



## **NOTICE OF TELECONFERENCE LICENSING COMMITTEE MEETING**

### **Committee Members**

Pamela Daniels, D.C., Chair  
Janette N.V. Cruz

**The Board of Chiropractic Examiners' (Board) Licensing Committee will meet by teleconference on:**

**Monday, October 3, 2022  
12:00 p.m. to 2:00 p.m.**  
(or until completion of business)

**The Committee may take action on any agenda item.**

**Note:** Pursuant to the statutory provisions of Government Code section 11133, neither a public location nor teleconference locations are provided. Due to potential technical difficulties or time constraints, members of the public may also submit written comments to the Board on any agenda item by Thursday, September 29, 2022. Written comments should be directed to [chiro.info@dca.ca.gov](mailto:chiro.info@dca.ca.gov) for Board consideration.

**Important Notice to the Public:** The Committee will hold a public meeting via Webex Events. To access and participate in the meeting, please click on, or copy and paste into a URL field, the link below:

<https://dca-meetings.webex.com/dca-meetings/j.php?MTID=mf530425c59b629a7b195cab166b01dbd>

### **If joining using the link above**

Webinar number: 2492 173 3516  
Webinar password: BCE10032022

### **If joining by phone**

+1-415-655-0001 US Toll  
Access code: 249 217 33516  
Passcode: 22310032

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

## **AGENDA**

- 1. Call to Order / Roll Call / Establishment of a Quorum**
- 2. Update on Board's Licensing Program**

3. **Review, Discussion, and Possible Recommendation Regarding Submission of Comments Regarding Proposed Revisions to Council on Chiropractic Education (CCE) Accreditation Standards and CCE Residency Program Accreditation Standards**
4. **Review, Discussion, and Possible Recommendation Regarding the Application for New Chiropractic College Approval by Keiser University - College of Chiropractic Medicine**
5. **Review, Discussion, and Possible Recommendation Regarding Existing Requirements for Filing Practice Addresses with the Board and Displaying Licenses or Satellite Certificates at Places of Practice (California Code of Regulations, Title 16, Sections 303 and 308)**

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](http://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.

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

**Email:** [chiro.info@dca.ca.gov](mailto:chiro.info@dca.ca.gov)

**Telecommunications Relay Service:** Dial 711

**Mailing Address:**

Board of Chiropractic Examiners

1625 N. Market Blvd., Suite N-327

Sacramento, CA 95834

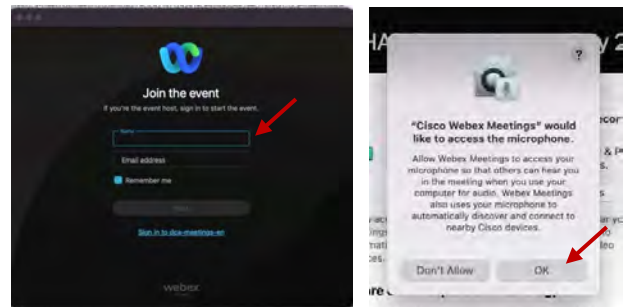
Providing your request at least five (5) business days before the meeting will help to ensure availability of the requested accommodation.

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- 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.



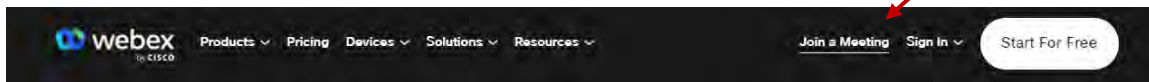
- 3 Enter your name and email address. Click "Join as a guest". Accept any request for permission to use your microphone and/or camera.



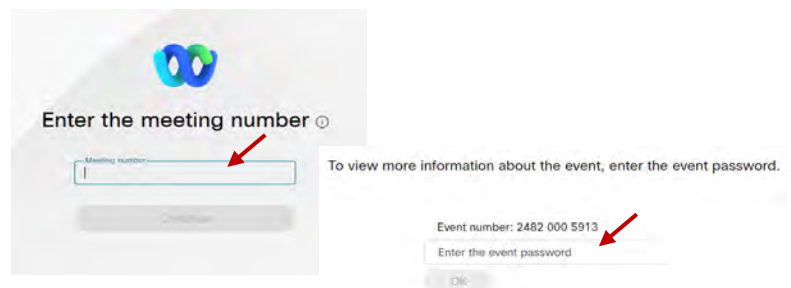
OR

## If joining from Webex.com

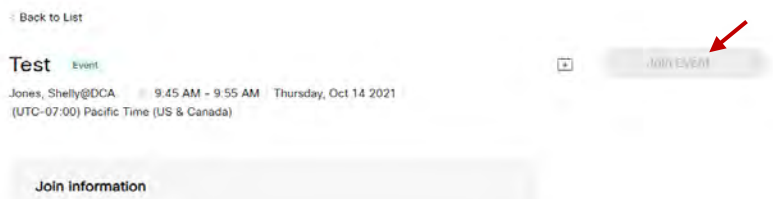
- 1 Click on "Join a Meeting" at the top of the Webex window.



- 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".



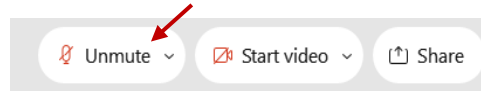
OR

## 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.

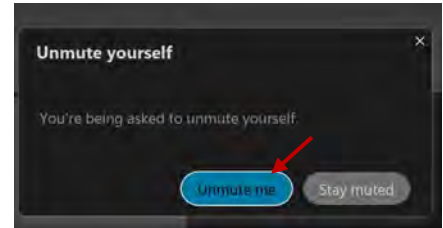


Green microphone = Unmuted: People in the meeting can hear you.



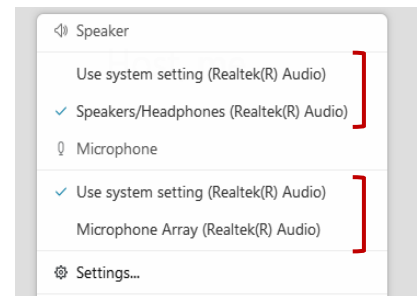
Red microphone = Muted: No one in the meeting can hear you.

*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".*



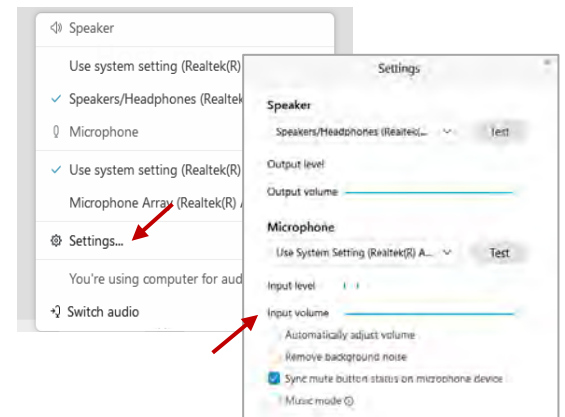
## If you cannot hear or be heard

- 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

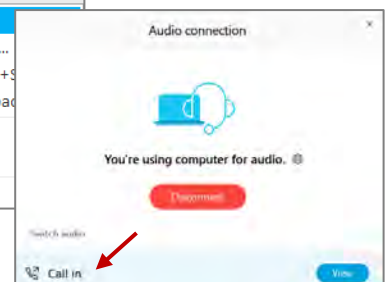
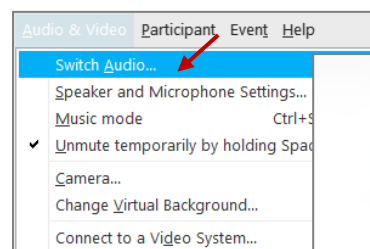
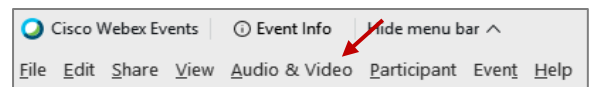
- 1 Locate the command row – click on the bottom facing arrow located on the Mute/Unmute button.
- 2 From the pop-up window:
  - Click on "Settings...":
  - Drag the "Input Volume" located under microphone settings to adjust your volume.



## 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.

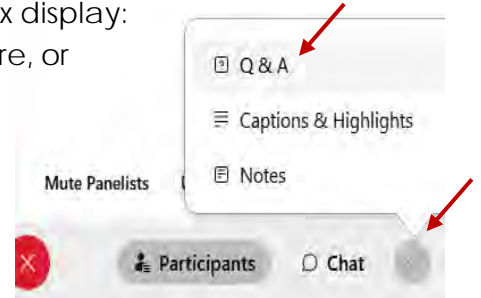
- 1 Click on "Audio & Video" from the menu bar.
- 2 Select "Switch Audio" from the drop-down menu.
- 3 Select the "Call In" option and following the directions.



The question-and-answer feature (Q&A) is utilized for questions or comments. Upon direction of the meeting facilitator, the moderator will open the Q&A panel for meeting participants to submit questions or comments. *NOTE: This feature is not accessible to those joining the meeting via telephone.*

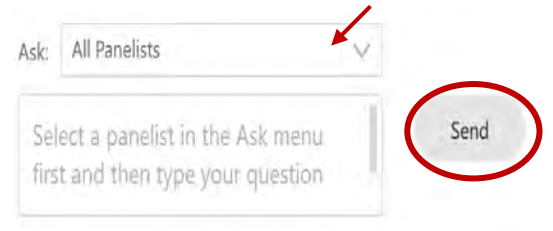
1 Access the Q&A panel at the bottom right of the Webex display:

- 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”.



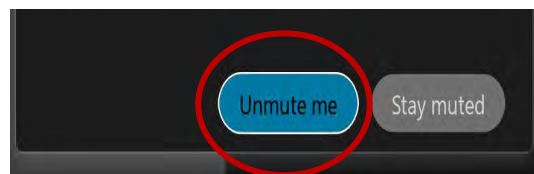
OR

If connected via telephone:

- Utilize the raise hand feature by pressing \*6 to raise your hand.
- Repeat this process to lower your hand.

3 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.

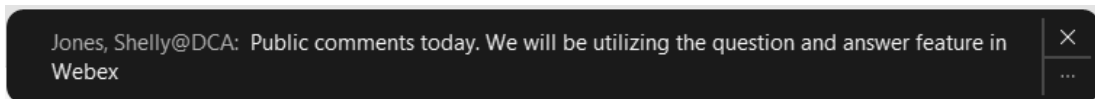


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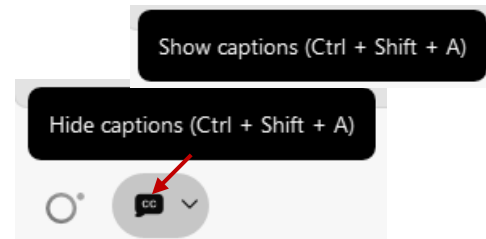
If connected via telephone:

- Press \*3 to unmute your microphone.

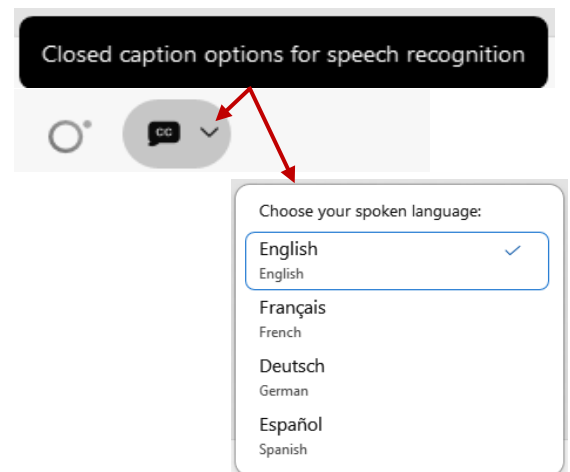
Webex provides real-time closed captioning displayed in a dialog box on your screen. The captioning box can be moved by clicking on the box and dragging it to another location on your screen.



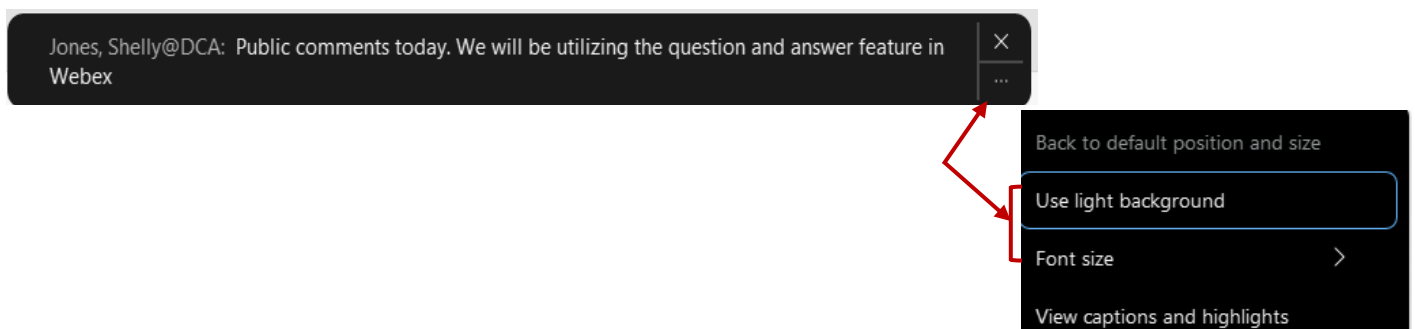
The closed captioning can be hidden from view by clicking on the closed captioning icon. You can repeat this action to unhide the dialog box.



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.





**Agenda Item 1**  
**October 3, 2022**

**Call to Order, Roll Call, and Establishment of a Quorum**

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**Purpose of the Item**

Pamela Daniels, D.C., Chair of the Board's Licensing Committee, will call the meeting to order. Roll will be called by Janette N.V. Cruz.

**Committee Members**

Pamela Daniels, D.C., Chair  
Janette N.V. Cruz





**Agenda Item 2**  
**October 3, 2022**

## **Update on Board's Licensing Program**

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### **Purpose of the Item**

The Executive Officer and Board staff will provide the Committee with an update on the Board's Licensing 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 September 28, 2022 Memo to Committee Members Regarding Licensing Program Activities and Statistics



MEMORANDUM		Agenda Item 2 Attachment
<b>DATE</b>	September 28, 2022	
<b>TO</b>	Members of the Board of Chiropractic Examiners' Licensing Committee	
<b>FROM</b>	Kristin Walker, Executive Officer	
<b>SUBJECT</b>	<b>Update on Board's Licensing Program</b>	

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

### **Business Modernization Project and Implementation of the Connect System**

BCE continues to collaborate with the Department of Consumer Affairs 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](#).

BCE is currently in the maintenance and operations phase of this project and has been focusing on system enhancements to:

- Increase utilization of the system by BCE licensees
- Simplify the online renewal process for doctor of chiropractic licenses
- Make the applicant and licensee dashboards easier and more intuitive for users to navigate
- Provide the ability for licensees to maintain and store their continuing education course records in the system
- Prominently display a list of BCE links and resources and direct contact information for each of BCE's units on the user dashboard

These enhancements are expected to be released in fall 2022, and after they have been implemented, BCE will work on the development of the continuing education provider and course approval processes in the system.

### **Legislation Affecting Licensing Program**

**[Senate Bill 1434 \(Roth\)](#) State Board of Chiropractic Examiners.** This bill would require the Board to: 1) be subject to review by the appropriate policy committees of the Legislature as if the practice act was scheduled to be repealed on January 1, 2027; and 2) include the telephone numbers and email addresses of licensees in the Board's directory and require licensees to immediately notify the Board of a change of contact information. In addition, this bill would remove specified exemptions from the probation status disclosure requirement for licensees placed on probation by the Board. This bill would also implement an updated fee schedule for the Board and direct the Board to submit a report to the Legislature that contains an update on the status of the Board's license fee structure and whether the Board needs to consider plans for restructuring its license fees. This bill passed on August 29, 2022, and was presented to the Governor on September 6, 2022.

### **Proposed Regulations Affecting Licensing Program**

**Approval of Chiropractic Schools and Educational Requirements (California Code of Regulations, Title 16, Sections 330-331.16):** This regulatory proposal will amend curriculum standards to ensure chiropractic colleges are aligned with the metrics identified by the accrediting body, the Council on Chiropractic Education, as well as eliminating any unduly prescriptive content that could be restrictive to the evolving nature of higher education. This rulemaking file is currently being developed by staff.

### **Review of Manual, Paper-Based Processes**

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

In addition, staff from each of BCE's units have been cross-trained on most of the licensing functions to better assist applicants, licensees, and members of the public who contact BCE.

### **Statistics**

The tables below compare the annual Licensing Program data from fiscal year 2021-22 to 2020-21.

#### Licensing Population by Type

<b>Type</b>	<b>FY 2021-22</b>	<b>FY 2020-21</b>	<b>% Change</b>
Doctor of Chiropractic	12,353	12,579	-1.8%
Corporation	1,357	1,379	-1.6%
Satellite Certificate	4,390	4,194	+4.7%
Referral Service	31	31	0%

#### Doctor of Chiropractic Licenses

<b>Description</b>	<b>FY 2021-22</b>	<b>FY 2020-21</b>	<b>% Change</b>
Applications Received	362	221	+63.8%
Licenses Issued	332	269	+23.4%
Licenses Renewed	11,714	10,092	+16.1%

#### Chiropractic Corporation Certificates

<b>Description</b>	<b>FY 2021-22</b>	<b>FY 2020-21</b>	<b>% Change</b>
Applications Received	129	101	+27.7%
Certificates Issued	102	73	+39.7%
Certificates Renewed	1,245	1,477	-15.7%

Satellite Office Certificates

<b>Description</b>	<b>FY 2021-22</b>	<b>FY 2020-21</b>	<b>% Change</b>
Applications Received	1,479	1,192	+24.1%
Certificates Issued	1,270	1,136	+11.8%
Certificates Renewed	3,141	2,539	+23.7%

California Chiropractic Law Examination Results

<b>Description</b>	<b>FY 2021-22</b>	<b>FY 2020-21</b>	<b>% Change</b>
% Pass	77.04%	87.37%	-11.8%
% Fail	22.96%	12.63%	+81.8%
Total Candidates	379	380	-0.3%



**Agenda Item 3  
October 3, 2022**

**Review, Discussion, and Possible Recommendation Regarding Submission of  
Comments Regarding Proposed Revisions to Council on Chiropractic Education  
(CCE) Accreditation Standards and CCE Residency Program Accreditation  
Standards**

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**Purpose of the Item**

The Council on Chiropractic Education (CCE) is conducting a 60-day public comment period through October 31, 2022, regarding proposed revisions to the CCE Accreditation Standards and CCE Residency Accreditation Standards.

