Select the "Call In" option and following the directions.



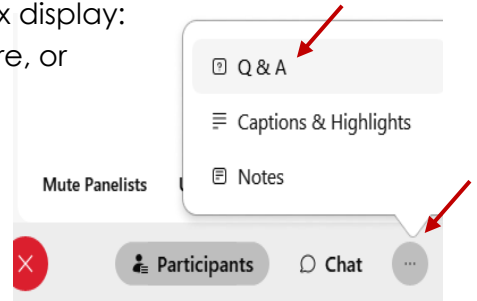
The question-and-answer (Q&A) and hand raise features are utilized for public comments.

NOTE: This feature is not accessible to those joining the meeting via telephone.

Q&A Feature

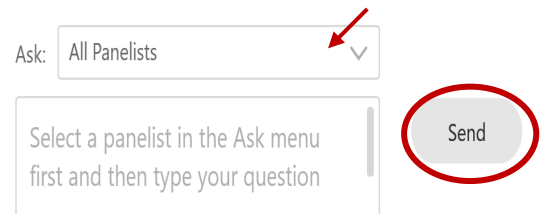
1 Access the Q&A panel at the bottom right of the Webex display:

- Click on the icon that looks like a “?” inside of a square, or
- Click on the 3 dots and select “Q&A”.



2 In the text box:

- Select “All Panelists” in the dropdown menu,
- Type your question/comment into the text box, and
- Click “Send”.



OR

Hand Raise Feature

- 1
- Hovering over your own name.
 - Clicking the hand icon that appears next to your name.
 - Repeat this process to lower your hand.

If connected via telephone:

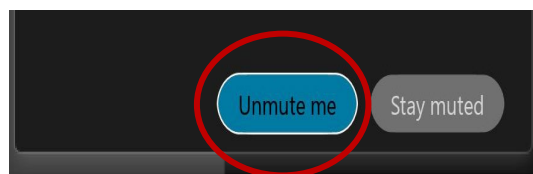
- Utilize the raise hand feature by pressing *3 to raise your hand.
- Repeat this process to lower your hand.

Unmuting Your Microphone



The moderator will call you by name and indicate a request has been sent to unmute your microphone. Upon hearing this prompt:

- Click the **Unmute me** button on the pop-up box that appears.

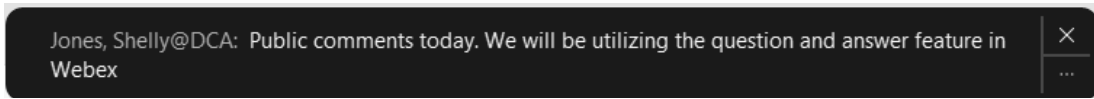


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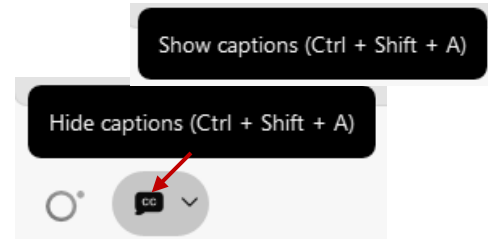
If connected via telephone:

- Press *3 to unmute your microphone.

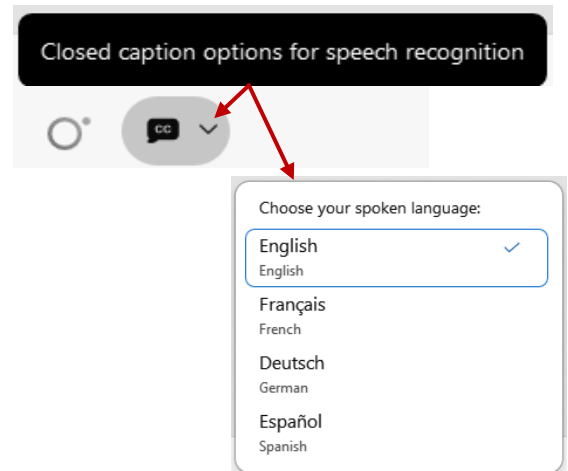
Webex provides real-time closed captioning displayed in a dialog box on your screen. The captioning box can be moved by clicking on the box and dragging it to another location on your screen.



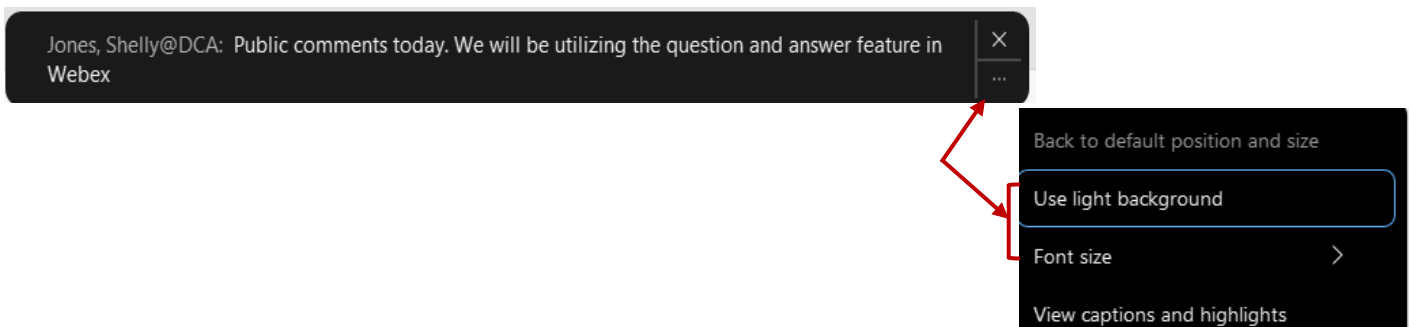
The closed captioning can be hidden from view by clicking on the closed captioning icon. You can repeat this action to unhide the dialog box.