**Action Requested**

The Committee will be asked to review and discuss the proposed revisions to the accreditation standards and consider making a recommendation to the Board.

**Attachments**

1. CCE Proposed Standards – Summary of Revisions
2. September 1, 2022 Proposed Revisions to the CCE Accreditation Standards (Track Changes Version)
3. September 1, 2022 Proposed Revisions to the CCE Residency Accreditation Standards (Track Changes Version)

## **Council on Chiropractic Education (CCE)<sup>®</sup>**

### **Proposed Standards – Summary of Revisions**

#### **Section 1: CCE Principles and Processes of Accreditation**

- CCE is recognized by the US Department of Education (USDE) and the Council for Higher Education Accreditation (CHEA)
- CCE staff consulted with a higher education expert/legal counsel to align Section 1 with USDE requirements and CHEA guidelines
- Throughout Section 1, the term “reaffirmation” is eliminated and replaced with “continued” accreditation to align to the language found in USDE and CHEA guidelines.
- Additionally, changes in Section 1 include clarifying language and changes in wording, recommended by our accreditation legal expert, in consideration of changes in USDE CFR 602

#### **Section 1: II.B-C**

- In these sections pertaining to *Application for Continued Accreditation* and *Processes of Accreditation*, there are numerous areas where the term “reaffirmation” is replaced with “continued” accreditation, to align to the language found in USDE and CHEA guidelines.

#### **Section 1: II.C: Process of Accreditation**

- In this section, regarding *Process of Accreditation*, several section headers were added to describe the steps in the accreditation process; from the *Council Status Meeting* with the program, to the Council’s process of reviewing a self-study, the site team’s report, the program’s response to the site team report, to the Council’s accreditation decision, which will lead to the next comprehensive review cycle.

#### **Section 1: II.D-F Additional Reports and Visits – Interim and Focused Site Visits**

- In this section regarding *Additional Reports and Visits*, *Interim and Focused Site Visits*, and *Progress Review Meeting*, language was carried over from the *Comprehensive Site Visit* section with regard to providing the program with the opportunity to respond to the site team report, which is consistent across comprehensive, interim, and focused site visit processes.

#### **Section 1: III. Accreditation Actions**

- Added language regarding notifying the program of findings of noncompliance for consistency throughout the document.

#### **Section 2: Introduction**

- At the July 2022 meeting the Council recommended the removal of “*Examples of Evidence*” from Section 2 of the Standards, and to move the “*Examples of Evidence*” to a Guidance document
- The rationale for this change was derived from the feedback received from both programs and site team members that indicates some mis-interpretation, for example, whether the “*Examples of Evidence*” represent required evidence, which they do not.
- Therefore, a Guidance document will be developed in the future in lieu of having the “*Examples of Evidence*” in the Standards and provided on our website for program use and reference.

#### **Section 2: Process/Overview:**

- The Council Chair appointed two (2) workgroups to develop recommendations to the SRTF on areas related to 1) Student Outcomes and 2) Diversity Equity, and Inclusion.
- CCE Staff collected data from approximately 21 programmatic & institutional accreditors, those with recognition from USDE and others with only CHEA recognition, for review/analysis by each Workgroup.

## Summary of Revisions – September 1, 2022

- The Student Outcomes Workgroup also conducted a program survey re student and program outcomes, to include specific questions about the DCP completion rates, NBCE and CCEB success rates, licensure and employment data collections, and feedback on the meta-competency curricular objectives and outcomes.
- Survey responses were collected from program deans, chief academic officers, presidents, and accreditation liaisons. These data were reviewed by the SOW and incorporated in their recommendations to the SRTF.
- Then, the SRTF was divided into three (3) sub-committees to review each of the Standards, A-J.
- Each of the sub-committees reviewed data from approximately 21 programmatic accreditors to compare requirements for each Standard, and reviewed feedback on the Standards collected from site team members and program personnel over the last 4 years.
- The changes presented in DRAFT 1 of the Standards, are the product of the analysis of qualitative and quantitative data from multiple sources and the collective work of these workgroups and sub-committees, in addition to the Council.

### **Standard A.1-2: Mission & Planning**

- CCE is a programmatic accreditor; and in reviewing the requirements and standards of other programmatic accreditors, the SRTF sought to remove institutional requirements and to add clarifying language that focuses on the DCP; this shift from an institutional focus to a programmatic focus, occurs throughout the Standards.
- The changes in the bold language of Standard A and under the A.2 Planning sub-component, clarifies that these requirements pertain to the *DCPs* mission, planning, and goals/objectives, not an institutional mission or institutional planning, as these areas will be reviewed by the programs' Institutional Accreditor.
- References to assessment of student learning were removed from the Planning section, since this is covered in more detail under A.3 Program Effectiveness
- Additional language was added to planning, to specify that planning processes are *informed by performance results and data analysis to identify program goals and objectives*.

### **Standard A.3-4: Program Effectiveness & Student Outcomes**

- The changes in A.3 *Program Effectiveness* and A.4 *Student Outcomes*, were recommended by the Student Outcomes Workgroup, based on the program survey results, feedback from team members, and a review of the requirements of other programmatic accreditors.
- The changes provide more direction to programs on required Program Effectiveness (PE) metrics, especially to demonstrate data analyses and review that informs program improvement activities/program changes.
- Program effectiveness metrics provide a global/comprehensive evaluation of the DCP that includes assessment of student learning, and is not limited to NBCE performance.
- Standard A.3 broadly allows for a variety of academic and non-academic measures; however, the new language requires program effectiveness metrics to include program-level student learning outcomes and the achievement of the MCOs, as related the program's learning outcomes/objectives and the required learning outcomes in Standard H.
- This ties or links elements of A.3 program effectiveness to elements of Standard H, because program effectiveness/assessment measures and monitors the *program's* performance, and a central component of the program is student learning and the achievement of the MCOs.
- Another new addition in this section requires the programs to measure *retention or attrition rates*, in addition to the DCP completion rate and NBCE/CCEB/licensure rates.
- The changes to A.4 Student Outcomes, reiterates the requirements outlined in CCE Policy 56 re the thresholds and required publication of these outcomes; this links Policy 56 to the Standards, so this area is addressed in the program's self-study, during the site visit, and Council's review processes.



### **Standard B: Ethics & Integrity**

- Changes to Standard B: *Ethics & Integrity*, include the removal of references to the institution or institutional-level items, such as the governing body. Again, this is focusing the CCE Standards on the program and not duplicating the requirements of the institutional accreditor.
- Additional changes, were the removal of language that didn't state a requirement or items that are difficult to evidence, such as "manifest". The changes to this Standard focus on the *policies and procedures* related to ethics and integrity, across the program.

### **Standard C: Administration**

- Based on the review 21 other programmatic-accreditors' standards, changes were made to focus Standard C: *Governance & Administration* from institutional to programmatic requirements.
- *Governance* was wholly removed, so Standard C becomes *Administration*;
- And *Administration* is focused on the administrative structure of the DCP.
- The last paragraph was removed b/c it was redundant to the first line under *Administration*, that outlines the requirements for "*The administration and administrative structure to promote and facilitate the achievement of the DCP mission, allocate resources adequate to support and improve the program, and to assess the effectiveness of the DCP.*"

### **Standard D: Resources**

- "Human" resources were removed from both the Bold language and as the sub-component, D.3, b/c "human resources" is already an existing component/requirement under the Standards for Administration, Faculty, and Student Services.
- References to "strategic" planning were removed b/c strategic planning may occur at the institutional level vs. program-level planning, (this is a carry-over from changes under A.2: Planning)
- Changes to the language in D1 *Financial*, focus on financial resources and fiscal responsibility of the DCP vs. the institution, including the removal of items related to the institutional-level financial audits.
- D2 *Learning Resources*: broadly captures 'learning resources' and eliminates duplicate references to student services found under Standard F.
- Changes to D4 *Physical*, seek to remove items that were specific/prescriptive examples, since many other items are not specifically listed. Broadly stating the requirements of the Standard allows the DCPs to address this based on their structure and environment.
- This section, contains one of the few instances where an *institutional* requirement is maintained, b/c in a university structure, the institution often manages or allocates the physical resources for a DCP.

### **Standard E: Faculty**

- The Diversity Equity Inclusion (DEI) Workgroup reviewed approximately 21 other programmatic accreditors standards, along with higher education publications on the topic of Diversity, Equity & Inclusion.
- New requirements in the area of Diversity, Equity & Inclusion are incorporated in this standard
- The other changes to this Standard reflect the re-arrangement of items to better fit the sub-components of 1) Attributes; 2) Expectations; 3) Evaluation
- Duplicate requirements, such as research & scholarship and ethics were removed, b/c these are covered under Standards B (Ethics & Integrity) and I (Research & Scholarship).

### **Standard F: Student Support Services**

- The Diversity Equity Inclusion (DEI) Workgroup added requirements to this Standard
- "Campus safety" was removed b/c institutional accreditors monitor policies and procedures related to the Clery Act and campus crime reporting
- Other changes included the removal of areas that are difficult to measure/evidence, such as "broad based commitment" and replace this with language that requires the DCP to use data from student support service metrics/measures to *inform program improvements*.

**Standard G. Student Admissions**

- The Bold language Standard G. *Student Admissions* includes minor word edits to improve clarity. Many of these changes were direct feedback from programs and site team members.
- The Diversity Equity Inclusion (DEI) Workgroup added requirements in section G.1: *Alignment with Program*, to address this area.

**Standard H.1-2: Curriculum, Competencies and Outcomes Assessment**

- Based on feedback from programs and site team members, the SRTF thoroughly reviewed Standard H to identify all the references to the “meta-competencies”, and clarified if the reference was to the meta-competency curricular objectives or the meta-competency outcomes.
- Additional changes throughout Standard H were made to provide more clarity on the meta-competency curricular objectives and the meta-competency outcomes
- Under H.1 *Curricular Content and Delivery*, the DEI Workgroup recommended additional language
- The section regarding *DGP-managed clinic site, or at DGP-approved external sites*, was moved from H.1 to H.2.
- Under H.2: *Assessment of Learning Outcomes and Curricular Effectiveness*, key points are incorporated into the Standard to provide specific guidance in best practices in the assessment of clinical competency.
- The section related to utilization of the student learning assessment data, was shortened as elements related to ‘*utilizing aggregate student learning data and the meta-outcomes*’ are now specified under A.3 Program Effectiveness where it has ties to program planning and resource allocation.

**Standard H.3: Quality Patient Care**

- Feedback from programs and site team members indicated a wide-range of interpretations of H.3 *Quality Patient Care*
- In comparing the Standards of other programmatic accreditors, the Council found that some standards relating to quality patient care clearly outlined the specific elements for a quality assurance system, so, these specific elements and the format were incorporated in this standard.

**Meta-Competency 1-5: ASSESSMENT & DIAGNOSIS; MANAGEMENT PLAN; HEALTH PROMOTION AND DISEASE PREVENTION; COMMUNICATION AND RECORD KEEPING; PROFESSIONAL ETHICS AND JURISPRUDENCE:**

- As a general overview, these Meta-Competencies were revised to eliminate overlaps/redundancies; and also clarify what needs to be measured in the MCOs

**Meta-Competency 6: ~~Information & Technology Literacy~~ CULTURAL COMPETENCY**

- Info & Tech Lit were reviewed and most items were folded into other MCs, paving the way for a new MC 6, *Cultural Competency*, as recommended by the DEI Workgroup
- The DEI Workgroup felt strongly that there was a need for the addition of a cultural competency meta-competency to allow for student outcomes in this area. The recommendation is made in such a way as to minimize changes in mapping for programs.
- Cultural competency includes the knowledge, skills, and core professional attributes needed to provide care to patients with diverse values, beliefs and behaviors, including the tailoring of health care delivery to meet patients' social, cultural and linguistic needs. This competency requires the acknowledgement of the importance of culture, recognizing the potential impact of cultural differences, and adapting services to meet unique needs of patients in an effort to reduce disparities in healthcare delivery.
- This new Meta-Competency includes two Curricular Objectives and two Outcomes.

**Meta-Competency 7: CHIROPRACTIC ADJUSTMENT/MANIPULATION:**

- No changes recommended in this area

**Meta-Competency 8: INTER-PROFESSIONAL EDUCATION:**

- Minor recommendations to clarify what needs to be measured in the MCOs

**Meta-Competency 9: ADJUNCTIVE TREATMENT:**

- Newly added MC 9, Adjunctive Treatment, to...

**Standard I. Research & Scholarship**

- In the Bold language of Standard I, the reference to strategic planning is removed, again, b/c strategic planning may be an institutional-level element vs. program-level terminology.
- Under the sub-components sections 1) *Scope*; 2) *Support*; and 3) *Outcomes*, many of the requirements were simply re-arranged to better fit with each of these sub-components.
- Also, “Support” was moved above “Outcomes” for a more logical sequencing.
- Additional changes, such as the removal of the definitions for *Discovery*, *Application*, *Integration*, and *Teaching* were replaced with “*research and scholarship as defined by the DCP*”, to be less prescriptive in this area.

**Standard J: Service**

- In reviewing the standards for 21 other programmatic-accreditors, the SRTF found that none of the agencies have a stand-alone standard for *Service*; references to service requirements, if any, were included under the requirements for faculty members.
- In addition, feedback from programs and site team members indicated that the expectations for *service* were so broadly written in the CCE Standards that it was difficult to determine if a program had met specific requirements;
- Therefore, the SRTF eliminated this Standard entirely.

**Standard K: Distance or Correspondence Education**

- Standard K was modified in Spring of 2021 and approved by the Council in July 2021.
- The 2021 changes to the standards for *Distance or Correspondence Education* were guided by our higher education expert/legal counsel to align with recent changes to the USDE requirements in this area.
- As such, the SRTF did not make any new or additional changes to Standard K.



THE COUNCIL ON CHIROPRACTIC EDUCATION

# CCE Accreditation Standards

Principles, Processes & Requirements  
for Accreditation

September 1, 2022 Proposed Revisions  
to the CCE Accreditation Standards  
(Track Changes Version)

July 2021

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## **Foreword**

This document presents the process and requirements for The Council on Chiropractic Education (CCE) accreditation of Doctor of Chiropractic degree programs (DCPs) within the U.S., and equivalent (as determined by CCE) chiropractic educational programs offered outside the U.S., in accordance with CCE's Mission. CCE accreditation relies on a peer-review process that is mission driven, evidence informed, and outcome based. The attainment of CCE accreditation provides a DCP with expert evaluation and recommendations for improvement. Accreditation provides assurances of educational quality and institutional integrity to governments, jurisdictional licensing and regulatory bodies, institutions, professional organizations, students, other accrediting agencies, and the public at large.

The CCE is an autonomous, programmatic specialized accrediting agency. It is recognized by the United States Department of Education and the Council for Higher Education Accreditation to accredit programs leading to the Doctor of Chiropractic degree. The Council administers the process of accreditation, renders accreditation decisions, and establishes bylaws, policies, procedures, and accreditation requirements.

The purpose of CCE is to promote academic excellence and to ensure the quality of chiropractic education. The CCE values educational freedom and institutional autonomy. The CCE does not define or support any specific philosophy regarding the principles and practice of chiropractic, nor do the CCE *Standards* support or accommodate any specific philosophical or political position. The *Standards* do not establish the scope of chiropractic practice. They specify core educational requirements but do not otherwise limit the educational process, program curricular content, or topics of study. The processes of accreditation are intended to encourage innovation and advancement in educational delivery.

Accreditation requirements focus on student learning outcomes that prepare DCP graduates to serve as competent, caring, patient-centered, and ethical doctors of chiropractic/chiropractic physicians qualified to provide independent, quality, patient-focused care to individuals of all ages and genders by: 1) providing direct access, portal of entry care that does not require a referral from another source; 2) establishing a partnership relationship with continuity of care for each individual patient; 3) evaluating a patient and independently establishing a diagnosis or diagnoses; and, 4) managing the patient's health care and integrating health care services including treatment, recommendations for self-care, referral and/or co-management.

The CCE systematically monitors the adequacy and relevance of the accreditation requirements to substantiate their validity and reliability in measuring DCP effectiveness. The accreditation process is periodically assessed to ensure consistency and proficiency in certifying the quality and integrity of DCPs. CCE employs processes and practices that satisfy due process.

The CCE publishes a list of accredited DCPs and informs its stakeholders and the public regarding the accreditation requirements and process. Communications with the public regarding specific accreditation actions are appropriately transparent, taking into consideration applicable laws and practices (including rights to privacy) and the integrity of the accreditation process. CCE policy references in these *Standards* are not all inclusive and may be delineated in other CCE publications. They are intended only to assist the reader for quick reference.



## CCE Mission Statement

### Mission

*To ensure the quality and integrity of doctor of chiropractic and residency programs.*

### Values

The Council on Chiropractic Education is recognized by the United States Department of Education and the Council for Higher Education Accreditation as the accrediting body for chiropractic programs. In fulfilling its Mission and the requirements of these oversight agencies, the CCE is committed to the following values:

- **Integrity** as the foundation in all interactions
- **Accountability** to students and the public
- **Collaboration** in community of people with a culture of respect
- **Quality** as informed by the use of evidence
- **Improvement** to advance excellence

## Section 1 – CCE Principles and Processes of Accreditation

### I. Accreditation by CCE

The role of accreditation as defined by the US Department of Education is to provide assurance of quality and integrity to stakeholders. CCE accreditation of Doctor of Chiropractic Programs (DCPs) promotes the highest standards of educational program quality in preparing candidates for licensure, advocating excellence in patient care, and advancing and improving the chiropractic profession and its practitioners. The CCE acknowledges that DCPs exist in a variety of environments, distinguished by differing jurisdictional regulations, demands placed on the profession in the areas served by the DCPs, and diverse student populations. CCE accreditation is granted to DCPs deemed by the Council to comply with the eligibility requirements and requirements for accreditation.

CCE accreditation standards serve as indicators by which DCP's are evaluated by peers. They are designed to guide programs in a process of self-reflection and serve as a framework for improvement as well as a threshold for initial ~~accreditation~~ and ~~reaffirmation of~~ continued accreditation.

The Council specifically reviews compliance with all accreditation requirements.

- It is dedicated to consistency while recognizing program differences in mission, in the strategies adopted and evidence provided to meet these requirements.
- It bases its decisions on a careful and objective analysis of all available evidence.
- It follows a process that is as transparent as possible, honoring the need for confidentiality when appropriate.
- It discloses its final decisions to appropriate authorities and the public, ~~as well as to other appropriate authorities~~, in accordance with CCE Policy 111.

While it is the responsibility of the DCP to demonstrate and maintain compliance with the standards, CCE provides assistance through training, guidance contained in written materials provided to the DCP and published on its website, and through formal meetings with program leadership as part of the accreditation process. ~~The Council provides information and assistance to any DCP seeking accreditation, in accordance with CCE policies and procedures.~~

### II. Process of Accreditation for a DCP

Any DCP seeking to achieve or maintain CCE accredited status must apply for such status, and provide evidence that the DCP meets the eligibility requirements and complies with the requirements for accreditation.

#### A. Application for Initial Accreditation

##### 1. Letter of Intent

A DCP seeking initial accreditation must send a letter of intent from the institution's governing body to the CCE Administrative Office stating its intention to pursue ~~accreditationed status~~, providing written evidence that it meets the eligibility requirements for accreditation and submitting initial accreditation fees in accordance with CCE Policy 14.

## 2. Requirements for Eligibility

The eligibility requirements provide an initial foundation for the development of a DCP within the context of the CCE requirements for accreditation. In addressing the eligibility requirements, applicants are advised to be familiar with the CCE *Standards*, Section 2.A through Section 2.KJ.

To be eligible for ~~initial~~ accreditation, the application must include evidence to support the following:

~~a.~~ a. Accreditation of the institution by an accrediting agency in the U.S. recognized by the U.S. Department of Education or Council for Higher Education Accreditation (or equivalent outside the U.S. as determined by the Council). Provide the most recent letter from the institutional accrediting agency confirming the institution's accreditation status and term. ~~to include, the most recent accreditation action letter. Identify the accrediting agency that accredits the institution and the institution's current accreditation status with this body.~~

~~a.b.~~ a.b. Provide evidence that the institution has, or has applied for, approval to develop/offer a doctor of chiropractic program/degree from its institutional accrediting agency. If approval is not necessary from the institutional accrediting agency, documentation from that accrediting agency MUST include written communication to program representatives or CCE that confirms approval to offer the program/degree is not required. NOTE: Under no circumstances will ~~the Council will not, with no exceptions,~~ grant ~~initial~~ accreditation to a program that is part of an institution/organization which is ~~the~~ subject to ~~of~~ an action by a recognized institutional accrediting agency, that includes: 1) a final decision to place the institution/organization on probation; or, 2) a final decision to deny, withdraw, revoke, or terminate accreditation.

~~b.c.~~ b.c. A governing body that includes representation adequately reflecting the public interest.

~~e.d.~~ e.d. Description of the administrative structure of the program, including the individual responsible for the DCP and their credentials.

~~e.e.~~ e.e. A mission (or equivalent) statement, approved by the appropriate institutional body, that provides for an educational program leading to the doctor of chiropractic degree and describes the overall purpose(s) of the program.

~~e.f.~~ e.f. A process ~~to~~ for ~~assessing~~ programmatic effectiveness to include, a description of how the program will analyze and use ~~the~~ assessment results.

~~e.g.~~ e.g. ~~Description of the p~~Program length ~~and a curriculum~~ with a minimum of 4,200 instructional hours, and a curriculum that includes, but is not limited to, the following subject matter:

Foundations – principles, practices, philosophy, and history of chiropractic.

Basic Sciences – anatomy; physiology; biochemistry; microbiology and pathology.

Clinical Sciences – physical, clinical, and laboratory diagnosis; diagnostic imaging; spinal analysis; orthopedics; biomechanics; neurology; spinal adjustment/manipulation; extremities manipulation; rehabilitation and therapeutic modalities/procedures (active and passive care); toxicology/pharmacology; patient management; nutrition; organ systems; special populations; first aid and emergency procedures; wellness and public health; and clinical decision-making.

Professional Practice – ethics and integrity; jurisprudence; business and practice management, and professional communications.

- gh. An assessment plan that includes defined competencies and programmatic learning outcomes; identification of the methods to measure achievement of meta-competencies and outcomes; and, a description of how the program will use the assessment results.
  - hi. Operational description of clinic practicum courses and DCP managed and/or approved clinic site(s).
  - ij. ~~Number and credentials of c~~Current faculty and hiring plans for additional faculty leading up to the graduation date of the first cohort of students. Include number of current faculty and their credentials.
  - jk. Number of students currently enrolled in the program and total enrollment projections leading up to the graduation date of the first cohort of students.
  - kl. ~~Provide the~~An operational financial plan and documentation (income, revenue sources, and expenses) for the DCP from the beginning of the process through the anticipated graduation date of the first cohort of students.
3. CCE Response

Upon application by the DCP for accreditation:

- a. The CCE Administrative Office staff, reviews the evidence of eligibility documents submitted by the DCP. If further documentation is necessary to complete the application, CCE staff notifies the program prior to forwarding to the Council. Upon receipt of the completed application, CCE staff forwards to the Council for review at the next regularly scheduled meeting to determine if the eligibility requirements are met.
- b. The Council may approve, defer or deny the application. If the application is deferred, the Council will request additional documentation be provided in a follow-up report. If the application is approved, the Council establishes timelines regarding the self-study, comprehensive site visit and Status Review Meeting in coordination with the CCE Administrative Office and the DCP, according to CCE policies and procedures.

NOTE: Approval of the initial accreditation application does not constitute accredited status of the program, the Council will determine the accreditation status of the program at the Status Review Meeting following the self-study and comprehensive site visit processes.

B. Application for ~~Reaffirmation of~~Continued Accreditation

1. Letter of Intent

A DCP seeking ~~reaffirmation of~~continued accreditation must send a letter of intent from the individual responsible for the program to the CCE Administrative Office stating its intention to pursue ~~reaffirmation~~continuation of its accredited status.

2. Requirements for Eligibility

The DCP need not submit evidence of eligibility documents required for initial accreditation unless eligibility requirements have changed ~~from~~since the last ~~reaffirmation~~comprehensive site visit. However, the DCP must maintain documentation that it complies with the eligibility requirements. This information must be available for review by appropriate representatives of CCE and/or the Council.

3. CCE Response

The Council establishes timelines regarding the DCP self-study, comprehensive site visit and Status Review Meeting in coordination with the CCE Administrative Office and the DCP, according to CCE policies and procedures.

C. Process of Accreditation (Initial/~~Continued~~Reaffirmation)

1. DCP Self-Study

The DCP must develop and implement a comprehensive self-study process that involves all constituencies of the DCP, ~~and~~ relates to effectiveness regarding its mission, goals, and objectives ~~and culminates in a written~~ ~~The~~ self-study report which must:

- a. Provide clear evidence that the DCP complies with the CCE requirements for accreditation (Section 2, *Requirements for Doctor of Chiropractic Degree Educational Programs*).
- b. Focus attention on the ongoing assessment of outcomes for the continuing improvement of academic quality.
- c. Demonstrate that the DCP has processes in place to ensure that it will continue to comply with the CCE Standards and other requirements for accreditation.
- d. Be submitted to the CCE Administrative Office no later than nine months prior to the CCE Council meeting wherein a decision regarding accreditation will be considered.

2. Comprehensive Site Visit and Report to CCE

Following receipt of the self-study report, the Council appoints a site team to review evidence contained within the eligibility documentation and self-study report relative to compliance with the CCE *Standards*. The comprehensive site visit and report to the CCE are an integral part of the peer-review process that uses the DCP's self-study as the basis for an analysis of the strengths, challenges, and distinctive features of the DCP. This process is designed to ensure that, in the best judgment of a group of qualified professionals, the DCP complies with the requirements for eligibility and requirements for accreditation and that the DCP is fulfilling its mission and goals. In addition to ensuring quality, an enduring purpose of CCE accreditation is to encourage ongoing improvement.

- a. The DCP must provide the site team with full opportunity to inspect its facilities, to interview all persons within the campus community, and to examine all records maintained by or for the DCP and/or institution of which it is a part (including but not limited to financial, corporate and personnel records, and records relating to student credentials, grading, advancement in the program, and graduation).
  - b. A draft report is prepared by the site team and sent by the CCE Administrative Office to the individual responsible for the program for correction of factual errors only.
  - c. Following the response of the DCP to correction of factual errors, a final report is sent by the CCE Administrative Office to the individual responsible for the program, governing body chair and site team members.
  - d. The DCP is provided the opportunity to submit a written response to the site team report, and it must submit a written response if the report identifies areas of concern. The DCP sends the response to the CCE Administrative Office which distributes it to the CCE President and Council. Any DCP response to the site team report must be submitted to the CCE no less than 30 days prior to the Status Review Meeting which is the next step in the review (or accreditation) process.
3. CouncilCE Status Review Meeting
- a.—The objective of the Status Review Meeting is to provide an opportunity for the Council to meet with DCP representatives to discuss the findings of the site team report and DCP response in accordance with CCE policies and procedures. The Site Team Chair or other members of the site team may also be present at the request of the Council Chair.

#### 4. Council Review, Action, and Notification

- b.—The Council reviews the self-study and supporting documentation furnished by the DCP, the site team report, the program's response to the report, and any other appropriate information, consistent with CCE policies and procedures, to determine whether the program complies with the CCE *Standards*.
- c.—The Council's action concludes with a written decision regarding accreditation status that is sent to the individual responsible for the program, governing body chair, and CCE Councilors.

## 5. Next Comprehensive Review

- ~~d.~~—The next comprehensive site visit normally is four years following the award of initial accreditation, or eight years following the award of ~~reaffirmation of~~continued accreditation.

### D. Additional Reports and Visits

In accordance with CCE policies and procedures, the Council monitors continuing compliance with accreditation standards and requirements through requiring additional reports, applications~~may require additional reports from~~, and/or visits to, a DCP ~~to confirm its continued compliance with the accreditation requirements.~~ Monitoring reports and processes require ~~the~~ DCP must to critically evaluate its efforts in ~~the~~any area(s) of concern, initiate measures that address those concerns, and provide evidence of the degree of its success in rectifying the area(s) of concern. Failure on the part of a DCP to furnish a required application, requested report or to host a site visit on the date specified by the Council constitute cause for sanction or adverse action. These actions are at the discretion of the Council, following appropriate notification.

#### 1. Program Characteristics Report (PCR)

Biennial PCRs must be submitted to the Council in accordance with the CCE policies and procedures. PCRs are required as one of the reporting requirements the Council utilizes to continue its monitoring and reevaluation of its accredited programs, at regularly established intervals, to ensure the programs remain in compliance with the *CCE Standards*.

#### 2. Program Enrollment and Admissions Report (PEAR)

Annual PEARs must be submitted to the Council in accordance with the CCE policies and procedures. PEARs are required as one of the reporting requirements the Council utilizes to continue its monitoring and reevaluation of its accredited programs, at regularly established intervals, to ensure the programs remain in compliance with the *CCE Standards*.

#### 3. Progress Reports

Progress Reports must be submitted to the Council, on a date established by the Council. Progress reports address previously identified areas of non-compliance with accreditation requirements or areas that require monitoring.

#### 4. Program Changes Requiring Notification and/or Reporting

Accreditation is granted or continued~~reaffirmed~~ according to curricula, services, facilities, faculty, administration, finances and conditions existing at the time of that action in accordance with the *CCE Standards*. To ensure programs maintain compliance with the eligibility and accreditation requirements of the *Standards*, the CCE requires prior approval of specific changes before each change can be included in the doctor of chiropractic degree program accredited status. For this reason, all CCE-accredited programs are required to notify (in writing) or submit applications to the Council as identified in CCE Policy 1.

5. Interim and Focused Site Visits

- a. Interim Site Visits focus on monitoring specific requirements in the CCE *Standards*, and also provide an opportunity for dialogue with the program and the Council. At the discretion of the Council, visits are normally conducted at the midway point of the eight-year accreditation cycle in accordance with CCE policies and procedures.

~~6. Focused Site Visits~~

- ~~b. At the discretion of the Council,~~ Focused Site Visits are conducted in order to review progress of identified areas that require monitoring; compliance with accreditation standards or policies; or, circumstances that may prompt action to protect the interests of the public.

If an interim or focused site visit was conducted, the DCP is provided the opportunity to submit a written response to the site team report, and it must submit the written response if the report identifies areas of concern. The DCP sends the response to the CCE Administrative Office which distributes it to the Council for review. Any DCP response to the site team report must be submitted to the CCE no less than 30 days prior to the Progress Review Meeting which is the next step in the review (or accreditation) process.

E. Progress Review Meeting

In the event an additional report or visit has been required, A Progress Review Meeting ~~is~~will be conducted by the Council to ~~review any additional reports submitted as outlined in sections 1-6 above. The Council~~ determines the adequacy of ongoing progress, the sufficiency of evidence provided regarding such progress ~~on areas of concern~~, whether any other significant concerns have emerged, and what, if any, subsequent interim reporting activities are required. ~~If a site visit was made, the site team report is discussed.~~

F. Council Action and Notification

A written decision conveying the Council's action regarding continued accreditation status is sent to the individual responsible for the program and governing body chair (when applicable). The Council also determines if an appearance, or if participation via conference call, is necessary by DCP representatives at the next a subsequent Council meeting. ~~The Council then sends a follow up letter to the DCP identifying the status of previous concerns (if any), and/or a substantive change application, and the requirements for any additional interim activities. The DCP must continue to submit PCRs in accordance with CCE policies and procedures.~~

EG. Withdrawal from Accreditation

1. Voluntary Withdrawal of Initial Application

A DCP may withdraw its application for accreditation at any time prior to the Council decision regarding initial accreditation by notifying the CCE Council of its desire to do so.



## 2. Voluntary Withdrawal from Accredited Status

An accredited DCP desiring to withdraw from CCE accreditation forfeits its accredited status when the Council receives official notification of the sponsoring institution's clearly stating its desire to withdraw from accredited status together with a resolution to that effect of its governing board's resolution clearly stating its desire to withdraw.

## 3. Default Withdrawal from Accredited Status

When a DCP fails to submit a timely application for reaffirmation continuation of its accredited status, the Council acts at its next meeting to remove the DCP's accredited status. This meeting of the Council normally occurs within six months of the date when the DCP application for reaffirmation continuation was due. Involuntary withdrawal of accreditation is an adverse action that is subject to appeal (see CCE Policy 8).

## 4. Notification

In cases of voluntary withdrawal and default withdrawal CCE makes appropriate notification in accordance with CCE Policy 111.

## FH. Reapplication for Accreditation

A DCP seeking CCE accreditation that has previously withdrawn from accredited status, withdrawn its accreditation or application for accreditation, or had its accreditation revoked or terminated, or had its application for accreditation denied, follows the process for initial accreditation.

### III. Accreditation Actions

#### A. Decisions and Actions

Based on evidence, when considering the accreditation status of a program, the Council may take any of the following actions at any time:

1. Award or reaffirm of initial accreditation
2. Defer the decision
3. Continue accreditation
4. Impose Warning
5. Impose Probation
6. Deny or revoke accreditation
7. Withdraw accreditation

In addition to regular reporting requirements and scheduled evaluation visits, the Council may also require one or more follow-up activities (site visits, reports, and/or appearance); if, a) the Council has identified areas that require monitoring where the final outcome could result in noncompliance with accreditation standards or policies; or, b) the Council determines that the program is not in compliance with accreditation standards or policies.

#### B. CCE Notifications

The CCE makes notifications of Council accreditation decisions and actions in accordance with CCE Policy 111.

C. Enforcement and Time Frames for Noncompliance Actions

1. The U.S. Department of Education requires the enforcement of standards for all recognized accrediting agencies. If the Council's review of a program regarding any accreditation standard and/or policy indicates that the program is not in compliance with that accreditation standard and/or policy, the Council must:
  - a. Immediately initiate adverse action against the program or institution; or,
  - b. Notify the program of the finding(s) of noncompliance and ~~R~~require the program to take appropriate action to bring itself into compliance with the accreditation standard and/or policy within a time period that must not exceed two years. ~~NOTE: If the program, or the longest program offered by the institution, is at least two years in length.~~
2. If the program does not bring itself into compliance within the initial two-year time limit, the Council must take immediate adverse action unless the Council extends the period for achieving compliance for "good cause". Such extensions are only granted in unusual circumstances and for limited periods of time not to exceed two years in length. The program must address the three (3) conditions for "good cause" listed below.
  - a. the program has demonstrated significant recent accomplishments in addressing non-compliance (e.g., the program's cumulative operating deficit has been reduced significantly and its enrollment has increased significantly), *and*
  - b. the program provides evidence that makes it reasonable for the Council to assume it will remedy all non-compliance items within the extended time defined by the Council, *and*
  - c. the program provides assurance to the Council that it is not aware of any other reasons, other than those identified by the Council, why the program should not be continued for "good cause."
3. The Council may extend accreditation for "good cause" for a maximum of one year at a time (not to exceed two years in total). If accreditation is extended for "good cause," the program must be placed or continued on sanction and may be required to host a site visit. At the conclusion of the extension period, the program must appear before the Council at a meeting to provide further evidence if its period for remedying non-compliance items should be extended again for "good cause."
4. Adverse accrediting action or adverse action means the denial, withdrawal, or ~~revocation, or termination~~ of accreditation, ~~or any comparable accrediting action the Council may take against the program.~~

In all cases, the program bears the burden of proof to provide evidence why the Council should not remove its accreditation. The Council reserves the right to either grant or deny an extension when addressing good cause.

#### IV. Deferral

In cases where additional information is needed in order to make a decision regarding the accreditation of a program, ~~for programs~~ seeking initial accreditation or ~~reaffirmation of~~ continued accreditation, the Council may choose to defer a final decision regarding accreditation status. The additional information requested through the deferral process may relate to information submitted by a program following an on-site evaluation which raises additional questions, requires clarification or additional evidence from the program. ~~must be linked to insufficient evidence submitted by the site team in the final site team report; failure of the site team to follow established CCE policies or procedures; or, consideration of additional information submitted by the program following the on-site evaluation.~~

The Council may require the DCP to submit a report, host a site visit and/or make an appearance before the Council to provide such information. When a decision is deferred, the program retains its current accreditation status until a final decision is made. Deferral shall not exceed twelve (12) months. Deferral is not a final action and is not subject to appeal.

#### V. Noncompliance Actions

When the Council determines that a DCP is not in compliance with CCE *Standards*, including eligibility and accreditation requirements, and policies and related procedures, the Council may apply any of the following actions. In all instances, each action is included in the 24-month time limit as specified in Section 1.III.C, *Enforcement and Time Frames for Noncompliance Actions*.