You can select the language to be displayed by clicking the drop-down arrow next to the closed captioning icon.



You can view the closed captioning dialog box with a light or dark background or change the font size by clicking the 3 dots on the right side of the dialog box.





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**Agenda Item 1
December 1, 2023**

Call to Order / Roll Call / Establishment of a Quorum

Purpose of the Item

David Paris, D.C., Chair of the Board's Continuing Education Committee, will call the meeting to order. Roll will be called by Laurence Adams, D.C.

Committee Members

David Paris, D.C., Chair
Laurence Adams, D.C.
Pamela Daniels, D.C.



Agenda Item 2
December 1, 2023

Review and Possible Approval of January 4, 2023 Committee Meeting Minutes

Purpose of the Item

The Committee will review and possibly approve the minutes of the previous meeting.

Action Requested

The Committee will be asked to make a motion to approve the January 4, 2023 Committee meeting minutes.

Attachment

- January 4, 2023 Continuing Education Committee Meeting Minutes (Draft)



**BOARD OF CHIROPRACTIC EXAMINERS
CONTINUING EDUCATION COMMITTEE
MEETING MINUTES
January 4, 2023**

In accordance with the statutory provisions of Government Code section 11133, the Continuing Education Committee (Committee) of the Board of Chiropractic Examiners (Board) met via teleconference/Webex Events with no physical public locations on January 4, 2023.

Committee Members Present

David Paris, D.C., Chair
Laurence Adams, D.C.
Pamela Daniels, D.C.

Staff Present

Kristin Walker, Executive Officer
Dixie Van Allen, Licensing & Administration Manager
William Walker III, Enforcement Manager
Amanda Ah Po, Enforcement Analyst
Tammi Pitto, Enforcement Analyst
Sabina Knight, Board Counsel, Attorney III, Department of Consumer Affairs (DCA)
Heather Hoganson, Regulatory Counsel, Attorney III, DCA

1. Call to Order / Roll Call / Establishment of a Quorum

Dr. Paris called the meeting to order at 12:31 p.m. Dr. Adams called the roll. All members were present, and a quorum was established.

2. Review and Possible Approval of December 2, 2022 Committee Meeting Minutes

Motion: Dr. Adams moved to approve the December 2, 2022 Continuing Education Committee meeting minutes.

Second: Dr. Daniels seconded the motion.

Public Comment: None.

Vote: 3-0 (Dr. Paris-AYE, Dr. Adams-AYE, and Dr. Daniels-AYE).

Motion: Carried.

3. Review, Discussion, and Possible Recommendation Regarding Proposal to Mandate Basic Life Support or Cardiopulmonary Resuscitation Certification for Licensees (amend California Code of Regulations [CCR], Title 16, section 371 and add CCR, Title 16, section 371.1)

Ms. Walker explained that the Board had adopted a regulation effective November 21, 2003, that required all licensees to maintain current certification in cardiopulmonary resuscitation (CPR) or basic life support (BLS) as a condition of licensure and license renewal, and the Board repealed the regulation in 2007 based on the reasoning that: 1) there had been no positive impact on the level of care provided by doctors of chiropractic since the regulation took effect; 2) other DCA healing arts boards had repealed their CPR requirements; and 3) the Board lacks the authority and expertise to approve associations to provide CPR training. She added in 2015, the Board began discussing reimplementing the CPR requirement for licensees as a matter of public safety because unlike many other health care professionals, doctors of chiropractic primarily work as sole proprietors and should be trained and certified in the proper procedures for handling an emergency situation that could arise in their practice. She stated at the July 30, 2015 Board meeting, the Board approved the proposed language found within Attachment 1 of the meeting materials to amend CCR, title 16, section 371 and add 371.1, and the proposal was subsequently placed on hold pending the completion of the comprehensive updates to the Board's continuing education (CE) requirements.

Ms. Walker informed the Committee that staff reviewed the 2015 regulatory language and has four recommendations for the Committee's consideration:

1. Mandate BLS-level training and certification for active licensees as those courses are specifically designed for health care providers and public safety professionals while general CPR courses are intended those without any formal medical training.
2. Remove the reference to "other associations approved by the Board" from the language because it is vague and was previously cited as problematic during the Board's 2007 repeal of the prior regulation. Instead, consider mandating courses that are approved by the American Heart Association (AHA) or the American Red Cross (ARC) or offered through providers approved by the American Safety and Health Institute (ASHI).
3. Require licensees to retain their records of certification for four years and provide them to the Board for auditing upon request for consistency with the requirements for retaining CE records.

4. Hold off on amending CCR, title 16, section 371 at this time because the Licensing Committee is discussing other issues that potentially affect that regulation.

Ms. Walker noted staff's recommendations are reflected in the updated draft language to amend CCR, title 16, section 371.1 found within Attachment 2 of the meeting materials.

Dr. Daniels suggested the Committee consider how to handle situations involving licensees with disabilities that may prevent them from being able to physically perform CPR. Ms. Walker explained the draft language includes a hands-on skills assessment, so the Committee would need to determine an appropriate alternative requirement for a disabled licensee, such as having a member of their staff who is certified or exempting them from the requirement. Ms. Knight also suggested exploring how other health care boards handle this issue.

Dr. Paris commented that the language will need to address both temporary and permanent disabilities. He also explained AHA has a program called HeartCode that includes online learning followed by a hands-on skills test on a voice-activated manikin. He suggested ensuring the language would allow this type of certification process to meet the requirements. Ms. Walker stated staff will update the language to also include the skills assessment Dr. Paris described. Dr. Adams commented that there are many good doctors of chiropractic who are physically unable to get down on the floor to perform CPR in an emergency situation. He suggested that licensees who are exempt from the requirement due to a disability put a disclosure in their office that they are not certified and will call emergency medical services (EMS) in case of an emergency. Dr. Paris suggested exploring whether AHA or ARC offer a limited certification to those with disabilities.