##### A. Warning

The intent of issuing a Warning is to alert the DCP of the requirement to address specific Council concerns regarding its accreditation. The Council may decide to issue a Warning if the Council concludes that a DCP:

1. Is in noncompliance with the accreditation standards or policies and the Council determines that the deficiency(ies) do not compromise the overall program integrity and can be corrected by the DCP within the permissible timeframe; or
2. Has failed to comply with reporting or other requirements and/or provide requested information.

Following a notice of Warning, the Council may require additional reporting, a site visit and/or the DCP to submit a report, host a site visit and/or make an appearance before the Council to permit the DCP to provide additional information and/or evidence of compliance. Warning is a sanction, that is not subject to appeal, and shall not exceed twelve (12) months.

The Council will make notification of a final decision to impose Warning by notifying the individual responsible for the program and governing body chair that a program has been placed on Warning in accordance with CCE policy and procedures.

##### B. Probation

Probation is an action reflecting the conclusion of the Council that a program is in significant noncompliance with accreditation standards or policy requirements. Such a determination may be based on the Council’s conclusion that:

1. The noncompliance compromises program integrity; for example, the number of areas of noncompliance, financial stability, or other circumstances cause reasonable doubt ~~on~~ ~~whether~~that compliance can be achieved in the permissible timeframe; or
2. The noncompliance reflects recurrent noncompliance with one or more particular standard(s) and/or policy(ies); or
3. The noncompliance reflects an area for which notice to the public is required in order to serve the best interests of students and prospective students.

The Council may require the DCP to submit a report, host a site visit and/or make an appearance before the Council to provide evidence of compliance. Probation is a sanction, subject to appeal (see CCE Policy 8), and shall not exceed twenty-four (24) months. The Council will make public notice of a final decision to impose Probation by notifying the U.S. Department of Education, institutional accrediting agency, jurisdictional licensing boards, and the public that a program has been placed on Probation in accordance with CCE policy and procedures.

#### C. Show Cause Order

A Show Cause Order constitutes a demand that the DCP provide evidence to inform the Council and demonstrate why the program’s accreditation should not be revoked. The Council may require the DCP to submit a report, host a site visit and/or make an appearance before the Council to provide such evidence. If the DCP does not provide evidence sufficient to demonstrate resolution of the Council’s concerns within the time frame established by the Council, the DCP’s accreditation is revoked. A Show Cause Order is a sanction, subject to appeal (see CCE Policy 8), and shall not exceed twelve (12) months. The Council makes public notice of a final decision to impose a Show Cause Order by notifying the U.S. Department of Education, ~~regional~~ ~~(institutional)~~ accrediting agency, jurisdictional licensing boards, and the public that a program has been placed on Show Cause Order in accordance with CCE policy and procedures.

#### D. Denial or Revocation

An application for initial accreditation or ~~reaffirmation of~~ ~~continued~~ accreditation may be denied if the Council concludes that the DCP has significantly failed to comply and is not expected to achieve compliance within a reasonable time period. Denial of an application for Initial Accreditation or ~~a Reaffirmation of~~ ~~Continued~~ Accreditation constitutes Initial Accreditation not being awarded or Revocation of Accreditation, respectively.

Denial or Revocation of accreditation is an Adverse Action and subject to appeal (see CCE Policy 8). A DCP seeking CCE accreditation that has previously withdrawn its accreditation or its application for accreditation, or had its accreditation revoked or terminated, or had its application for accreditation denied, follows the process for initial accreditation. The Council makes public notice of a final decision to deny or revoke accreditation by notifying the U.S. Department of Education, institutional accrediting agency, jurisdictional licensing boards, and the public in accordance with CCE policy and procedures.

E. Accreditation is a privilege, not a right. Any of the above actions may be applied in any order, at any time, if the Council determines that DCP conditions warrant them. If the Council imposes any of the

following actions: Deferral; Warning; Probation; a Show Cause Order; or Revocation of Accreditation, the Council provides a letter to the DCP stating the reason(s) for the action taken.

## **VI. Status Description**

A DCP accredited by the Council must describe its accreditation status in accordance with CCE Policy 22.

The Council updates the accredited status of the programs it currently accredits on its official website following each Council Meeting, to include:

- a. Month/Year of initial accreditation status awarded by CCE and all subsequent years ~~reaffirmation of~~continued accreditation following a status review meeting was awarded;
- b. Location and official website link to the program;
- c. Most recent accreditation activity, to include the bases and reasons for the decision;
- d. Next accreditation cycle reporting, to include, the year the Council is scheduled to conduct its next comprehensive site visit review for ~~reaffirmation of~~continued accreditation and the next scheduled Council Status Review Meeting regarding that comprehensive site visit review; and,
- e. Any public disclosure notices regarding the accreditation status of the program.

## **VII. Complaint and Contact Information**

Complaint procedures are established to protect the integrity of the CCE and to ensure the avoidance of improper behavior on the part of those individuals acting on behalf of the CCE, the Council and the CCE-accredited DCPs. By establishing formal complaint procedures, the CCE provides responsible complainants the opportunity to submit specific grievances and deal with them through a clearly defined process. CCE Policy 64 outlines the complaint procedures and may be obtained via the CCE website and/or through the CCE Administrative Office.

Information describing the organization and operation of the CCE and its Council may be obtained from the CCE Administrative Office, 10105 E Via Linda, Ste 103 PMB 3642, Scottsdale, AZ 85258, Telephone: 480-443-8877, E-Mail: [cce@cce-usa.org](mailto:cce@cce-usa.org), or Website: [www.cce-usa.org](http://www.cce-usa.org).

## Introduction

Section 2 A. through ~~K.~~ consist of bold-faced language that cites the particular Requirement in overarching terms. This is followed by ~~(1)~~ a Context section that further clarifies the requirements of each section, ~~and (2) an Examples of Evidence section that provides documentation examples for the DCP to evidence compliance with the Requirement. The examples listed are not all inclusive, and the DCP may choose to use all, some, or none of the examples of documentation. A DCP, at its discretion and where it feels warranted, may provide alternate or other forms of evidence to demonstrate compliance with a particular Requirement. However~~ In all instances, the DCP is required to submit appropriate documentation as evidence of addressing the Requirement.

The Requirements listed in Sections 2.A, Mission, Planning and Program Effectiveness and 2.G, Student Admissions, refer to CCE Policies that are to be considered as essential components of the Requirements themselves.

## Section 2 – Requirements for Doctor of Chiropractic Degree Educational Programs

### A. Mission, Planning, and Program Effectiveness

The DCP has a mission or equivalent statement, approved by the appropriate institutional body, and made available to all stakeholders. Measurable DCP planning goals and objectives congruent with the DCP mission must be developed. These goals and objectives both shape the DCP and guide the creation of a plan that establishes programmatic and operational priorities, and program resource allocations. The plan is structured, implemented, and reviewed in a manner that enables the DCP to assess the effectiveness of its goals and objectives, and permits the DCP to implement those changes necessary to maintain and improve program quality.

#### Context

##### 1. Mission

The mission provides for an educational program leading to the Doctor of Chiropractic degree. A DCP has a published programmatic mission statement that describes the overall purpose(s) of the program and is periodically reviewed by the appropriate institutional body.

##### 2. Planning

~~The DCP links its processes for assessment of student learning, evaluation of operations, planning, and budgeting.~~ The DCP's is guided by a strategic plan reflects and is an outcome of a ~~and~~ planning process, that focuses on the achievement of the DCP mission, and includes timelines for achievement of DCP goals and objectives. The planning process is informed by ~~uses~~ performance results and, data analysis to identify program goals and objectives, ~~and assessment as they relate to each of the requirements noted in Sections 2.A-K.~~ The DCP demonstrates that its systems and processes are aligned with its mission, making certain that the necessary resources – human, physical, fiscal and capital – are allocated and used to support program ~~strategic~~ priorities ~~as well as the overall mission.~~

##### 3. Program Effectiveness

The DCP evaluates its program effectiveness by utilizing both academic and non-academic performance measures with established thresholds. Results are tracked, disseminated internally, and analyzed in a timely fashion, to support data-informed decision making for program improvements and program planning. The DCP demonstrates periodic reviews of its program effectiveness measures and assessment processes to make appropriate changes.

Evaluation of program effectiveness includes cohort analysis of student achievement data used to inform program improvements. Measures must include, but need not be limited to, program level student learning outcomes as well as the achievement of CCE meta-competency outcomes, student success measures (retention or attrition rates, program completion rate), and performance data from at least one of the following: 1) National Board of Chiropractic Examiners (NBCE), 2) Canadian Chiropractic Examining Board (CCEB), or 3) licensure rates.

~~The DCP evaluates its operations to identify strategic priorities and improve performance through institutional and program effectiveness processes. The DCP develops performance metrics for academic and non-academic operations and the results obtained are tracked, analyzed, and regularly reviewed to inform planning. Periodic reviews are conducted to ensure the effectiveness of performance measures and planning processes.~~

~~The DCP systematically reviews its program effectiveness to make appropriate changes. The program review process includes an analysis of aggregate outcome data. The DCP establishes thresholds for student outcome data to measure performance and improvement over time. Program effectiveness data are disseminated internally in a timely fashion and incorporated in institutional effectiveness, planning and decision-making processes to revise and improve the program and support services, as needed.~~

#### 4. Student Achievement Outcomes – CCE Policy 56 Thresholds and Public Disclosure Requirements

The DCP demonstrates student outcomes are at or above performance data that includes, but is not limited to, licensing exam success rates and program completion rates at or above established thresholds identified in compliance with CCE Policy 56. The DCP also publishes current, accurate student outcomes data on its website performance data annually as required by CCE Policy 56. Data must include but need not be limited to: 1) program completion rates, and 2) performance rates on licensing exams or licensure rates.

#### Examples of Evidence Related to Mission, Planning, and Assessment

- ~~• The mission statement for the DCP and examples of where the mission statement is available.~~
- ~~• A record of a mission statement approval by the governing body.~~
- ~~• A record of periodic reviews of the mission statement, and any modifications made resulting from these activities.~~
- ~~• A clear, concise description of the strategic planning process.~~
- ~~• A copy of the most recent version of the DCP strategic plan.~~
- ~~• Documentation that links DCP priorities and resource allocations to strategic planning process outcomes.~~
- ~~• A copy of policies regarding planning, budget and resource allocation both institutionally and specific to the DCP.~~
- ~~• Institutional effectiveness report or similar document, which tracks performance metrics or key performance indicators, for academic and non-academic operations.~~

- ~~Program effectiveness or review report or similar document that tracks and analyzes program-level outcome data; such as, student achievement of the program's learning outcomes and the meta-competencies; retention and completion rates; NBCE performance; licensing and/or placement rates; and program satisfaction.~~

## B. Ethics and Integrity

The DCP demonstrates integrity and adherence to ethical standards ~~as they relate~~**ing** to all aspects of policies, functions, and interactions regarding stakeholders of the ~~program~~**institution** to include the ~~governing body~~; administration; faculty; staff; students; patients; accrediting, educational, professional, and regulatory organizations; and the public at large.

### Context

#### 1. Ethics

Ethics ~~represent rules of conduct that are vital, indispensable and critical components of an effective DCP and should be~~ **are** evident in the conduct of all members of a DCP as they strive to fulfill the mission and graduate doctors of chiropractic/chiropractic physicians capable of, and committed to, practicing in an ethical and professional manner. ~~Ethical behaviors and actions are demonstrated and guided by~~ **Policies and procedures include those** related to codes of conduct and grievance procedures; academic freedom; sensitivity to equity, discrimination, and diversity issues; safety and welfare of the academic community and patients in administering healthcare to the public; and provisions of assistance and mechanisms to promote student academic and professional success. Ethical issues, especially ~~as they relate~~**ing** to personal behavior when engaged in chiropractic practice, are addressed throughout the curriculum in both classroom and clinical settings.

#### 2. Integrity

~~Integrity and transparency are manifested throughout the DCP's culture and actions with respect~~ **The DCP's policies and procedures promote integrity and transparency including, but not limited to,** avoidance of conflicts of interest; advertising and marketing activities; student admissions and financial aid processes; recruiting; development and delivery of the DCP curriculum; identity verification in both student enrollment and student course assessments, ~~wherever offered and however delivered~~; grading policies and grade appeal processes; protection of student and patient privacy; research ~~and service~~ activities; hiring; performance reviews; and catalogs and publications. ~~High levels of integrity are exhibited in the DCP environment and serve as positive examples to students.~~ Policies and procedures related to these matters are accurate, ~~up to date~~**current** and readily available to all constituencies.

### Examples of Evidence Related to Ethics and Integrity

- ~~Institutional policies and procedures that document commitment to ethics and integrity including but not limited to:~~
  - ~~Governing board bylaws and institutional policies and procedures that address conflicts of interest by governing body members, administrators, and faculty, and staff of the DCP and institution.~~
  - ~~Policies and procedures that convey expected ethical and professional behaviors, and that ensure proper investigation and response to reported violations of ethics and integrity on~~



- ~~the part of faculty members, students, staff members, administrators, and members of the governing body.~~
- ~~○ Policies and procedures that govern hiring (including appropriate anti-discrimination policies), performance review, promotion or advancement in rank decisions, and grievances for faculty, staff, and administrators.~~
  - ~~○ Policies and procedures that articulate the role of faculty, students and administrators in course and curriculum development, and related academic matters including statement(s) of academic freedom.~~
  - ~~○ Policies, procedures and information regarding the DCP curriculum that address student admission, academic prerequisites and technical standards, degree requirements, course descriptions and syllabi, academic calendar, academic standards and standing, tuition, fees and financial aid.~~
  - ~~○ Policies and procedures that govern identity verification in both student enrollment and student assessments in coursework; class attendance; grading and other forms of student evaluation; grade appeal; course withdrawal; withdrawal from and re-admission to the DCP and/or institution; tuition refund, access to tutoring, health, counseling and professional development services; course syllabi documenting coverage of ethics and integrity with learning outcomes that are assessed, a student code of conduct; and a student grievance process.~~
  - ~~○ Policies for student interns that identify the elements and boundaries related to ethical and professional interactions with patients.~~
  - ~~○ Policies and procedures addressing the safety of students, faculty and employees.~~
  - ~~○ Documentation that all policies and procedures are implemented and consistently followed, using the system in place to address violations.~~
  - ~~○ Documentation that all policies and procedures are readily available to all appropriate DCP constituencies.~~
  - ~~○ Documentation of the use of a process to assess the effectiveness of, and improve, ethics, professionalism, and integrity policies, procedures, and activities.~~
  - ~~○ Documentation of compliance with relevant governmental regulations.~~

### **C. Governance and Administration**

~~The DCP is housed in an institution with an appropriate governing body that is vested with the authority, structure, and organization necessary to ensure appropriate transparency and accountability, ensure program viability, fulfill its responsibility for policy and resource development, and approve or delegate approval of the mission of the DCP.~~ **The DCP's administrative structure and personnel facilitate the achievement of the mission and goals of the DCP and foster programmatic quality and improvement.**

#### Context

##### ~~1. Governance~~

~~The governance of the DCP is vested in an appropriate governing body composed of a diverse group of individuals appropriate to support the DCP's and institution's mission. The governing body has the authority, structure, and organization necessary to ensure good stewardship, accountability and appropriate transparency; ensure its integrity and an absence of conflicts of interest; fulfill its responsibility for policy and resource development, and grant sufficient autonomy for the program to develop and be of high quality to address the expectations of its stakeholders.~~

~~The functions of the governing body or its delegated authority with respect to the DCP include: formulation of policy to oversee strategic planning to achieve the programmatic mission and goals; approval of the mission; appointment of the chief executive officer of the institution housing the DCP; appropriate fiduciary oversight; active participation in resource development; establishment of, and adherence to, a conflict of interest policy that ensures no member of the governing body directly or indirectly profits from, or inappropriately influences, the functioning of the DCP; and monitoring and periodic assessment of the effectiveness of the strategic plan, the chief executive officer, and the governing body and governance of the institution housing the DCP.~~

~~While the chief executive officer of the institution housing the program may serve as a member of the governing body, that individual may not chair the governing body. Additionally, if a DCP is governed by a body responsible for a parent institution, the DCP may, but is not required to, establish an advisory body, subject to the authority of the institution's governing body.~~

## ~~2. Administration~~

~~The administration and administrative structure promote and facilitate the achievement of the mission and goals of the DCP, allocate resources adequate to support and improve the program, and assess the effectiveness of the DCP. The chief administrative officer of the DCP is qualified by training and experience to lead the DCP. If not the CEO of the parent institution, the individual responsible for the DCP leadership must have ready access to the institutional CEO or appropriate senior administrator within the institution's reporting structure. There is a sufficient number of academic and staff administrators with appropriate training and experience to carry out their responsibilities, assist the DCP to fulfill its mission, and guide activities relevant to programmatic improvement. Clear lines of authority, responsibility, and communication among faculty and staff exist concurrently with systems for decision-making that support the work of the leadership. There is a periodic assessment of administrator performance and service.~~

~~While the curriculum and experiences of the program, the faculty, and the students are the heart of any Doctor of Chiropractic degree program, excellence and strong outcomes also require responsible, experienced ethical leadership at the governance and administrative levels of the program.~~

## Examples of Evidence Related to Governance and Administration

- ~~• Governing body bylaws and policies.~~
- ~~• Brief biographical sketches or resumes/*Curriculum vitae* of governing body members.~~
- ~~• A minimum five-year historical record of membership on the governing body with sufficient detail to document diversity, length of service, and overlap of service.~~
- ~~• Minutes of the appropriate institutional body covering the past five years indicating approval of the DCP mission statement.~~
- ~~• Minutes of the governing board meetings covering the past five years indicating approval of the DCP budget on a periodic basis.~~
- ~~• Evidence of selection (if applicable) and periodic evaluation of the chief administrative officer of the DCP.~~
- ~~• Minutes of DCP advisory body meetings covering the last five years, if applicable.~~
- ~~• Organizational charts sufficiently detailed to clearly depict the reporting structure of all DCP components.~~

- ~~• Evidence of sufficiently qualified senior administrative and academic officers as demonstrated by Curriculum vitae and position descriptions.~~
  - ~~• Descriptions of administrative decision-making processes.~~
  - ~~• Documentation of evaluations or other forms of assessments of the performance and effectiveness of administrative personnel and the governing body.~~
- (NOTE: Reference items 3, 4 & 5; a DCP, less than five years old, will submit its complete records.)

## D. Resources

The DCP provides and maintains financial, learning, ~~human~~ and physical resources that support the DCP mission, goals, and objectives, ~~and strategic plan~~.