Dr. Adams expressed his concerns with potential liability for licensees who have been trained in CPR but are physically unable to perform it when an emergency arises. Ms. Knight clarified that the Board would be mandating that licensees obtain the BLS certification, not that they act when they should, so the question is if licensees can receive the certification with a physical limitation. Dr. Adams commented that the rest of the proposed language looks good.

Dr. Daniels asked how the Board would handle this requirement for inactive licensees and if they would still receive CE credit for completing the training. Ms. Walker explained the proposal is to mandate BLS certification for all licensees who hold an active license, and the Board would require proof of current certification for licensees who are seeking to reactivate an inactive license or restore a license in forfeiture or canceled status. She also stated that licensees will earn up to two hours of general CE credit for completing the BLS certification, and they must retain the records of certification for auditing upon request. Dr. Paris asked if staff had considered having

licensees upload their BLS certification in the Connect system along with their other CE records. Ms. Walker replied that staff could implement that functionality through a future software release.

Dr. Daniels asked if it was necessary to revisit the issues identified in the 2007 repeal of the prior regulation, such as no measured change and the Board's lack of knowledge in evaluating the providers. She noted the Board is relying on nationally recognized entities that provide the training. Dr. Paris replied that the BLS proposal is important and in the interest of public protection because doctors of chiropractic should have the training. He noted a recent event where an NFL player's life was saved by CPR.

Dr. Paris asked for additional information regarding ASHI. Ms. Walker replied that ASHI certifies providers to deliver BLS courses, and the purpose of including ASHI was to ensure licensees are able to access a wide variety of courses through a comparable program to those offered by AHA and ARC.

Public Comment: None.

4. Review, Discussion, and Possible Recommendation Regarding Proposed Changes to the Annual Continuing Education (CE) Requirements for Licensees and the Board's CE Course Review and Approval Process (amend CCR, Title 16, sections 360-364)

Ms. Walker introduced this agenda item and noted that over the past few meetings, the Committee has been developing a regulatory proposal to update the Board's annual CE requirements for licensees and the course review and approval process. She explained that licensees would still be required to complete 24 hours of CE annually; however, they would be required to complete a total of 10 mandatory hours in four new competency areas: 1) Competency 1: Evaluation and Management – 4 hours; 2) Competency 2: Documentation, Record Keeping, and Coding – 2 hours; 3) Competency 3: Adjustment, Manipulation, or Technique – 2 hours; and 4) Competency 4: Ethics, Law, and Professional Boundaries – 2 hours. She stated the remaining 14 hours of CE credit can be obtained through any of the competency areas, including Competency 5: Electives, or through other professional development activities that have been outlined in the proposed text for CCR, title 16, section 361. She added the Committee had also discussed allowing CE providers who have been recognized through the Federation of Chiropractic Licensing Boards' (FCLB) PACE program to apply for Board approval of their CE courses; moving to a three-year approval cycle for CE courses; and implementing a new reapproval process for previously approved courses.

Ms. Walker summarized the substantive changes to the proposed language to amend CCR, title 16, sections 360 through 364 since the Committee's last review at the December 2, 2022 meeting, including:

1. Granting credit for sexual harassment prevention training under Competency 4: Ethics, Law, and Professional Boundaries (CCR, title 16, section 361, subd. (d)(3));
2. Prohibiting CE providers from making changes without first seeking the Board's prior authorization (CCR, title 16, section 362, subd. (c)(4));
3. Requiring a list of the journal studies, publications, and other materials that were relied upon in the development of the course content (CCR, title 16, section 363, subd. (c)(2));
4. Adding a description of the provider's method for tracking course attendance and participation and a section for the name of the individuals or organizations that have underwritten or subsidized the course (CCR, title 16, section 363, subd. (c)(3) and (4)); and
5. Outlining the process for obtaining authorization for any substantive changes to a course (CCR, title 16, section 363, subd. (h)).

She also highlighted the proposed forms that would be incorporated by reference:

1) New Continuing Education Provider Application (Form No. BCE200, Rev. 12/2022); 2) Continuing Education Provider Renewal Application (Form No. BCE201, Rev. 12/2022); 3) Request for Authorization of Changes to Continuing Education Provider Approval (Form No. BCE202, 12/2022); 4) New Continuing Education Course Application (Form No. BCE203, Rev. 12/2022); 5) Continuing Education Instructor Attestation (Form No. BCE204, 12/2022); 6) Request to Change Continuing Education Course Date(s) or Location(s) (Form No. BCE205, 12/2022); 7) Request for Authorization of Changes to Continuing Education Course (Form No. BCE206, 12/2022); and 8) Application for Reapproval of a Continuing Education Course (Form No. BCE207, 12/2022).

Ms. Walker added that at the December 2, 2022 meeting, the Committee expressed interest in granting CE credit to licensees who conduct research and further discussing the verification of attendance during live and interactive courses given via electronic means.

Dr. Daniels explained the chiropractic profession needs more peer-reviewed research that has been submitted and accepted by a journal, and licensees who perform that research should receive CE credit for that effort based on the date of acceptance by the journal. She noted the Committee will need to have a larger conversation regarding what qualifies for credit as research because there are strict guidelines for the community of top-level researchers. Dr. Adams agreed and suggested tabling that item for a future discussion. Dr. Paris agreed with Dr. Daniels thoughts on the topic and suggested that any research would need to be published in a peer-reviewed journal. He

also noted the significant amount of time and energy that goes into research and was supportive of those efforts being reflected in the amount of CE credit granted for the activity.

Dr. Paris redirected the discussion to the topic of verification of attendance during live and interactive courses given via electronic means. Dr. Adams expressed his approval for the draft language that requires the CE provider to describe their method for tracking and verifying attendance. Dr. Paris agreed but wanted assurances through a minimum requirement that providers track attendees' sign in and out times and require quizzes and cameras to ensure the attendees are present and participating in the course. Dr. Daniels commented that the Board should require cameras to be on a minimum of 80 percent of the time to ensure the attendees are participating in their education. Dr. Adams expressed that such a requirement would require providers to record and review each of their courses to ensure licensees complied. He reiterated his support for the language that would allow the provider to demonstrate to the Board that they have an effective system for verifying attendance and participation during their courses.

Ms. Walker noted the current definition for a live and interactive course given via electronic means in the draft language allows for an audio connection to qualify, so if the Committee's intent is to require a video connection, staff will need to update that definition. She also noted the language requires the providers to inform participants of how they will address any technical difficulties that may arise during the course.

Dr. Paris recalled that the Committee's intent was to require live and interactive courses to include a real-time video connection as a mandatory course component. Drs. Adams and Daniels agreed. Dr. Adams explained that the live, remote video connection replaces the requirement for in-person participation, but an audio-only connection would not be sufficient. Ms. Walker stated staff will make the necessary updates to that language.

Dr. Daniels referenced the proposed language and asked if the Committee was considering also granting CE credit for attending Board meetings that do not include petition hearings. Dr. Paris replied that the petitioner hearings are important for public protection and provide the most benefit to licensees reflecting on their practices, so he supports keeping the language as is. Dr. Adams agreed.

Dr. Daniels continued and suggested adding electrodiagnostics to diagnostic testing procedures. Drs. Adams and Paris agreed. Dr. Paris suggested broadening the language to "advanced imaging and diagnostics" to include new and future technologies. Dr. Adams emphasized the Committee's intent for the electives to be broad and inclusive without providing an exhaustive list through the use of the term "including, but not limited to." Ms. Hoganson suggested providing examples of the technology in the regulation to provide greater clarity to CE providers on the Board's intent. The Committee proposed adding electromyography (EMG), nerve conduction

velocity (NCV), diagnostic ultrasound, and electrocardiography (EKG or ECG) to the list as examples in the proposed language for CCR, title 16, section 361, subdivision (f)(5)(C).

Dr. Daniels redirected the Committee to the application forms and suggested adding a section in the CE provider renewal application to list any updates to their education. She also asked why the CE provider's website was listed as an optional field. Ms. Walker replied that staff is envisioning a modern course search section of the Connect system where providers could include a link to their website in the search results. She added that the Board could make that a mandatory field on the application.

Dr. Daniels noted the CE course reapproval application currently asks if there have been any updates to the reference materials, and stated the application should be reworded to ask the provider to explain what updates have been made. Dr. Adams noted there may not be any new studies for some topic areas. Dr. Daniels explained the intent is for the provider to demonstrate that they have completed a literature review and made appropriate updates to enhance the course content. Dr. Paris agreed and commented that three years is a fair amount of time to ask CE providers to reassess and update the scientific material that is relevant to their courses. Dr. Daniels noted the need to ensure licensees are receiving quality education. Ms. Walker proposed changing the question as Dr. Daniels suggested to ask the provider to describe any updates that have been made since the course was last approved and provide the current reference list.

Dr. Daniels asked if there were sufficient course offerings for Competency 2: Documentation, Record Keeping, and Coding. Dr. Paris replied there are courses available and CE providers will begin developing additional courses to meet the new competency areas after they have been implemented by the Board. Dr. Daniels also suggested adding the course time to the application form. Ms. Walker added the Board should be notified of the location of the course, including the full street address, and noted the Board currently only requests the city and state. Drs. Paris and Adams concurred. The Committee discussed the additional workload associated with collecting and updating course times as changes are made, and agreed to leave that field off of the application form.

Motion: Dr. Adams moved to recommend that the regulatory proposal with the Committee's changes to the video connection requirements and description of advanced imaging and diagnostics be presented to the full Board for consideration at the January 20, 2023 meeting.

Second: Dr. Daniels seconded the motion.

Public Comments: Dallan Packard, D.C. commented that the Board's recent increase of the CE course application fee to \$116 per hour of instruction would be passed on to

course attendees and asked why that decision was made and what the money goes toward.

Victor Tong, D.C. thanked the Committee for requiring video connections during live webinars. He shared that he already implemented this policy for his seminars and adding the requirement to the regulations would help him enforce it. He stated he and his course monitor have observed attendees driving, shopping, or treating patients during the webinars and they are not granted any CE credit. Dr. Tong also requested further clarification from the Committee on the requested updates to CE courses because some topics, such as anatomy, have no changes.

Vote: 3-0 (Dr. Paris-AYE, Dr. Adams-AYE, and Dr. Daniels-AYE).

Motion: Carried.

5. Public Comment for Items Not on the Agenda

Public Comment: None.

6. Future Agenda Items

Dr. Daniels requested further discussion regarding granting CE credit to licensees for conducting research.

Public Comment: Dr. Tong commented that when he does research, it typically takes more than one year to complete the work so the Committee should think about the timeline and when to grant the CE credit, such as upon approval of the peer-reviewed journal article. He also stated it is very difficult to predict how much time will be spent on research, but it will be a lot more than one or two hours.

7. Adjournment

Dr. Paris adjourned the meeting at 2:49 p.m.



**Agenda Item 3
December 1, 2023**

Update on Board's Continuing Education Program

Purpose of the Item

The Executive Officer and Board staff will provide the Committee with an update on the Board's Continuing Education Program activities and statistics.

Action Requested

This agenda item is informational only and provided as a status update to the Committee. No action is required or requested at this time.