### Context

#### 1. Financial

~~The recent financial history of the institution demonstrates adequacy and stability of financial resources to support the DCP mission, goals, objectives and strategic plan.~~ Financial resources of the DCP are adequate to achieve the DCP's mission, goals, and objectives. The DCP has and maintains a current, institutionally approved operating and capital allocations budget(s) ~~approved by the governing body,~~ and develops long-term budget projections congruent with its planning activities. The DCP also demonstrates that it utilizes sound financial procedures and exercises appropriate control over its allocated financial resources. ~~An independent certified public accountant, or its equivalent, conducts and submits an annual audit, prepared in compliance with appropriate standards and employing the appropriate audit guide. An annual financial aid audit is conducted and submitted in like manner if the DCP participates in such programs.~~

#### 2. Learning

The DCP demonstrates adequate access to contemporary learning resources ~~(e.g., library and information technology systems, either internally operated or externally provided)~~ with personnel, facilities, collections, and services sufficientrelevant to support the mission, goals, and objectives ~~and strategic plan~~ of the program. ~~The DCP offers opportunities for all students to receive assistance such as academic advisement, tutoring, and reasonable accommodations to address their needs, and in particular the needs of students with disabilities.~~

#### ~~3. Human~~

~~The DCP demonstrates appropriate investment in and allocation of human resources, with appropriate qualifications, to achieve the DCP's mission, goals, objectives and strategic plan.~~

#### ~~4. Physical~~

The DCP demonstrates appropriate investment in and allocation of physical resources to ensure successful curricular and co-curricular outcomes, and clinical operations ~~and clinical services~~. The institution provides, and adequately manages and maintains, physical facilities, instructional and clinical equipment, information technology, supplies, and other physical resources that are necessary and appropriate for meeting the mission, goals, and objectives ~~and strategic plan~~ of the DCP in accordance with institutional policies. ~~The DCP has appropriate affiliation agreements for clinical or other facilities that it operates in but does not own, lease, or otherwise control.~~

### Examples of Evidence Related to Resources

- ~~Current budget supporting operational and capital activities and long-term budget projections that show revenue streams and financial allocations correlated to the strategic plan.~~
- ~~Evidence of periodic assessment of the effectiveness of DCP and institutional support activities, and the required investments, with timelines, necessary to sustain and improve these activities.~~
- ~~Appropriate policies and procedures that control the allocation of assets; and an allocation approach that ensures adequate human resources to support the DCP's mission and outcomes expectations.~~
- ~~An institutional investment policy approved by the governing body.~~
- ~~Policies, documentation of strategies, and outcomes relevant to institutional advancement and support activities.~~
- ~~The two most recent annual audit reports of the institution housing the DCP.~~
- ~~The two most recent annual financial aid program audits.~~
- ~~A detailed compilation of DCP physical and learning resources, policies that govern the operations of these resources, and evidence regarding the frequency of their utilization and constituent satisfaction.~~
- ~~A comprehensive infrastructure master plan to include academic, clinic and administrative computer hardware and software, and facilities management and maintenance plans.~~
- ~~Staffing plan demonstrating adequate administrative, faculty, and support staff to advance the DCP's mission, goals, objectives, and strategic plan.~~

## E. Faculty

The DCP employs a sufficient cohort of faculty members who are qualified by their academic and professional education, training, and experience to develop, deliver, and revise the courses and curriculum of its educational program, wherever offered and however delivered, and to assess both student learning and program effectiveness. **The program engages in efforts to recruit and retain a diverse faculty.** With the support of the **program institution**, the faculty is engaged in research and scholarship, **service**, professional development, and governance activities.

### Context

#### 1. Cohort Attributes

The faculty is of sufficient size and ability, with appropriate experience and expertise, to effectively design, deliver, and revise the DCP curriculum, regardless of instructional modality, and to effectively assess student learning. The faculty enable the DCP to meet its mission **and program learning objectives, goals, and objectives in instruction, research and scholarship, and service.** **A faculty that reflects the diverse characteristics of the population in the geographic region can help to overcome educational barriers and promote enrollment, matriculation, and achievement of students from diverse groups. The policies, procedures and practices of a program should encourage the inclusion of personnel who contribute to the diversity of the faculty.** The determination of the number of full-time and part-time faculty members is based on sound pedagogical rationales in both physical and virtual classroom, laboratory, and patient care settings. Faculty members have appropriate credentials, including licensure where required in clinical and didactic instructional settings, academic expertise, and experience to fulfill their responsibilities as instructors, mentors, subject matter/content experts, clinical educators, and student intern supervisors. ~~Faculty members demonstrate integrity and a commitment to high~~

~~ethical standards in dealing with students and colleagues, in their research and scholarship and in their interactions with external constituencies.~~

## 2. ~~Curricular Attributes~~ **Expectations**

The faculty are involved in the development, assessment and refinement of the curriculum. In addition, they demonstrate ~~currency in their discipline, ongoing development of expertise and~~ use of resources in teaching theory and instructional methodology, effective curriculum and course design and development, and assessment of student achievement in both didactic subject matter and in the attainment of clinical competencies. Faculty members are provided opportunities for professional development to improve their content expertise and competence, their instructional skills, and their capabilities in research and scholarship. Faculty members are afforded ~~appropriate~~ academic freedom and utilize a curriculum delivery model/method endorsed by the DCP as appropriate for the instructional content being delivered.

## 3. ~~Professional Development and~~ Evaluation

~~Faculty members are provided opportunities for professional development to improve their content expertise and competence, their instructional skills, and their capabilities in research and scholarship.~~ Faculty members are evaluated on a regular basis, and appropriate processes and criteria are in place to govern advancement in rank based upon performance expectations.

### Examples of Evidence Related to Faculty

- ~~• Faculty handbook, collective bargaining agreement or equivalent document(s), written policies and other documents that address: faculty workload; faculty responsibilities with respect to instruction, research and scholarship, service, student assessment, and professional development; faculty recruitment and hiring procedures; performance evaluation, advancement in rank, terms and conditions of employment; academic freedom; integrity; conflicts of interest; non-discrimination; and grievances and dismissal.~~
- ~~• Planning and budget allocation documents related to faculty professional development activities.~~
- ~~• Committee minutes and/or other documents related to faculty participation in DCP planning and assessment, formulation and implementation of academic policy, course and curriculum development and implementation, and student and curricular assessment.~~
- ~~• Position descriptions and personnel files for faculty members, to include documentation of relevant academic credentials, licensure, expertise and experience.~~
- ~~• Search committee procedures, minutes, and other documents related to the recruitment and employment of qualified faculty members.~~
- ~~• Workload calculation and assignments for classroom, laboratory, and clinical instruction that also reflect time allotted for research and scholarship and service activities.~~
- ~~• Records of implementation of faculty performance evaluation processes.~~
- ~~• Documentation of the use of student ratings of instruction, faculty performance evaluation and professional development activities to improve the quality of the faculty and the academic program.~~
- ~~• Minutes of faculty governance bodies, faculty surveys, or other documents that denote faculty participation in academic and institutional governance matters.~~
- ~~• Documentation of adjudication of faculty conduct and grievance matters.~~

## F. Student Support Services

**The DCP provides support and services that help students maximize their potential for success in the program.**

### Context

#### 1. Supported Functions

Student support services include the following areas: registration, orientation, academic advising and tutoring; financial aid and debt management counseling; disability services; career counseling; processes for addressing academic standing reviews and student complaints, grievances, disciplinary issues, and appeals matters. Confidentiality of student records is ensured. The program ensures a welcoming, supportive, and encouraging learning environment for all students, including students with diverse backgrounds and from underrepresented communities. As determined by the DCP, student services may also include, but not be limited to, support for a student governance system, student organizations and activities, cultural programming, athletic activities, and child care. The DCP has policies and procedures to monitor and respond to ~~campus safety and~~ student life issues, including mental health and safety. Students are also provided opportunities for curricular and co-curricular activities that facilitate their development as ethical doctors of chiropractic/chiropractic physicians and engaged citizens.

#### 2. Effectiveness

~~A broad-based commitment to student services supports the program's educational goals and promote the comprehensive development of students as doctors of chiropractic/chiropractic physicians.~~ Student services support all learning activities in the context of the DCP's mission and chosen educational delivery system. Student support services are provided~~The DCP provides student support services in ways that~~to meet the needs of each of its student populations ~~and evaluates the effectiveness of these support services through processes designed to promote continuous improvement.~~ Measures and thresholds for student support services are set, ~~and~~ tracked, and used to inform program improvement by the DCP.

#### 3. Record of Student Complaints

The DCP maintains a record of student complaints, its processing of those complaints and ensures the process adheres to its policies and procedures established for addressing complaints and/or grievances. The DCP establishes a periodic review process to identify whether a systemic problem has, or is, occurring and demonstrates action steps for improvement when applicable.

### Examples of Evidence Related to Student Support Services

- ~~• An organization chart of qualified personnel in a structure appropriate to the delivery of student support services.~~
- ~~• An orientation program to introduce entering students to the DCP.~~
- ~~• Student advisement processes and procedures.~~
- ~~• Policies and procedures that address tutoring and other services that support students requiring academic assistance.~~
- ~~• Financial aid counseling and assistance policies and procedures to include debt management programs.~~

- ~~Policies and procedures that equitably address student complaints and grievances, student conduct issues and academic standing reviews, documented by records of hearings and proceedings related to student conduct.~~
- ~~Personal counseling policies and procedures.~~
- ~~Policies and procedures governing career counseling services.~~
- ~~Policies and procedures related to student governance and student organizations.~~
- ~~Policies and procedures related to student housing.~~
- ~~Policies and procedures related to disability services and accommodation and resource allocation for students with disabilities.~~
- ~~Policies and procedures related to campus safety.~~

## G. Student Admissions

The DCP admits students who possess academic and personal attributes consistent with the DCP's mission, ~~and who~~ **Admitted students** have completed ~~the equivalent of three academic years of undergraduate study (a minimum of 90 semester hours)~~ **of undergraduate coursework** at an institution(s) accredited by an agency recognized by the U.S. Department of Education or an equivalent foreign agency. The **cumulative** GPA for these 90 semester hours is not less than 3.0 on a 4.0 scale. The 90 semester hours ~~will~~ include a minimum of 24 semester hours in life and physical science courses appropriate as undergraduate preparation for chiropractic education as determined by the DCP. The science courses fulfilling the 24 semester hours ~~will~~ provide an adequate background for success in the DCP, and at least ~~half of these three (3)~~ **3** courses ~~will~~ have a ~~substantive~~ laboratory component. The student's undergraduate preparation also includes a well-rounded general education program in the humanities and social sciences, and other coursework deemed relevant by the DCP for students to successfully complete the DCP curriculum. Students admitted with advanced standing or transfer credit must earn not less than 25% of the total program credits from the DCP that confers the degree.

A DCP may admit students who do not meet the requirements stated above under the terms and conditions of CCE Policy 7.

### Context

#### 1. Alignment with Program

The DCP's admissions criteria and policies are aligned with the key educational outcomes, as identified in the requirements of Section H, and as directed by the DCP's mission, goals and objectives. ~~A DCP engages in ongoing, systematic, and focused recruitment and retention activities as a means to enhance diversity of the student body. Program policies, procedures, and practices related to student recruitment and admission are based on appropriate and equitable criteria, are written and made available to prospective students, and are applied consistently and equitably.~~ The DCP's admissions policies and practices are documented and designed to ensure that admitted students meet the admissions criteria and possess the academic and personal attributes for success in the academic program and pass the exams necessary to obtain a license to practice as a doctor of chiropractic/chiropractic physician.

#### 2. Informed Applicants

Applicants are informed of any technical standards and/or special undergraduate preparatory coursework required for admission to the DCP, to include a notification at the time of enrollment of any projected additional charges associated with verification of identity. The DCP informs applicants that educational and licensure requirements and scope of practice parameters are specific for each regulatory jurisdiction and provides applicants with access to such available information. The DCP has and follows policies addressing transfer credit, advanced placement, non-institutionally based learning experiences, financial aid, scholarships, grants, loans, and refunds and makes such policies available to applicants.

#### Examples of Evidence Related to Student Admissions

- ~~Published admissions requirements and policies that support and reflect the enrollment of students qualified to achieve the educational outcomes consistent with the DCP's mission.~~
- ~~Admissions records documenting each admitted student meets the minimum criteria as established in the context of Requirement G or CCE Policy 7.~~
- ~~Institutional alternative admissions track plan for students admitted under CCE Policy 7.~~
- ~~Individualized academic plan for each student admitted under the alternative admissions track plan as defined in CCE Policy 7.~~
- ~~Outcomes analysis correlating admissions decisions with students' DCP GPA, course completion rates, performance on internal benchmark and external national board exams and graduation rates.~~
- ~~Evidence that each applicant who received higher education and training in an international institution has (1) competence in the language of DCP instruction (2) documented legal entry into the host country of the DCP for purposes of academic study, and (3) demonstrated academic preparation substantially equivalent to that possessed by either newly admitted or transfer students from institutions in the DCP host country.~~
- ~~Documentation of implementation and ongoing reviews and assessments of the effectiveness of admissions and financial aid policies, along with evidence of implementation of changes that improve their effectiveness.~~
- ~~Published admissions requirements and admissions records demonstrating compliance with state regulations for college admission criteria for institutions located within states with such state regulations.~~

#### **H. Curriculum, Competencies and Outcomes Assessment**

The DCP curriculum contains a minimum of 4,200 instructional hours for the doctor of chiropractic degree, thus ensuring the program is commensurate with professional doctoral level education in a health science discipline. The didactic and clinical education components of the curriculum, wherever offered and however delivered, are structured and integrated in a manner that enables the graduate to demonstrate attainment of all required meta-competencies outcomes necessary to function as a doctor of chiropractic/chiropractic physician. Best practices in assessment of student learning, regardless of instructional modality, measure student proficiency in the identified meta-competency outcomes and produce data that are utilized to guide programmatic improvements.

A portion of the instructional hours will be accomplished in a patient care setting and will



involve the direct delivery of patient care. The DCP has a health care quality management system that measures the structure, process and outcomes of care and uses these data to improve the quality of patient care and inform curricular improvements and student learning.

## Context

### 1. Curricular Content and Delivery

~~The curriculum is consistent with the mission, goals, and objectives of the DCP. The meta-competency curricular objectives for each meta-competency are described in a manner that allows the DCP flexibility in the development of curriculum incorporating teaching techniques and strategies that address the variety of learning needs of students. Curriculum design allows that meta-competency requirements are met through didactic education and supervised student experiences at a DCP-managed clinic site, or at DCP-approved external sites or both. In the case of external sites, student learning outcomes are identified and evaluation of these outcomes and the meta-competencies are consistent with those that exist in the DCP settings.~~

There is a clear linkage between the design of specific courses and learning activities aligned with the meta-competency curricular objectives, and the articulated goals of the DCP. DCP course offerings display academic content, breadth, rigor and coherence that are appropriate to its mission. and Course offerings identify student learning goals and objectives, including knowledge, and skills, and abilities, while promoting synthesis of learning in a sequence or series that is conducive to providing explicit opportunities for students to achieve the required meta-competency outcomes and any additional learning outcomes identified by the DCP. The DCP demonstrates that it addresses the ~~M~~meta-competency curricular objectives through instructional content and measures individual and aggregate~~the~~ student achievement in of the M meta-competency outcomes defined below.

### 2. Assessment of Learning Outcomes and Curricular Effectiveness

Curriculum design allows that meta-competencies are met through didactic education and supervised student experiences at a DCP-managed clinic site, or at DCP-approved external sites or both. In the case of external sites, student learning outcomes are identified and evaluation of these meta-competency outcomes are consistent with those that exist in the DCP settings. The DCP employs best practices to assess and demonstrate each student's achievement of meta-competency outcomes. The DCP determines its own method of meta-competency delivery and assessment to document student competency and curricular effectiveness. Best practices are employed to assess and demonstrate each student's clinical skills and achievement of meta-competency outcomes. Assessment of clinical competency is performed in the context of the clinical workplace and criterion-referenced. Competency assessment is based on authentic encounters, frequent direct observations by multiple qualified evaluators, and promoted by the use of multiple tools and strategies. Assessment instruments and methods are valid and align with the meta-competency outcomes. The evaluation of knowledge, skills, and abilities align appropriately with broadly accepted frameworks such as Bloom's taxonomy and/or Miller's Model of Clinical Competence (Miller's Pyramid). Documented and systematic processes are used to review each student's meta-competency outcomes achievement data prior to graduation. Additionally, performance expectations and thresholds are communicated to students. Systematic mechanisms are used to identify and remediate students when deficiencies are identified.

Aggregate student learning and meta-competency outcomes D data related to assessment of student learning and are utilized to evaluate curricular effectiveness ~~are utilized for program improvement and are factors in institutional planning and program resource allocation. Ultimately, the DCP is accountable~~

~~for the quality and quantity of its evidence of compliance with the meta-competencies and its curricular objectives and outcomes.~~

### 3. Quality Patient Care

The DCP employs a quality assurance system to ~~obtain,~~ evaluate and utilize data to improve the structure, process and outcomes of patient care. This system must demonstrate evidence of: ~~includes measurable outcomes and thresholds for performance set and tracked by the DCP. The delivery of patient care will comply with state and federal laws and regulations and applicable/accepted industry standards.~~

- a. standards of care that are patient-centered, evidence-informed, consistent with accepted industry standards, complies with applicable jurisdictional laws and regulations, and are provided in a format that facilitates assessment with measurable criteria;
- b. an ongoing review of a representative sample of patient records to assess the appropriateness, necessity, and quality of the care provided;
- c. thresholds for performance that are set, tracked, and reviewed by the DCP to inform improvements to patient care and the curriculum, where appropriate;
- d. mechanisms to identify treatment deficiencies and implement corrective measures as appropriate; and,
- e. regular review of the instruments used and training of reviewers, at a minimum annually to improve the validity and reliability of the patient records audit process.

## CCE Clinical Education Meta-Competencies

A graduate of a CCE accredited DCP is competent in the areas of:

### META-COMPETENCY 1 - ASSESSMENT & DIAGNOSIS

Assessment and diagnosis require developed clinical reasoning skills. Clinical reasoning consists of data gathering and interpretation, hypothesis generation and testing, and critical evaluation of diagnostic strategies. This dynamic process includes the collection and assessment of data through history, physical examination, imaging, laboratory tests and case-related clinical services.