Attachment

- Executive Officer's November 27, 2023 Memo to Committee Members Regarding Continuing Education Program Activities and Statistics



MEMORANDUM

Agenda Item 3 Attachment

DATE	November 27, 2023
TO	Members of the Board of Chiropractic Examiners' Continuing Education Committee
FROM	Kristin Walker, Executive Officer
SUBJECT	Update on Board's Continuing Education Program

This report provides an overview of recent Board of Chiropractic Examiners' (BCE) Continuing Education Program activities and statistics.

Business Modernization Project and Implementation of the Connect System

BCE continues to collaborate with the Department of Consumer Affairs (DCA) Office of Information Services and three other programs (California Acupuncture Board; Board for Professional Engineers, Land Surveyors, and Geologists; and Bureau for Private Postsecondary Education) in the first cohort of a Business Modernization Project to develop and implement a new application, licensing, and enforcement system known as Connect.

Through three phased software releases from September 2020 through June 2021, BCE implemented these licensing functions:

- Initial license applications (doctor of chiropractic and satellite certificates)
- License renewals (doctor of chiropractic and satellite certificates)
- Address changes and cancellation of satellite certificates
- Online payment for all other paper applications

On July 1, 2022, BCE added functionality to the system to waive the application and initial license fees for spouses of active duty members of the military who are assigned to a duty station in California and hold a current license to practice in another state, as required by [Business and Professions Code \(BPC\) section 115.5](#).

In August 2022, BCE implemented the Department of Health Care Access and Information (HCAI) health workforce data survey for licensees to complete during their electronic license renewal process, as required by [BPC section 502](#).

Through a software release on February 28, 2023, BCE updated the user dashboards for applicants and licensees, provided the ability for licensees to maintain and store their

continuing education records in the system, and added a list of BCE links, resources, and direct contact information for each of BCE's units to the user dashboard.

In June 2023, BCE implemented temporary licenses and satellite certificates for military spouses and partners, as required by [Assembly Bill 107 \(Salas, Chapter 693, Statutes of 2021\)](#). BCE continues to focus on upgrading to the latest version of the Connect software, fully implementing cashiering functionality in the system for all business processes, and developing the continuing education module to process course applications electronically.

Proposed Regulations Affecting Continuing Education Program

- 1. Annual Continuing Education Requirements for Licensees and Continuing Education Course Approval Process (Amend California Code of Regulations [CCR], Title 16, Sections 360–364):** This proposal will amend the annual continuing education (CE) requirements for licensees, establish five course competency areas that will be approved by the Board, define the three recognized learning formats for CE courses, update the CE course review and approval process, and create a re-approval process for CE courses that have been previously approved by the Board. The Board approved the proposed regulatory text at its April 20, 2023 meeting. Staff is preparing the regulatory package for this proposal and plans to submit it to DCA for review in December 2023.
- 2. Basic Life Support Certification for All Active Licensees (Add CCR, Title 16, Section 371.1):** This proposal will mandate the maintenance of basic life support certification, including cardiopulmonary resuscitation (CPR), for all licensees as a condition of licensure in active status. This proposal will be discussed by the Continuing Education Committee during its December 1, 2023 meeting.
- 3. Exemptions or Extensions to the Annual CE Requirement for Licensees Affected by a Natural Disaster, State of Emergency, Medical Condition, or Other Hardship (Add CCR, Title 16, Section 364.1):** This proposal will create a process for granting an exemption from, or an extension to, the annual CE requirements for a licensee who provides satisfactory proof to the Board that they have been adversely affected by a natural disaster, state of emergency, medical condition, or other hardship during their license renewal period. This proposal will be discussed by the Continuing Education Committee during its December 1, 2023 meeting.
- 4. Appeal Process for Denial of CE Courses and Providers:** This proposal will update the process for appealing the denial of a CE course or provider application to a hearing before the Board or the Continuing Education Committee. Staff is developing this proposal for discussion by the Continuing Education Committee at a future meeting in 2024.

Review of Manual, Paper-Based Processes

BCE staff has been conducting a comprehensive review of its existing paper-based CE processes to identify and remove any duplicative or unnecessary steps, improve processing timeframes and communication with CE providers, and prepare for the integration of these processes into the Connect system.

Statistics (Fiscal Year 2023-24)

Application Type	July 2023	August 2023	September 2023	October 2023	Total
Provider Apps Received	5	1	1	0	7
Provider Apps Approved	5	0	0	2	7
Provider Apps Denied	0	0	0	0	0
Course Apps Received	168	93	96	60	417
Course Apps Approved	40	152	44	115	351
CE Hours Approved	278	798.75	257.5	184	1,518.25
Course Apps Denied	2	0	0	0	2
CE Hours Denied	2	0	0	0	2



**Agenda Item 4
December 1, 2023**

Review, Discussion, and Possible Recommendation Regarding Proposal to Mandate Basic Life Support or Cardiopulmonary Resuscitation Certification as a Condition for Licensure in Active Status (amend California Code of Regulations [CCR], Title 16, section 371 and add CCR, Title 16, section 371.1)

Purpose of the Item

The Committee will review and discuss the pending regulatory proposal to mandate basic life support (BLS) certification as a condition of licensure in active status.

Action Requested

The Committee will be asked to discuss this proposal and provide policy direction to staff.

Background

Prior Regulation – California Code of Regulations (CCR), Title 16, Section 356.1 (Cardiopulmonary Resuscitation/Basic Life Support Training)

Effective November 21, 2003, the Board added CCR, title 16, section 356.1 (Cardiopulmonary Resuscitation/Basic Life Support Training), which required all licensees to maintain current certification in cardiopulmonary resuscitation (CPR) or basic life support (BLS) from the American Red Cross, American Heart Association, or other associations approved by the Board as a condition of licensure and license renewal.

The Board subsequently repealed this regulation effective May 9, 2007, based on the following reasoning: 1) this regulatory intervention had not been shown to have a positive impact on the level of care by licensed doctors of chiropractic since it took effect in November 2003; 2) the Medical Board, Board of Podiatric Medicine, and Board of Optometry had repealed their CPR requirements; and 3) the Board is not authorized to and lacks the expertise in approving “associations” to provide CPR or BLS training.