#### CURRICULAR OBJECTIVE:

The program prepares students to -

- A. Compile a case-appropriate history that evaluates the patient's health status, including a history of any present illness, systems review, and review of past, family and psychosocial histories for the purpose of constructing a differential diagnosis and directing clinical decision-making.
- B. Determine the need for and availability of external health records.
- C. Perform case-appropriate examinations that include evaluations of body regions and organ systems, including the spine and any subluxation/segmental dysfunction that assist ~~the clinician~~ in developing the diagnosis/es.
- D. Perform and utilize/interpret diagnostic studies ~~and consultations when appropriate~~, inclusive of imaging, clinical laboratory, and specialized testing procedures based on clinical needs, and refer to other providers for consultations when appropriate ~~to obtain objective clinical data.~~

- E. Formulate an evidence-informed diagnosis/es supported by information gathered from the history, examination, ~~and~~ diagnostic studies, and relevant scientific literature to inform patient care.

**OUTCOMES:**

**Students will be able to -**

~~1) Develop a list of differential diagnosis/es and corresponding exams from a case appropriate health history and review of external health records.~~

1) Perform a case-appropriate history that evaluates the patient's health status.

~~2) Identify~~ Perform a case-appropriate examination that leads to the identification of significant findings ~~that may indicate~~ and determine the need for ~~follow-up through~~ additional examination, ~~application of~~ diagnostic and/or confirmatory tests, ~~and tools~~, and ~~any~~ consultations.

3) Perform/order and interpret clinical laboratory, imaging, and other diagnostic studies required for patient management.

~~3)4)~~ Demonstrate effective clinical reasoning to ~~generate a~~ corresponding problem list ~~with of~~ current/active diagnosis/es.

**META-COMPETENCY 2 - MANAGEMENT PLAN**

Management involves the development, implementation and monitoring of a patient care plan for positively impacting a patient's health and well-being, including specific healthcare goals and prognoses. It may include case follow-up, referral, and/or collaborative care.

**CURRICULAR OBJECTIVE:**

**The program prepares students to -**

A. Develop a management plan appropriate to the diagnosis/es, the patient's health status, obstacles to improvement, specific goals, and prognoses, while incorporating patient values and expectations of care.

B. Evaluate the clinical indications and rationale for selecting an adjunctive modality or procedure that support the ~~Determine the need for~~ chiropractic adjustment/manipulation ~~or other forms of passive and goals of~~ care.

~~C. Determine the need for active care.~~

~~C~~. Determine the need for changes in patient behavior and activities of daily living.

~~E~~. Determine the need for emergency care, referral, and/or collaborative care.

~~F~~. Provide information to patients of risks, benefits, natural history and alternatives to care regarding the proposed management plan.

~~G~~. Obtain informed consent.

~~H.G.~~ Monitor patient progress and alter management plans accordingly as new clinical information becomes available.

~~H.~~ Recognize the point of a patient's maximum improvement and release the patient from care, or determine rationales for any ongoing care.

I. Use evidence to support management plan decisions.

**OUTCOMES:**

**Students will be able to -**

- 1) Develop an evidence-informed management plan appropriate to the diagnosis, including elements such as obstacles to improvement, measurable healthcare goals, prognoses and target endpoint of care in consideration of bio-psychosocial factors, natural history and alternatives to care.
- 2) Identify the need and Rrefer for emergency care ~~and/or collaborative care~~ as appropriate.
- 3) Perform a review of findings and an informed consent that outlines benefits, risks, and thoroughly discusses alternatives to care ~~Present a management plan that includes obtaining informed consent.~~
- 4) ~~Deliver~~ Formulate a plan for appropriate chiropractic adjustments/manipulations, and/or other forms of passive care ~~as identified in the management plan.~~
- 5) ~~Implement~~ Formulate a plan for appropriate active care ~~as identified in the management plan.~~
- 6) Make recommendations for changes in lifestyle behaviors, including activities of daily living and/or dietary and nutritional habits as appropriate.
- ~~7) Implement changes to the management plan as new clinical information becomes available.~~
- ~~8~~7) Identify maximum improvement and document the endpoint of care or determine rationales for continuing care or referral.

**META-COMPETENCY 3 - HEALTH PROMOTION AND DISEASE PREVENTION**

Health promotion and disease prevention requires an understanding and application of epidemiological principles regarding the nature and identification of health issues in diverse populations and recognition of the impact of biological, chemical, behavioral, structural, psychosocial and environmental factors on general health.

**CURRICULAR OBJECTIVE:**

**The program prepares students to -**

- A. Identify the importance of primary, secondary, and tertiary prevention in population health, including health promotion, disease prevention, and screening ~~appropriate hygiene in a clinical environment.~~

- B. Explain the major causes and trends in chronic disease, comorbidity, and mortality~~health risk factors, leading health indicators and public health issues to patients.~~including those from diverse backgrounds and from underrepresented communities.
- C. ~~Identify public health issues in~~Recognize the importance of social determinants and impact of health care disparities within diverse populations.
- D. ~~Understand their~~Recognize reporting responsibilities~~iesy~~ regarding public health risks and issues.

**OUTCOMES:**

**Students will be able to -**

- 1) Manage health risks and public health issues, including reporting, as required.
- 2) Identify, Recommend, and/or provide resources (educational, community-based, etc.) ~~and instruction regarding~~for influencing public health-~~issues.~~
- 3) ~~Address~~Apply appropriate hygiene practices in the ~~clinical~~community and practice environment.
- 4) ~~Communicate health improvement strategies with other health professionals.~~

**META-COMPETENCY 4 - COMMUNICATION AND RECORD KEEPING**

**Effective communication includes oral, written and nonverbal skills with appropriate sensitivity, clarity and control for a wide range of healthcare related activities, to include patient care, professional communication, health education, record keeping and reporting.**

**CURRICULAR OBJECTIVE:**

**The program prepares students to -**

- A. Communicate effectively, accurately and appropriately, with a diverse population of patients, their families, colleagues, and a variety of health care and community professionals~~in writing and interpersonally with diverse audiences.~~
- B. ~~Acknowledge the need for, and apply~~Understand the importance and practical application of cultural sensitivity in communications with patients, families, and others.
- C. Create and maintain accurate, appropriate and legible records.
- D. Comply with regulatory standards and responsibilities for patient and business records.

**OUTCOMES:**

**Students will be able to -**

- 1) Document health risks and management options considering the patient's health care needs and goals.
- 2) Consider the patient's ethnicity, cultural beliefs, and socio-economic status when communicating.

- 3) Generate accurate, concise, appropriate and legible patient records, narrative reports, and correspondence.
- 4) Safeguard and keep confidential the patient's protected health and financial information.
- 5) Generate patient records that are in compliance with state and federal laws and regulations and applicable/accepted industry standards.

**META-COMPETENCY 5 - PROFESSIONAL ETHICS AND JURISPRUDENCE**

**Professionals are expected to comply with the law and exhibit ethical behavior.**

**CURRICULAR OBJECTIVE:**

**The program prepares students to -**

- A. Apply knowledge of ethical principles and boundaries.
- B. Apply knowledge of applicable health care laws and regulations.
- C. Apply knowledge of expected professional conduct.

**OUTCOMES:**

**Students will be able to -**

- 1) Maintain appropriate physical, communication (verbal and non-verbal), and emotional boundaries with patients.
- 2) Maintain professional conduct with patients, peers, staff, and faculty.
- 3) Comply with the ethical and legal dimensions of clinical practice.

~~**META-COMPETENCY 6 – INFORMATION AND TECHNOLOGY LITERACY**~~

~~Information literacy is a set of abilities, including the use of technology, to locate, evaluate and integrate research and other types of evidence to manage patient care.~~

~~**CURRICULAR OBJECTIVE:**~~

~~The program prepares students to—~~

- ~~A. Locate, critically appraise and use relevant scientific literature and other evidence.~~

~~**OUTCOMES:**~~

~~Students will be able to—~~

- ~~1) Use relevant scientific literature and other evidence to inform patient care.~~

**META-COMPETENCY 6 –CULTURAL COMPETENCY**

**Cultural competency includes the knowledge, skills, and core professional attributes needed to provide care to patients with diverse values, beliefs, and behaviors, including the tailoring of health care delivery to meet patients' social, cultural, and linguistic needs. This competency requires the**

acknowledgement of the importance of culture, recognizing the potential impact of cultural differences, and adapting services to meet unique needs of patients in an effort to reduce disparities in healthcare delivery.

**CURRICULAR OBJECTIVE:**

The program prepares students to -

A. Locate, critically appraise, and use relevant scientific literature and other evidence designed to bring awareness of each student's own personal biases and the social determinants of health that impact the delivery of care to a diverse population.

B. Apply, analyze, and evaluate the role of sociocultural, socioeconomic, and diversity factors in contemporary society to meet the healthcare needs of persons, groups, and populations.

**OUTCOMES:**

Students will be able to -

1) Communicate respectfully and effectively to patients of diverse social, cultural, and linguistic backgrounds in a manner that recognizes, affirms, and protects the dignity of individuals, families, and communities.

2) Design a care plan that considers and respects the culture of the patient and the patient's family.

**META-COMPETENCY 7 – CHIROPRACTIC ADJUSTMENT/MANIPULATION**

Doctors of chiropractic employ the adjustment/manipulation to address joint and neurophysiologic dysfunction. The adjustment/manipulation is a precise procedure requiring the discrimination and identification of dysfunction, interpretation and application of clinical knowledge; and the use of cognitive and psychomotor skills.

**CURRICULAR OBJECTIVE:**

The program prepares students to –

- A. Assess normal and abnormal structural, neurological and functional articular relationships.
- B. Evaluate the clinical indications and rationale for selecting a particular chiropractic adjustment/manipulation.
- C. Determine, based on clinical indications and risk factors, the appropriateness of delivering chiropractic adjustment/manipulation.
- D. Demonstrate the knowledge, mechanical principles, and psychomotor skills necessary to safely perform chiropractic adjustment/manipulation.
- E. Assess the patient outcome(s) of the chiropractic adjustment/manipulation.

**OUTCOMES:**

Students will be able to -

- 1) Identify subluxations/segmental dysfunction of the spine and/or other articulations.
- 2) Analyze and interpret findings indicating the need for chiropractic adjustment/manipulation.
- 3) Identify indications, contraindications, and risk factors for the chiropractic adjustment/manipulation; and, explain the anticipated benefits, potential complications and effects to patients.
- 4) Apply chiropractic adjustment/manipulation to patients while ensuring patient safety.
- 5) Identify the effects following the chiropractic adjustment/manipulation.

#### **META-COMPETENCY 8 – INTER-PROFESSIONAL EDUCATION**

Students have the knowledge, skills, abilities, and values necessary to function as part of an inter-professional team to provide patient-centered collaborative care. Inter-professional teamwork may be demonstrated in didactic, clinical, or simulated learning environments.

#### **CURRICULAR OBJECTIVE:**

The program prepares students to –

A. Work with other health professionals to maintain a climate of mutual respect and shared values, placing the interests of patients at the center of inter-professional health care delivery.

~~B. Use the knowledge of one's own role and other professions' roles to effectively interact with team members.~~

BC. Understand/Identify different models of inter-professional care, organizational, and administrative structures, and the decision-making processes that accompany them.

C. Explain the roles and responsibilities of each member of the health care team.

D. Communicate with team members to clarify each member's responsibility in executing components of a treatment plan or public health intervention.

~~D. Understand the principles of team dynamics to perform effectively on an inter-professional team influencing patient-centered care that is safe, timely, efficient, effective and equitable.~~

~~E. Organize and communicate with patients, families, and healthcare team members to ensure common understanding of information, treatment and care decisions.~~

#### **OUTCOMES:**

Students will be able to -

- 1) Communicate information with patients, families, community members, and health team members in a manner that is understandable, avoiding discipline-specific terminology when possible~~Explain their own roles and responsibilities and those of other care providers and how the team works together to provide care.~~



- 2) Use available evidence to inform effective teamwork~~appropriate team building~~ and collaborative strategies with ~~other~~ members of the healthcare team to support a team approach to patient centered care.

### **META-COMPETENCY 9 – ADJUNCTIVE TREATMENT**

**Doctors of chiropractic employ adjunctive active care and passive treatments to support chiropractic adjustment/manipulation and achieve specific patient goals and outcomes. Delivering active and passive care is based on the needs of the patient, education and training of the doctor of chiropractic/chiropractic physician, jurisdictional law, and the mission of the DCP.**

#### **CURRICULAR OBJECTIVE:**

**The program prepares students to –**

- A. Demonstrate the knowledge, mechanical principles, and psychomotor skills necessary to safely perform adjunctive active care and passive modalities and procedures.
- B. Assess the patient outcome(s) following application of the adjunctive active care and passive modalities and procedures.

#### **OUTCOMES:**

**Students will be able to –**

- 1) Apply adjunctive active care procedures while ensuring patient safety.
- 2) Apply adjunctive passive modalities while ensuring patient safety.
- 3) Identify the effects following adjunctive active care/passive modalities and procedures.

### **Examples of Evidence Related to Curriculum, Competencies, and Outcomes Assessment**

- ~~An organizational chart or similar graphic representation, with accompanying description, that displays a structure appropriate to the delivery of the educational program for the Doctor of Chiropractic degree.~~
- ~~A curriculum map or similar representation with accompanying analysis that displays where topics related to the various meta-competencies are presented and assessed.~~
- ~~Published syllabi with learning objectives for all courses and other components of the curriculum that include methods of evaluating student learning.~~
- ~~Data derived from assessment tools such as rubrics, performance observation notes, file reviews and audits, surveys, and external exams.~~
- ~~A description of the healthcare quality management system including outcomes and thresholds for performance.~~
- ~~Examples of the use of assessment data such as remediation programs, curricular change proposals, strategic planning and budgeting documents, etc.~~
- ~~Published policies and procedures related to student intern and supervising clinician duties, responsibilities, and conduct in clinic environments that are managed by the DCP and in external settings, as noted in manuals/policies applicable to those environments.~~
- ~~Documentation that the rights of patients regarding their care and privacy are displayed,~~

~~promoted, and enforced in the clinics as evidenced by file reviews, postings of appropriate notices, and patient survey results.~~

## I. Research and Scholarship

The DCP **supports and** conducts ~~and supports~~ research and scholarly activities congruent with its mission, goals, **and** objectives ~~and strategic plan~~.

### Context

#### 1. Scope

Processes involving the DCP's faculty and administration establish the expectations for research and scholarship through specific elements in the mission, goal and objective statements, ~~strategic plan~~, and/or program documents. Additionally, research and scholarship informs the instructional objectives and content of the DCP with respect to research methodology and values, and guide faculty clinicians in the care of their patients.

#### 2. Support

Research and scholarship are supported by appropriate levels of physical, financial, and human resources. The DCP provides the infrastructure and resources, including access to an Institutional Review Board (IRB), necessary to meet its commitments to research and scholarship and to foster the outcomes it expects of its personnel. Appropriate policies and procedures are in place to manage and guide the conduct and management of internally and externally supported research projects and scholarly activities and for the protection of human and/or animal subjects.

#### 3. Outcomes

Research and scholarship within as defined by the DCP ~~occurs in one or more of the following areas: (1) Discovery—the development and creation of new knowledge result~~ing~~ing from basic science, clinical, psychosocial, and educational methodology studies; (2) Application—the integration and application of existing knowledge to clinical practice and teaching; (3) Integration—the critical analysis and review of existing literature; and (4) Teaching—the critique, analysis, and dissemination of knowledge about teaching, learning, evaluation and assessment.~~ Measures and thresholds for research and scholarship outcomes are set, ~~and tracked~~ and used to inform program improvement ~~by the DCP.~~

#### ~~3. Support~~

~~Research and scholarship are supported by appropriate levels of physical, financial and human resources. The DCP provides the infrastructure and resources, including an Institutional Review Board (IRB), necessary to meet its commitments to research and scholarship and to foster the outcomes it expects of its personnel. Appropriate policies and procedures are in place to manage and guide the conduct and management of internally and externally supported research projects and scholarly activities and for the protection of human and/or animal subjects.~~

### Examples of Evidence Related to Research and Scholarship

- ~~• Demonstrated institutional support for research and scholarship to include the budget for research and scholarship activities, itemization of research faculty and staff, faculty release time, physical facilities, equipment and technology, coupled with ongoing assessments of the effectiveness of such support.~~

- ~~The record of external funding from government, foundation, and private sector business/vendor sources.~~
- ~~Documentation of research and scholarship outcomes for the most recent three-year period as evidenced by reports, peer-reviewed publications, presentations, and grant awards and applications submitted, which may include collaborative efforts with other institutions.~~
- ~~Curriculum content that introduces students to the value of evidencebased scientific and practice research studies, the fundamental aspects of research processes, the development and analysis of research data, and critical appraisal skills.~~
- ~~Evidence that students and faculty are provided with opportunities to participate in research and scholarship.~~
- ~~Documentation of activities that promote faculty professional development in the areas of research and scholarship.~~
- ~~The use of a process to evaluate, improve, and implement growth in DCP research and scholarship.~~
- ~~Evidence of an effectively functioning Institutional Review Board (IRB).~~

## **J.—Service**

**~~The DCP conducts and supports service activities congruent with its mission, goals, objectives and strategic plan.~~**

### Context

#### 1.—Scope

~~Service represents a variety of activities that involve faculty, staff, and students that are dependent upon a DCP or an institutional affiliation and/or sponsorship. The DCP defines the scope of service activities in alignment with its mission, goals and objectives.~~

#### 2.—Outcomes

~~Measures and thresholds for service are set and tracked by the DCP. Service may be manifested in a number of ways and typically occurs in one, or more, of three major categories: (1) programmatic/institutional, (2) professional, or (3) public/community.~~

#### 3.—Support

~~The DCP provides the infrastructure and resources necessary to meet its commitments to service and to foster the outcomes it expects of its personnel. Policies and procedures are in place to manage and guide service activities.~~

### Examples of Evidence Related to Service

- ~~A description of the scope of service activities engaged in by the DCP.~~
- ~~Policies and procedures germane to services provided by the DCP or its associated groups or individuals.~~
- ~~Demonstrated institutional support for the service component of the DCP mission to include the budget for service activities, itemization of faculty and staff release time, institutional facilities, equipment, and technology to support the service activities, coupled with ongoing assessments of the effectiveness of such support.~~
- ~~Documentation of service activity outcomes for the most recent three-year period.~~

- ~~• The use of a process to evaluate, improve and implement growth in DCP service activities.~~
- ~~• Documentation of leadership or participatory roles in local, state or federal professional organizations, in community and civic organizations and/or in educational and governmental task forces, committees, organizations and conferences.~~
- ~~• Documentation of the provision of low cost or free health care to underserved populations, and/or the offering of health related seminars, conferences and forums to the public.~~

#### **K. Distance or Correspondence Education (if applicable)**

The DCP has processes in place to verify and confirm that the student who registers in a distance education or correspondence education course is the same student who participates in and completes the course and receives the academic credit; and ensures regular interaction between a student and an instructor(s) in distance education courses.

##### Context

###### 1. Identity Verification

The DCP verifies the identity of a student who participates in class or coursework, clarifies in policy(s) and uses processes that protect student privacy and notifies students of any projected additional student charges associated with the verification of student identity at the time of registration or enrollment.

###### 2. Regular Interaction

A DCP offering courses by distance education ensures regular interaction between a student and an instructor or instructors prior to the student's completion of a course or competency, by—

- Providing the opportunity for *substantive interactions* with the student on a predictable and regular basis commensurate with the length of time and the amount of content in the course or competency; and
- Monitoring the student's *academic engagement* and success and ensuring that an instructor is responsible for promptly and proactively engaging in substantive interaction with the student when needed on the basis of such monitoring, or upon request by the student.

##### Examples of Evidence Related to Distance or Correspondence Education

- ~~• Policies and procedures for secure login and pass code.~~
- ~~• Policies and procedures for proctored examinations.~~
- ~~• New or other technologies and practices that are effective in verifying student identity.~~
- ~~• Course syllabi that demonstrate regular interaction between the student and instructor.~~
- ~~• Learning Management System design features/functions that support and/or track student participation in course work, discussion boards, assignments, etc.~~
- ~~• Student evaluations of distance or correspondence courses.~~
- ~~• A copy of the program's definition of Academic Engagement and a copy of the institutional accreditor's requirements or guidelines for Academic Engagement, if applicable.~~

**The following definitions apply to this Standard:**

**Academic engagement:** Active participation by a student in an instructional activity related to the student's course of study that--

- (1) Is defined by the program in accordance with any applicable requirements of its institutional accrediting agency;
- (2) Includes, but is not limited to--
  - (i) Attending a synchronous class, lecture, recitation, or field or laboratory activity, physically or online, where there is an opportunity for interaction between the instructor and students;
  - (ii) Submitting an academic assignment;
  - (iii) Taking an assessment or an exam;
  - (iv) Participating in an interactive tutorial, webinar, or other interactive computer-assisted instruction;
  - (v) Participating in a study group, group project, or an online discussion that is assigned by the program; or
  - (vi) Interacting with an instructor about academic matters; and
- (3) Does not include, for example--
  - (i) Living in campus housing;
  - (ii) Logging into an online class or tutorial without any further participation; or
  - (iii) Participating in academic counseling or advisement.

**Correspondence Course:** A course provided by a program under which the program provides instructional materials, by mail or electronic transmission, including examinations on the materials, to students who are separated from the instructors. Interaction between instructors and students in a correspondence course is limited, is not regular and substantive, and is primarily initiated by the student. A correspondence course is not distance education and cannot be self-paced.

**Distance Education** - Education that uses one or more technologies to deliver instruction to students who are separated from the instructor and to support **regular and substantive interaction** between the students and the instructor, either synchronously or asynchronously.

**Substantive interaction** - engaging students in teaching, learning, and assessment, consistent with the content under discussion, and also includes at least two of the following--

- (1) Providing direct instruction;
- (2) Assessing or providing feedback on a student's coursework;
- (3) Providing information or responding to questions about the content of a course or competency;
- (4) Facilitating a group discussion regarding the content of a course or competency; or
- (5) Other instructional activities approved by the CCE.



# Residency Program Accreditation Standards

Principles, Processes & Requirements  
for Accreditation

September 1, 2022 Proposed Revisions  
to the CCE Residency Accreditation Standards  
(Track Changes Version)

July 2017

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## **Foreword**

This document presents the process and requirements for The Council on Chiropractic Education (CCE) accreditation of chiropractic residency programs (“residency”). CCE accreditation relies on a peer-review process that is mission driven, evidence informed and outcome based. The attainment of CCE accreditation provides a residency with expert evaluation and recommendations for improvement. Accreditation provides assurances of educational quality and institutional integrity to governments, jurisdictional licensing and regulatory bodies, institutions, professional organizations, residents, other accrediting agencies and the public at large.

The purpose of the accreditation of residencies is to improve health care by assessing and advancing the quality of chiropractic residency education and to accredit those residencies which meet the minimum requirements as outlined in the Residency Program Accreditation Standards and provide for training programs of good educational quality in each specialty.

Accreditation of residency programs is a voluntary process of evaluation and review performed by a non-governmental agency of peers. The goals of the process are to evaluate, improve and publicly recognize programs that are in compliance with standards of educational quality established by CCE. Accreditation of residencies was developed to benefit the public, protect the interests of residents, and improve the quality of teaching, learning, research and professional practice.

CCE publishes a list of accredited residencies and informs its stakeholders and the public regarding the accreditation requirements and process. Communications with the public regarding specific accreditation actions are appropriately transparent, taking into consideration applicable laws and practices (including rights to privacy) and the integrity of the accreditation process.

CCE policy references in these Standards are not all inclusive and may be delineated in other CCE publications. They are intended only to assist the reader for quick reference.

## Terminology and Definitions:

**Affiliated Organization:** an institution or organization that operates independently of the residency but is directly or indirectly involved with the residency. The affiliated institution or organization may provide guidance to the residency and/or formal services such as instruction, resident support services, library, information technology, etc. Formal services provided by the affiliated institution or organization are outlined in a contractual agreement.

**Governing or Administrative Authority:** a body or an administrative unit of the sponsoring organization that has ultimate responsibility for resources, policies, and quality of education provided by the residency.

**Governing Official:** the representative for the *governing or administrative authority* over the residency. For example, this could be a senior administrator of the sponsoring organization that oversees the residency Director and/or has ultimate responsibility for resources, policies, and quality of education provided by the residency.

**Program Director:** The program director is the person responsible for the direction, conduct and oversight of the residency.

**Residency:** A chiropractic residency is a post-doctoral education program centered on clinical training that results in the residents' attainment of advance competencies. Specific to the area of training, the residency expands and builds on the competencies attained through completion of the doctor of chiropractic degree program.

**Sponsoring Organization:** An organization, institution or facility dedicated to health care or education that assumes ultimate responsibility for the residency. If more than one organization sponsors the residency, there must be a contractual agreement between the organizations that outlines specific responsibilities and ownership for the residency.

## Section 1 – CCE Principles and Processes of Accreditation

### I. Residency Accreditation by CCE

CCE accreditation of residencies is designed to promote the highest standards of educational program quality in preparing candidates for an advanced level of training, advocating best practices and excellence in patient care, while advancing and improving the profession and its practitioners. The Council takes steps to ensure that accreditation requirements are consistent with the realities of sound practices in residencies and currently accepted standards of good practice for chiropractic care. This reflects a recognition that residencies exist in different environments. These environments are distinguished by such differing factors as purpose of the program, jurisdictional regulations, demands placed on the profession in the areas served by the residencies, and the diversity of resident populations. CCE accreditation is granted to residencies deemed by the Council to comply with the eligibility requirements and requirements for accreditation.

1. The Council specifically reviews compliance with all accreditation requirements.
  - It is dedicated to consistency while recognizing residency differences.
  - It bases its decisions on a careful and objective analysis of all available evidence.
  - It follows a process that is as transparent as possible, honoring the need for confidentiality when appropriate.
  - It discloses its final decisions to the public, as well as to other appropriate authorities, in accordance with CCE Policy 111.
2. The Council provides information and assistance to any residency seeking accreditation, in accordance with CCE policies and procedures.

### II. Process of Accreditation for a Residency

Any residency seeking to achieve or maintain CCE accredited status must apply for such status, and provide evidence that the residency meets the eligibility requirements and complies with the requirements for accreditation.

#### A. Application for Initial Accreditation

##### 1. Letter of Intent

A residency seeking initial accreditation must send a letter of intent to the CCE Administrative Office stating its intention to pursue accredited status, and provide written evidence that it meets the eligibility requirements.

Since residencies may operate under different settings and systems, provide a description and organizational chart of the residency's responsibilities and authority within the context of its sponsoring organization. Also include the name and title of the governing official. (The definitions for *governing official*, *sponsoring organization*, and *governing or administrative authority* are provided in the Terminology and Definitions section.)

## 2. Requirements for Eligibility

- a. Sponsorship of a residency is under the administrative responsibility of a healthcare institution or doctor of chiropractic program, which develops, implements, and monitors the residency. The sponsoring organization also ensures the availability of appropriate facilities and resources for the residency.
- b. Formal authorization to operate the residency from the appropriate governmental agency of the jurisdiction in which the residency legally resides, if applicable (e.g. state-level commission or board of higher education).
- c. The residency and/or the sponsoring organization is legally incorporated as an educational corporation, if required by the state-level commission or board of higher education, in its jurisdictional residence.
- d. A program director of the residency qualified by education and/or experience, as demonstrated by his/her Curriculum Vitae and position descriptions and minimum requirements. The program director~~and~~ is provided authority from the sponsoring organization to manage the residency (e.g. contract or job description).
- e. Formal action from the governing or administrative authority that commits the residency to comply with the CCE requirements for accreditation.
- f. The residency's mission/purpose, and program goals, and objectives, which are consistent with the CCE Residency Program Accreditation Standards and required core competencies.
- g. A plan and process for the assessment of resident outcomes.
- h. Disclosure of accreditation status with any agency other than CCE, to include the most recent action letter.

## 3. CCE Response

Upon application by the residency for accreditation:

- a. The Council Chair, with assistance from the CCE Administrative Office staff, reviews the evidence of eligibility documents submitted by the residency. If further documentation is necessary, the Council Chair notifies the residency that such documentation must be submitted with the residency self-study report.
- b. The Council establishes timelines regarding the self-study, site visit and Status Review Meeting in coordination with the CCE Administrative Office and the residency, according to CCE policies and procedures. If the residency's sponsoring organization is a CCE accredited DC program, the CCE Administrative Office will make every effort to coordinate self-study, site visit and Status Review Meetings with the ongoing CCE accreditation cycle for the DC program. This effort is designed to maximize practical efficiencies and cost reduction efforts.

B. Application for ~~Continued~~~~Reaffirmation of~~ Residency Accreditation

1. Letter of Intent

A residency seeking ~~continued~~~~reaffirmation of~~ accreditation must send a letter of intent from the residency's designated officer to the CCE Administrative Office stating its intention to pursue ~~continued~~~~reaffirmation of its~~ accredited status. If the residency's sponsoring organization is a CCE accredited DC program, this intent may be incorporated into the DC program application for ~~continued accreditation~~~~reaffirmation~~ letter.

2. Requirements for Eligibility

The residency need not submit evidence of eligibility documents required for initial accreditation unless eligibility requirements have changed ~~since from~~ the last ~~reaffirmation~~~~comprehensive~~ visit. However, the residency must maintain documentation that it complies with the eligibility requirements. This information must be available for review by appropriate representatives of CCE and/or the Council. Specifically related to the residency, the program must provide the following information to the Council:

- a. A program director of the residency is qualified by education and/or experience; and is provided authority from the sponsoring organization to oversee the residency (e.g. contract and/or job description).
- b. Formal action from the governing or administrative authority that commits the residency to comply with the CCE requirements for accreditation.
- c. The residency's mission/purpose and program, goals, and objectives, ~~which~~ are consistent with the CCE Residency Program Accreditation Standards.
- d. A plan and process for the assessment of resident outcomes.
- e. Disclosure of accreditation status for the residency with any agency other than CCE, to include the most recent action letter.

3. CCE Response

The Council establishes timelines regarding the residency's self-study, site visit and Status Review Meeting in coordination with the CCE Administrative Office and the residency, according to CCE policies and procedures.

C. Process of Residency Accreditation (Initial/~~Continued~~~~Reaffirmation~~)

1. Residency Self-Study

The residency must develop and implement a self-study process that involves all constituencies of the residency and demonstrates achievement of ~~relates to effectiveness regarding~~ its mission/purpose and goals and objectives. The self-study report must:

- a. Provide clear evidence that the residency complies with the CCE requirements for residency program accreditation.
- b. Focus attention on the ongoing assessment of program outcomes, including those

developed to demonstrate resident achievement of the core competencies, for the continuing improvement of academic quality.

- c. Demonstrate that the residency has processes in place to ensure that it will continue to comply with the CCE requirements for accreditation.
- d. Be submitted to the CCE Administrative Office no later than nine months prior to the CCE meeting wherein a decision regarding accreditation will be considered.

## 2. Site Team Visit and Report to CCE

Following receipt of the residency self-study report, the Council appoints a site team to review evidence contained within the eligibility documentation and self-study report relative to compliance with the CCE Residency Program Accreditation Standards. The site visit and report to the CCE are an integral part of the peer review process that uses the residency's self-study as the basis for an analysis of the strengths, challenges, and distinctive features of the residency. This process is designed to ensure that, in the best judgment of a group of qualified professionals, the residency complies with the requirements for eligibility and accreditation and that the residency is fulfilling its mission/purpose and goals. An enduring purpose of CCE accreditation is to encourage ongoing improvement.

- a. The residency must provide the site team with full opportunity to inspect its facilities and rotation sites, where feasible, and to interview all persons at the site/facilities related to the residency, and to examine all records maintained by or for the residency of which it is a part (including but not limited to budget and personnel records, and records relating to resident credentials, resident assessment of learning, resident advancement in the program, and program completion (degree, certificate, etc.)).
- b. A draft report is prepared by the site team and sent by the CCE Administrative Office to the residency Director and/or designated officer for correction of factual errors only.
- c. Following the response of the residency to correction of factual errors, a final report is sent by the CCE Administrative Office to the residency Director and/or designated officer, governing official and site team members.
- d. The residency may submit a written response to the site team report, and it must submit a written response if the report identifies areas of concern. The residency sends the response to the CCE Administrative Office which distributes it to the CCE President, Councilors and Site Team Chair. Any residency response to the site team report must be submitted to the CCE no less than 30 days prior to the Status Review Meeting.

## 3. CCE Status Review Meeting

- a. The objective of the status review meeting is to provide an opportunity for the Council to meet with the residency representatives (if applicable) to discuss the findings of the site team in accordance with CCE policies and procedures. The Site Team Chair or other members of the site team may also be present at the request of the Council Chair.

- b. Following the status review meeting, the Council reviews the self-study and supporting documentation furnished by the residency, the report of the on-site review, the residency's response to the report, and any other appropriate information, consistent with CCE policies and procedures, to determine whether the residency complies with the CCE Residency Program Accreditation Standards.
- c. The Council's action concludes with a written decision regarding accreditation status that is sent to the residency Director and/or designated officer, the governing official, and CCE Councilors.
- d. The next comprehensive evaluation site visit normally is three years following the award of initial accreditation, or six years following the award of ~~continued~~reaffirmation-of accreditation. If the residency's sponsoring organization is an institution housing a CCE accredited DC program, every effort will be made to ensure the cycle of comprehensive visits coincides with the accreditation cycle of the DC program.

#### D. Additional Reports and Visits

In accordance with CCE policies and procedures the Council may require additional reports from, and/or visits to a residency, to confirm its continued compliance with the accreditation requirements. The residency must critically evaluate its efforts in the area(s) of concern, initiate measures that address those concerns, and provide evidence of the degree of its success in rectifying the area(s) of concern. Failure on the part of a residency to furnish a requested report or host a site visit on the date specified by the Council constitute cause for sanctions or revocation of accreditation. These actions are at the discretion of the Council, following appropriate notification.

##### 1. Program Interim Report (PIR)

Periodic PIRs must be submitted to the Council in accordance with CCE policies and procedures at the mid-point of the ~~accreditation~~reaffirmation cycle, with first report due three years after ~~continued~~reaffirmation-of accreditation has been granted. PIRs are required as one of the reporting requirements the Council utilizes to continue its monitoring and reevaluation of its accredited residencies, at regularly established intervals, to ensure the residencies remain in compliance with the CCE Residency Program Accreditation Standards.

##### 2. Progress Reports

Progress Reports must be submitted to the Council, on a date established by the Council. Progress reports address previously identified areas of non-compliance with accreditation requirements or concerns arising from review of the residency PIR.

##### 3. Substantive Change Reports

Substantive Change applications must be submitted to the Council to provide evidence that any substantive change to the educational mission or residency does not adversely affect the capacity of the residency to continually comply with the CCE Residency Standards. The residency must obtain Council approval of the substantive change request prior to implementing the change in accordance with CCE Policy 1.



#### 4. Focused Site Visits

At the discretion of the Council, Focused Site Visits are conducted based upon previous concerns not yet satisfactorily addressed for the residency to be in compliance with accreditation requirements, substantive change requirements, or extraordinary circumstances in which violation of accreditation requirements may prompt action to protect the interests of the public.

A progress review meeting by the Council regarding any additional reports submitted is conducted to discuss and make a decision regarding the adequacy of ongoing progress, the sufficiency of evidence provided regarding progress on issues of concern, whether any other significant concerns have emerged, and what, if any, subsequent interim reporting activities are required. If a site visit was conducted, the site team report is also discussed.

The Council determines if an appearance, or if participation via conference call, is necessary by the residency representatives at the next Council meeting. The Council then sends a follow-up letter to the residency identifying the status of previous concerns (if any), and/or a substantive change application, and the requirements for any additional interim activities. The residency must continue to submit PIRs in accordance with CCE policies and procedures.

#### E. Withdrawal from Accreditation

##### 1. Voluntary Withdrawal of Initial Application

A residency may withdraw its application for accreditation at any time prior to the Council decision regarding initial accreditation by notifying the CCE Council of its desire to do so.

##### 2. Voluntary Withdrawal from Accredited Status

An accredited residency desiring to withdraw from CCE accreditation forfeits its accredited status when the Council receives a certified copy of the residency's governing official's resolution clearly stating its desire to withdraw.

##### 3. Default Withdrawal from Accredited Status

When a residency fails to submit a timely application for ~~reaffirmation of~~ continued accreditation accredited status, the Council acts at its next meeting to remove the residency's accredited status. This meeting of the Council normally occurs within six months of the date when the residency application for ~~reaffirmation~~ continued accreditation was due.

##### 4. Notification

In cases of voluntary withdrawal and default withdrawal CCE makes appropriate notification in accordance with CCE Policy 111.

#### F. Reapplication for Accreditation

A residency seeking CCE accreditation that has previously withdrawn its accreditation or application for accreditation, or had its accreditation revoked or terminated, or had its application for accreditation denied, follows the process for initial accreditation.