2015 Proposal to Require CPR or BLS Certification for Licensees

In March 2015, the Board’s Licensing, Continuing Education and Public Relations Committee began discussing the possibility of requiring licensees to complete a mandatory CPR course as part of their license renewal requirements. The Committee noted that while most healing arts boards do not require licensees to be CPR-certified because it is already a requirement mandated by their employer, the majority of doctors of chiropractic work as sole proprietors and should be trained on the proper procedures

for handling an emergency situation that may arise in their practices. The Committee agreed that the CPR requirement should be reinstated for public safety and patient protection. The Committee worked with staff to develop proposed language to mandate CPR or BLS certification by all licensees as a condition of licensure and license renewal.

The Committee's recommendation to reimplement the CPR/BLS certification requirement was presented to the Board for review, discussion, and approval during the July 30, 2015 meeting. The proposed language to amend CCR, title 16, section 371 and add CCR, title 16, section 371.1 that was approved by the Board during this meeting can be found in **Attachment 1**. Following the Board's approval of the proposed language, this regulatory proposal was placed on hold pending the completion of the comprehensive updates to the Board's continuing education regulations.

Staff Recommendation: 2023 Proposal to Require BLS Certification for Holders of an Active License

According to the Board's *Occupational Analysis of the Chiropractor Profession, March 2017*, p. 10, 59.9 percent of respondents within the representative sample of California licensees reported working as a sole practitioner in their primary practice setting. In addition, 13.2 percent of respondents reported working as an independent contractor/associate, 11.2 percent reported working as part of a multidisciplinary group, 9.5 reported working within a chiropractic group, 2.3 percent primarily performed house calls or home visits, and 0.7 percent reported working in a hospital setting.

Similarly, according to the National Board of Chiropractic Examiners' *Practice Analysis of Chiropractic 2020*, p. 4-5:

"A typical chiropractor works at least 30 hours per week (58.3%) at a chiropractic office (82.4%), which is often located in a city (35%) or a suburb (29%). Some chiropractors were employed by a multi-disciplinary health care facility. The majority (64%) of chiropractors in the United States are sole proprietors, while 13% worked in partnerships and 17% were employed by other healthcare professionals or organizations."

Since the majority of licensees practice as sole practitioners or in a chiropractic office, they are not subject to the same employer-mandated BLS or CPR certification requirements as many health professionals who work in other healthcare settings.

Additionally, according to the American Heart Association, more than 350,000 cardiac arrests occur outside of a hospital each year, and CPR, if administered immediately after cardiac arrest, can double or triple a person's chance of survival. By requiring licensees to maintain certification in BLS or CPR, the Board can ensure licensees are trained to respond appropriately if a life-threatening emergency occurs at their practice.

During the January 4, 2023 Continuing Education Committee meeting, the Committee reviewed and discussed the following recommended changes to the 2015 proposal:

- Mandate BLS-level training and certification for active licensees, as BLS courses are designed for healthcare providers and public safety professionals whereas general CPR courses are intended for those without formal medical training.
- Replace “other associations approved by the Board” with providers approved by the American Safety and Health Institute (ASHI), as ASHI programs are comparable to those offered by the American Heart Association (AHA) and American Red Cross (ARC).
- Require licensees to retain records of their BLS certification for four years from the date of completion and provide those records to the Board for auditing upon request.

The Committee also discussed the need to develop language for active licensees with temporary or permanent disabilities or medical conditions that may prevent them from being able to physically perform CPR and obtain the full BLS certification.

Staff researched available options and found that AHA offers an Advisor: Basic Life Support course that is intended for individuals with disabilities who have passed the AHA BLS online course and have knowledge of the BLS skills, but due to a disability, cannot complete the psychomotor skills testing portion of BLS that is required for the BLS completion card. By successfully communicating to someone else how to perform CPR, these individuals with disabilities can receive an Advisor: BLS card instead of the BLS Provider card. Staff recommends that the Board handle requests for exemptions or extensions to the BLS certification requirement due to temporary or permanent disabilities or medical conditions under the same process being developed for the annual continuing education requirement under Agenda Item 5.

During this meeting, the Committee is asked to continue its policy discussion regarding the implementation of a BLS certification requirement for all active licensees.

Attachments

1. Proposed Language to Amend California Code of Regulations (CCR), Title 16, Section 371 and Add CCR, Title 16, Section 371.1 (as Approved by the Board on July 30, 2015)
2. Draft Proposed Language to Add California Code of Regulations, Title 16, Section 371.1 (Basic Life Support Certification Requirement)

**Proposed Language to Amend California Code of Regulations (CCR), Title 16,
Section 371 and Add CCR, Title 16, Section 371.1**

(as approved by the Board of Chiropractic Examiners on July 30, 2015)

§ 371. Annual License Renewals and Restoration.

(a) This section shall apply to non-disciplinary license renewal and restoration. Disciplinary license restoration conditions are defined in Section 1000-10 of the Business and Professions Code (Chiropractic Initiative Act of California, Stats. 1923 p.1xxxviii).

(b) A license shall expire annually on the last day of the licensee's birth month. For purposes of this section, the following terms have the following meanings:

(1) "License in forfeiture" is a license that has not been renewed within 60 days following its expiration date.

(2) "Inactive license" has the meaning specified in Business and Professions Code 700.

(3) "Cancelled license" is a license that has been expired for a period of three (3) consecutive years.

(c) To renew an active license, a licensee shall complete and submit a "Renewal" form (R1HDC, Rev. 06/11), which is incorporated by reference, pay the appropriate fee specified in Section 370(a) prior to the expiration date of the license, and complete the board's continuing education requirements and the requirements of section 371.1, that were in effect during the license renewal period.

(d) To renew an inactive license, a licensee shall complete and submit a "Renewal" form (R1HDC, Rev. 06/11) and pay the appropriate fee specified in Section 370(a) prior to the expiration date of the license.

(e) To renew and restore a license in forfeiture, a licensee shall complete and submit a "Forfeiture Notice" form (D1HDC, Rev. 06/11) and an "Application for Restoration of License" form (Revision date 04/11), which are incorporated by reference, pay the appropriate fees specified in Section 370(b) and have met one of the following continuing education requirements:

(1) Completed the board's continuing education requirements and the requirements of section 371.1, that were in effect at the time of each license renewal period;

(2) Practiced in another state under an active valid license and completed all continuing education requirements for that state for each license renewal period the license was expired;

(3) Passed the National Board of Chiropractic Examiners (NBCE) Special Purposes Examination for Chiropractic examination within six (6) months prior to submitting the Application for Restoration of License.

(f) To restore an inactive license to active status, a licensee shall complete and submit an "Inactive to Active Status Application" form (Revision date 02/10), which is incorporated by reference, pay the appropriate fee specified in Section 370(c) prior to the expiration date of the license, and complete continuing education equivalent to that required for a single license renewal period, and the requirements of section 371.1.

(g) To restore a cancelled license, a licensee shall complete and submit an "Application for Restoration of License" form (Revision date 04/11), pay the appropriate fee specified in Section 370(b), and have met one of the following continuing education requirements:

(1) Completed the board's continuing education requirements and the requirements of section 371.1, that were in effect at the time of each license renewal period;

(2) Practiced in another state under an active valid license and completed all continuing education requirements for that state for each license renewal period the license was expired;

(3) Passed the National Board of Chiropractic Examiners (NBCE) Special Purposes Examination for Chiropractic examination within six (6) months prior to submitting the Application for Restoration of License.

(h) The board will not process incomplete applications nor complete applications that do not include the correct fee as specified in Section 370.

(i) In addition to any other requirement for renewal or restoration of a license, a licensee shall disclose whether, since the last renewal of his or her license, he or she has been convicted of any violation of the law in this or any other state, the United States, or other country. However, licensees are not required to disclose traffic infractions that resulted in fines of less than five hundred dollars (\$500) that did not involve alcohol, dangerous drugs, or controlled substances.

NOTE: Authority cited: Sections 1000-4(b) and 1000-10(a), Business and Professions Code (Chiropractic Initiative Act of California, Stats. 1923, p. 1xxxviii). Reference: Sections 1000-4(b), 1000-10 and 1000-12, Business and Professions Code (Chiropractic Initiative Act of California, Stats. 1923, p. 1xxxviii) and Penal Code Sections 11105 and 11105.2.

§ 371.1. Cardiopulmonary Resuscitation/Basic Life Support Training.

As a condition of licensure and license renewal, all licensees are required to maintain current certification in cardiopulmonary resuscitation (CPR) or basic life support (BLS) from the American Red Cross, American Heart Association, or other associations approved by the Board.

“CPR certification” means that the licensee has successfully completed a CPR course that meets American Red Cross or American Heart Association standards for certification and that provides mannequin testing on the subjects of cardio-pulmonary resuscitation. The course must also cover the use of an automatic external defibrillator, unconscious and conscious choking and rescue breathing, provided that the foregoing requirements shall not be interpreted in any way that violates the Americans with Disabilities Act. The mannequin testing must be provided by an instructor who is physically present with the students.

CPR does not have to be repeated annually if a 2- year certification is achieved; however, the certification must always be current. A licensee may earn 2 hours of Continuing Education credit for completion of the CPR/BLS course required by this section. CE credit may only be earned in the year in which the course was completed.

NOTE: Authority cited: Sections 1000-4(b), Business and Professions Code (Chiropractic Initiative Act of California, Stats. 1923, p. 1xxxviii). Reference: Sections 1000-4(e), Business and Professions Code (Chiropractic Initiative Act of California, Stats. 1923, p. 1xxxviii).

DEPARTMENT OF CONSUMER AFFAIRS
TITLE 16. BOARD OF CHIROPRACTIC EXAMINERS

PROPOSED REGULATORY LANGUAGE

Basic Life Support Certification Requirement

Legend: Added text is indicated with an <u>underline</u> . Deleted text is indicated by strikeout .
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Add Section 371.1 of Article 7.5 in Division 4 of Title 16 of the California Code of Regulations to read as follows:

§ 371.1. Basic Life Support Certification Requirement.

(a) All licensees holding an active license to practice chiropractic shall maintain current certification in Basic Life Support through the completion of an American Heart Association (AHA) or American Red Cross (ARC) course in Basic Life Support, or a Basic Life Support course taught by a provider approved by the American Safety and Health Institute (ASHI).

(b) For purposes of this section, a Basic Life Support (BLS) course shall include all of the following:

(1) Instruction in rescue breathing and cardiopulmonary resuscitation (CPR) for adults, children, and infants, including multi-rescuer scenarios;

(2) Instruction in the use of an automated external defibrillator (AED) with CPR;

(3) Instruction in relief of foreign-body airway obstruction and choking for adults, children, and infants; and

(4) Successful completion of a written examination and a live, hands-on skills assessment.

(c) Pursuant to Section 361, subdivision (d)(2), licensees may earn up to a maximum of two (2) hours of continuing education credit per license renewal period for completion of the Basic Life Support course required by this section. Continuing education credit shall only be granted for the renewal period in which the course was completed.

(d) Licensees shall secure and retain records of Basic Life Support certification for four (4) years from the date of completion and submit those records to the Board for auditing upon request.

(e) This section shall not apply to licensees while on active duty as a member of the United States Armed Forces or the California National Guard who meet the exemption requirements specified in Business and Professions Code section 114.3, subdivision (a)(1) through (3).

(f) A licensee who is unable to obtain Basic Life Support certification due to a temporary or permanent disability or medical condition shall:

(1) Apply to the Board for an extension or exemption from this certification requirement under the procedures outlined in Section 364.1; and

(2) Ensure that another licensed doctor of chiropractic or support staff with a current certification in Basic Life Support is on the premises at all times while the licensee is examining or treating patients.

NOTE: Authority cited: Sections 4(b) and 10(a) of the Chiropractic Initiative Act of California, Stats. 1923, p. lxxxviii. Reference: Sections 4(b), 4(e), and 10(a) of the Chiropractic Initiative Act of California, Stats. 1923, p. lxxxviii, and Section 114.3 of the Business and Professions Code.

DRAFT



Agenda Item 5 December 1, 2023

Review, Discussion, and Possible Recommendation Regarding Proposal to Create a Process for Granting Exemptions or Extensions to the Annual Continuing Education Requirement to Licensees Who Have Been Adversely Affected by a Natural Disaster, State of Emergency, Medical Condition, or Other Hardship During Their License Renewal Period (add CCR, Title 16, section 364.1)

Purpose of the Item

The Committee will review and discuss the pending regulatory proposal to create a process for granting hardship exemptions or extensions to the annual continuing education (CE) requirement for licensees.

Action Requested

The Committee will be asked to discuss the proposal and provide policy direction to staff.

Background

In early 2022, as part of the planned updates to the Board's CE regulations, the Licensing and Continuing Education Committee discussed pursuing a regulatory proposal to provide the Board with the authority to waive the CE requirements when licensees have been affected by a natural disaster or state of emergency.

Staff explored the feasibility of the proposal with regulatory counsel and found that the Board lacks the authority to grant broad exemptions to the CE requirements to groups of licensees who have been affected by a natural disaster or state of emergency, such as all residents of a specified county. However, the Board could establish a regulation to grant hardship exemptions to licensees on a case-by-case basis after receiving appropriate substantiation of the hardship from the licensee.

During the April 22, 2022 Board meeting, the Board considered the following draft language to grant such an exemption:

“A licensee provides satisfactory proof to the Board that they have been adversely affected within the last year by a natural disaster as defined in Government Code section 8680.3 or a state or federal declared state of emergency as defined in Government Code section 8558.

“(1) “Satisfactory proof” shall mean a written statement and supporting documentation that includes the following:

“(A) The licensee’s name, address, phone number, and email (if applicable),

“(B) A request for a full or partial exemption from the Board’s continuing education requirements and a statement that the licensee’s address is associated with the area where and when a state of emergency or natural disaster has been determined or declared. If the request is for a partial exemption, the licensee shall identify in their request the specific requirements in Section 361 from which the applicant is requesting exemption;

“(C) An explanation of how the state of emergency or natural disaster has caused an economic or medical hardship that prevents the licensee from completing the continuing education requirements and details as to why the request for exemption should be approved.

“(D) Documentation supporting and confirming the licensee’s statement of hardship required in section (j)(1)(C), above. Such supporting documentation may include proof of residency in the affected area, financial records, or written certification from a primary health care provider.

“(2) The Board or its designee may approve or deny a licensee’s written request for a full or partial exemption. Within fourteen (14) days of receipt of a written request for an exemption pursuant to this subsection, the Board or its designee shall provide written notification to the licensee of approval or denial and stating the reasons for the decision.

“(3) The licensee may submit a written request for reconsideration of the denial of any request for exemption pursuant to this subsection to the Board or its designee within fifteen (15) days of the date of the Board’s or its designee’s denial. The written request shall provide the reasons the licensee warrants a reconsideration of the denial. The Board or its designee shall issue its decision in writing within thirty (30) days of receipt of the licensee’s request for reconsideration.”

Following a discussion, the Board voted to refer this issue back to the Licensing and Continuing Education Committee (now the Continuing Education Committee) for further development. This proposal was subsequently placed on hold while the Continuing Education Committee developed the comprehensive updates to the annual CE requirements, competency areas, and course approval process.

Staff reviewed this pending proposal and has the following recommendations:

1. Add additional hardships, such as a temporary or permanent medical condition or involving the licensee or their immediate family, to the list of qualifying events for

an exemption or extension from the annual CE and Basic Life Support certification requirements.

2. Create a process for granting a reasonable extension of time to complete the CE requirements, such as up to 180 days, rather than a full exemption, to address the majority of hardships experienced by licensees, and retroactively apply the applicable courses to the appropriate renewal period using the Connect system to prevent the potential for “double-dipping” of CE credit over multiple renewal cycles.
3. Create a process for granting an exemption or reasonable modification for licensees with a permanent medical condition or disability, rather than requiring them to annually file for the exemption or modification.

At this meeting, staff is requesting that the Committee revisit its discussion of this pending regulatory proposal and consider staff’s recommendations outlined above.



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DEPARTMENT OF CONSUMER AFFAIRS • CALIFORNIA BOARD OF CHIROPRACTIC EXAMINERS

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Agenda Item 6
December 1, 2023

Public Comment for Items Not on the Agenda

Purpose of the Item

At this time, members of the public may offer public comment for items not on the meeting agenda.

The Committee may not discuss or take action on any matter raised during this public comment section that is not included on the agenda, except to decide whether to place the matter on the agenda of a future meeting. [Government Code Sections 11125, 11125.7, subd. (a).]



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Agenda Item 7
December 1, 2023

Future Agenda Items

Purpose of the Item

At this time, members of the Committee and the public may submit proposed agenda items for a future Committee meeting.

The Committee may not discuss or take action on any proposed matter except to decide whether to place the matter on the agenda of a future meeting. [Government Code Section 11125.]



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Agenda Item 8
December 1, 2023

Adjournment

Time: _____