### III. Accreditation Decisions and Actions

#### A. CCE Decisions

The Council makes a decision regarding the application for initial or ~~continued reaffirmation of~~ accreditation following the status review meeting. When considering the accreditation status of a residency, the Council may take any of the following actions at any time~~Council decisions may include:~~

1. ~~To a~~Award or reaffirm ~~initial~~ accreditation
2. ~~To d~~Defer the decision
- ~~2.~~3. Continue accreditation
4. ~~To i~~Impose Warning~~a sanction~~
- ~~3.~~5. Impose Probation
6. ~~To d~~Deny or revoke accreditation
- ~~4.~~7. Withdraw accreditation

#### B. CCE Notifications

The CCE makes notifications of Council accreditation decisions and actions in accordance with CCE Policy 111.

#### C. Enforcement of Standards

The U.S. Department of Education requires the enforcement of standards for all recognized accrediting agencies. If the Council's review of a residency regarding any standard indicates that the residency is not in compliance with that standard (area of concern), the Council must:

1. Immediately initiate adverse action against the residency; or
2. Notify the residency of the finding(s) of noncompliance and Rrequire the residency to take appropriate action to bring itself into compliance with the standards within a time period that must not exceed 18 months. NOTE: If the residency is at least one year but less than two years in length.

If the residency does not bring itself into compliance within the 18-month time limit, the Council must take immediate adverse action unless the Council extends the period for achieving compliance for "good cause". Such extensions are only granted in unusual circumstances and for limited periods of time not to exceed 18 months in length. The residency must address the three (3) conditions for "good cause" listed below.

#### Definition and Conditions for Good Cause

The Council will review the information/rationale provided and grant an extension for "good cause" if;

1. The residency has demonstrated significant recent accomplishments in addressing non-compliance, and
2. The residency provides evidence that makes it reasonable for the Council to assume it will remedy all non-compliance items within the extended time defined by the Council, and
3. The residency provides assurance to the Council that it is not aware of any other reasons, other than those identified by the Council, why the residency should not be continued for "good cause."

The Council may extend accreditation for "good cause" for a maximum of one year at a time (not to exceed 18 months in total). If accreditation is extended for "good cause," the residency must be placed or continued on sanction (Probation) and may be required to host an on-site evaluation visit. At the conclusion of the extension period, the residency must appear before the Council at a meeting to provide further evidence if its period for remedying non-compliance items should be extended again for good cause.

In all cases, the residency bears the burden of proof to provide evidence why the Council should not remove its accreditation. The Council reserves the right to either grant or deny an extension when addressing good cause.

Adverse accrediting action or adverse action means the denial, withdrawal, ~~suspension, or~~ revocation, ~~or termination~~ of accreditation, ~~or any comparable accrediting action the Council may take against the residency.~~

#### **IV. Non-Compliance Decisions and Actions/Appeals**

When the Council determines that a residency is not in compliance with CCE Residency Program Accreditation Standards, including eligibility and accreditation requirements, and policies and related procedures, the Council may apply any of the following actions.

##### **A. Required Follow-up**

In addition to regular reporting requirements and scheduled evaluations, the Council may require a residency to provide additional follow-up information, reports, host focused site visits, and/or make an appearance before the Council to provide evidence of compliance. Required follow-up is a procedural action which is not subject to appeal.

##### **B. Deferral**

In cases where additional information is needed in order to make a ~~final~~ decision regarding the accreditation of a residency seeking initial or continued accreditation, the Council may choose to defer a final decision regarding accreditation status. The additional information requested through the deferral process may relate to information submitted by the residency following an on-site evaluation which raises additional questions, requires clarification or additional evidence from the residency.

The Council may require the residency to submit a report, host a site visit and/or make an appearance before the Council to provide such information. When a decision is deferred, the residency retains its current accreditation status until a final decision is made~~A notice of deferral is confidential.~~ Deferral ~~may be continued up to~~ shall not exceed twelve (12) months. Deferral is not a final ~~action~~ decision and is not subject to appeal.

### C. Warning

The intent of issuing a ~~confidential~~ Warning is to alert the residency of the ~~need~~ requirement to address specific Council concerns regarding its accreditation. The Council may decide to issue a ~~confidential~~ Warning if the Council concludes that a residency:

1. is in non-compliance with the accreditation standards and the Council determines that the deficiency ~~y(ies)~~ do not compromise the overall integrity of the residency and can be corrected by the residency within the permissible timeframe ~~in a short period of time~~; or
2. has failed to comply with reporting or other requirements and/or provide requested information.

Following a notice of Warning, the Council may require additional reporting ~~the residency to submit a report, host a site visit and/or make an appearance before the Council to permit the residency~~ to provide additional information and/or evidence of compliance. Warning is a sanction, that is not subject to appeal, and shall not exceed twelve (12) months. ~~A notice of Warning is a confidential action. Warning may be continued for up to twelve (12) months. Warning is a procedural action which is not subject to appeal.~~

The Council will make notification of a final decision to impose Warning by notifying the residency Director and/or designated officer, and the governing official that the residency has been placed on Warning in accordance with CCE policy and procedures.

### D. Probation

Probation is an action reflecting the conclusion of the Council ~~may be imposed at any time when the Council concludes~~ that the residency is in significant non-compliance with ~~one or more eligibility requirements, accreditation standards, requirements, or CCE policy requirements.~~ Such a determination may be based on the Council's conclusion that:

1. The noncompliance compromises the integrity of the residency; for example, the number of areas of noncompliance, or other circumstances cause reasonable doubt that compliance can be achieved in the permissible timeframe; or
2. The noncompliance reflects recurrent noncompliance with one or more particular standard(s); or
3. The noncompliance reflects an area for which notice to the public is required in order to serve the best interests of residents and prospective residents.

The Council may require the residency to submit a report, host a site visit and/or make an appearance before the Council to provide evidence of compliance. Probation is a sanction, subject to appeal (see CCE Policy 8), and ~~may be continued for up to~~ shall not exceed eighteen (18) months. The Council will make a public notice of a final decision to impose Probation by notifying the appropriate agencies that the residency has been placed on Probation in accordance with CCE policy and procedures.

### E. Show Cause Order

A Show Cause Order constitutes a demand that the residency provide evidence to inform the Council and demonstrate why the program's accreditation should not be revoked. The Council may require the residency to submit a report, host a site visit and/or make an appearance before the Council to provide such evidence. If the residency does not provide evidence sufficient to demonstrate resolution of the Council's concerns within the time frame established by the Council, the residency's accreditation is revoked. A Show Cause Order is a sanction, subject to appeal (see CCE Policy 8), and may be continued

for up to twelve (12) months. The Council makes public notice of a final decision to impose a Show Cause Order in accordance with CCE policy and procedures.

#### F. Denial or Revocation

An application for initial accreditation or ~~continued reaffirmation of~~ accreditation may be denied if the Council concludes that the residency has significantly failed to comply and is not expected to achieve compliance within a reasonable time period. Denial of an application for ~~initial Accreditation or a Reaffirmation of continued~~ Accreditation constitutes ~~initial Accreditation not being awarded or~~ Revocation of Accreditation, respectively.

Denial or Revocation of accreditation is an Adverse Action and subject to appeal (see CCE Policy 8). A residency seeking CCE accreditation that has previously withdrawn its accreditation or its application for accreditation, or had its accreditation revoked or terminated, or had its application for accreditation denied, follows the process for initial accreditation. The Council makes public notice of a final decision to deny or revoke accreditation by notifying the appropriate agencies in accordance with CCE policy and procedures.

G. Accreditation is a privilege, not a right. Any of the above actions may be applied in any order, at any time, if the Council determines that residency conditions warrant them. If the Council imposes any of the following actions: Deferral; Warning; Probation; a Show Cause Order; or Revocation of Accreditation, the Council provides a letter to the residency stating the reason(s) for the action taken.

~~Any sanction or adverse action, as defined in this section, is subject to appeal in accordance with CCE Policy 8.~~

#### V. Status Description

A residency or an institution accredited by the Council must describe its accreditation status in accordance with CCE Policy 22.

The Council updates the accredited status of the programs/institutions it currently accredits on its official website following each Council Meeting, to include:

- a. Month/Year of initial accreditation status awarded by CCE.
- b. The year the Council is scheduled to conduct its next comprehensive site visit review for ~~continued reaffirmation of~~ accreditation and the next scheduled Council Status Review Meeting regarding that comprehensive site visit review.

#### VI. Complaint and Contact Information

Complaint procedures are established to protect the integrity of the CCE and to ensure the avoidance of improper behavior on the part of those individuals acting on behalf of the CCE, the Council and the CCE-accredited residencies. By establishing formal complaint procedures, the CCE provides responsible complainants the opportunity to submit specific grievances and deal with them through a clearly defined process. CCE Policy 64 outlines the complaint procedures and may be obtained from the CCE Administrative Office and/or is available on the CCE website.

Information describing the organization and operation of the CCE and its Council may be obtained from the CCE Administrative Office, 10105 E Via Linda, Ste 103 PMB 3642, Scottsdale, AZ 85258, Telephone: 480-443-8877, E-Mail: [cce@cce-usa.org](mailto:cce@cce-usa.org), or Website: [www.cce-usa.org](http://www.cce-usa.org).

## Preface

An accredited chiropractic residency program (residency) is a full time program that provides its graduate doctors of chiropractic an advanced level of clinical training. The CCE applies the understanding that in order for a residency to be recognized as an accredited program, the residency itself must prepare the graduate for advanced or focused practice and where applicable, be recognized by a national or international chiropractic specialty group with an independent examining board.

## Section 2 – CCE Requirements for Accreditation of Residency Programs

### A. Mission/Purpose and Program Effectiveness

The residency has a statement of mission/purpose, approved by the sponsoring organization, which describes the program's specific advanced clinical training focus. The residency must develop **learning goals with measurable objectives** and **demonstrate** program outcomes congruent with **its**the mission/purpose **and the required CCE core competencies**. Each residency effectively measures its performance through regularly performed program evaluation and uses these results to improve the program quality.

#### Context

Mission/Purpose Statement(s):

Residency's provide graduate professional health care education. By articulating a purpose, each residency clarifies its outcomes, which will vary from residency to residency, based on the residency's focus and **learning objectives**goals. Each residency has its mission/purpose statement approved by the sponsoring organization and is made available to all stakeholders. The mission/purpose is periodically evaluated, with any revisions supported by evidence for needed change.

Program Effectiveness:

The residency evaluates program performance against stated outcomes through formal program effectiveness processes. The residency develops performance metrics and the results obtained are tracked, analyzed, disseminated, regularly reviewed, and incorporated in decision-making processes to revise and improve the program, as needed. The program evaluation process includes an analysis of resident competency assessment data. The residency establishes thresholds for competency assessments and program outcomes to inform curricular improvements. Periodic reviews are conducted to ensure the effectiveness of performance measures.

**Residency Program Outcomes – CCE Policy 56 Thresholds and Public Disclosure Requirements:**  
**Program outcomes must include, but need not be limited to: (1) program completion rate, and (2) resident employment rate. The residency demonstrates its program completion and resident employment rates are at or above established thresholds in compliance with CCE Policy 56. The residency publishes its current program completion and resident employment rates on its website in compliance with the CCE Policy 56 public disclosure requirements.**

#### Examples of Evidence Related to Mission/Purpose and Program Effectiveness

- ~~1. The mission/purpose for the residency and examples of where it is published.~~

- ~~2. A record of approval of the mission/purpose statement by the sponsoring organization.~~
- ~~3. Statement of the program's goals, objectives and outcomes that support successful achievement of the residency's mission/purpose.~~
- ~~4. Evidence of connectivity between the residency's mission/purpose, program outcomes, and competencies.~~
- ~~5. Evidence of the overall effectiveness of the program including, but not limited to, clinical performance evaluations, graduation rates, applicable specialty board exam scores, and job placement.~~
- ~~6. Description (i.e. measures, thresholds, data and analysis) and evidence of use of the residency program effectiveness process and cycle (e.g. quarterly and annual review meetings).~~
- ~~7. Evidence of use of program effectiveness outcomes and analysis to make program improvements.~~

## **B. Ethics and Integrity**

**The residency demonstrates integrity, adherence to, and promotion of ethical standards as they relate to all aspects of policies, functions, and interactions.**

### Context

The residency or sponsoring organization have and adhere to ethics and integrity policies and procedures.

### Examples of Evidence Related to Ethics and Integrity

- ~~1. Program and/or institutional policies and procedures that document commitment to ethics and integrity. Commitment to exemplary ethics and integrity that is present in policies as well as materials used by administration, faculty and residents in the program. (e.g. reference to program and/or institutional policies in this area or commitment to the policies of a professional organization associated with the residency mission/purpose) This commitment should be inclusive of the following ethical/integrity areas:
  - ~~• Management and avoidance of conflict of interest with patients, colleagues, vendors and third party payers~~
  - ~~• Commitment to ethical and professional care of patients~~
  - ~~• Commitment to fairness, objectivity and accountability in selection of residents~~
  - ~~• Commitment to Academic Freedom and faculty centrality in programmatic educational content selection; and~~
  - ~~• Documented processes and policies to adjudicate violations of ethical standards, including academic, clinical regulatory and behavioral concerns~~~~
- ~~2. Evidence of investigation and disciplinary actions for violations of ethics or integrity, if present~~

## **C. Governance and Administration**

**The sponsoring organization must include the residency within its governance structures to ensure its authority, representation, and appropriate transparency and accountability, within the organization's milieu. The residency's administrative structure and personnel facilitate the achievement of the mission/purpose and goals of the program.**

### Context



The administration and administrative structure of the residency must be sufficient (in qualified personnel, and authority) to achieve its mission/purpose and goals. There must be a periodic assessment of administrative performance. Clear lines of authority, responsibility, and communication among faculty and program administration staff must exist concurrently with systems for decision-making that support the work of the program.

#### Examples of Evidence Related to Governance and Administration

- ~~1.—Evidence of sufficiently qualified residency administrator(s) as demonstrated by Curriculum Vitae and position descriptions.~~
- ~~2.—Descriptions of residency governance and administrative structures~~
- ~~3.—Evidence of administrative decision-making and associated processes that are supportive of the goals and objectives of the program.~~
- ~~4.—Documentation of evaluations or other forms of assessments of the performance and effectiveness of residency administrative personnel.~~
- ~~5.—Organizational charts sufficiently detailed to clearly depict the reporting structure of all residency components.~~

### **D. Facilities and Resources**

**The sponsoring organization ensures the availability of appropriate facilities and resources to achieve the mission/purpose of the residency.**

#### Context

The sponsoring organization demonstrates appropriate facilities and equipment, and adequate access to learning resources (e.g. library and information technology systems, either internally operated or externally provided) sufficient to support the goals and objectives of the residency. Additionally, the sponsoring organization offers reasonable accommodations to address the needs of residents, in particular the needs of residents with disabilities.

#### Examples of Evidence Related to Facilities and Resources

- ~~1.—Descriptions and copies of affiliation agreements with the residency where residents obtain clinical or other types of experiences with external practitioners and facilities, as applicable.~~
- ~~2.—Reasonable accommodation plans and resource allocation for residents with disabilities.~~
- ~~3.—A compilation of residency learning resources to include personnel responsible for administration and staffing, and/or an academic affiliate agreement, contract, or policies that govern the operations of these resources.~~

### **E. Faculty**

The residency has appropriately credentialed faculty mentors who are qualified by virtue of their academic and professional training and experience to instruct and supervise residents. The faculty oversee all clinical services, develop, deliver and monitor the curricula of the residency, and assess resident learning and participate in assessment of the effectiveness of the program. ~~With the support of~~ **The sponsoring organization provides opportunities for the faculty to be engaged in research and scholarship and professional development.**

## Context

At each participating site, there must be an appropriate number of faculty with documented qualifications to ~~instruct and~~ supervise and instruct, if applicable, all residents at that location. The determination of the number of full-time and part-time faculty members is based on sound pedagogical rationales in both physical and virtual classroom, and patient care settings. The faculty enable the residency to meet its mission/purpose, goals, and objectives. Faculty members must devote sufficient time to the residency to fulfill their supervisory and mentoring~~teaching~~ responsibilities. Faculty members must have appropriate credentials, including licensure where required in clinical and didactic instructional settings, and academic expertise, and experience to fulfill their assigned responsibilities as instructors, mentors, subject matter/content experts, and clinical educators. Faculty members are provided with opportunities for professional development to improve content expertise in their areas of interest and competence, their instructional skills, and their capabilities in research and scholarship. Faculty members' performance is evaluated on a regular basis.

Faculty members are involved in the development, assessment, and refinement of the curriculum, as well as decisions regarding resident admission and advancement.

## Examples of Evidence Related to Faculty

- ~~1. A faculty handbook or equivalent document(s), written policies and other documents that address: workload; clinical services responsibilities, instruction, research and scholarship, service, resident assessment, and professional development; faculty selection and hiring procedures; advancement in rank, terms and conditions of employment; academic freedom; integrity; conflicts of interest; non-discrimination; and grievances and dismissal.~~
- ~~2. Evidence that policies are implemented, assessed for effectiveness, and revised as necessary to improve their effectiveness.~~
- ~~3. Committee minutes and/or other documents related to faculty participation in residency evaluation and assessment, and academic/clinical policy development and implementation.~~
- ~~4. Documentation of faculty evaluation processes, to include:
  - ~~a) Review of the faculty's clinical and/or teaching performance with respect to resident activities.~~
  - ~~b) Professional development activities to improve faculty performance.~~~~
- ~~5. Documentation of faculty scholarship.~~
- ~~6. Documentation of concerns for performance with appropriate avenues for performance correction.~~

## **F. Resident Support Services**

**The residency, in a manner consistent with its mission/purpose, provides support services to enable resident's opportunities to achieve their academic/clinical goal(s).**

## Context

These services promote the comprehensive development of residents and ensure compliance with grievance and due process procedures as set forth by the governing or administrative authority and communicated to all residents.

Resident support services may include the following areas: formal matriculation, orientation, advising and mentoring, and processes for handling clinical or academic performance reviews and appeals matters, resident grievances and disciplinary issues.

#### Examples of Evidence Related to Resident Support Services

- ~~1. An orientation program to introduce entering residents to the residency.~~
- ~~2. Resident advisement of applicable processes and procedures.~~
- ~~3. Policies governing any services that maximize resident performance.~~
- ~~4. Policies and procedures that equitably address resident complaints and grievances, resident conduct issues and performance reviews, and tracking and analysis of resident complaints and grievances.~~
- ~~5. Documentation of implementation and assessment of the effectiveness of the policies and procedures noted above, along with periodic revisions to increase their effectiveness.~~

### **G. Resident Selection**

**The residency selects individuals who have graduated from a CCE accredited program or its equivalent, and are eligible to hold a DC license or currently are licensed to practice chiropractic.**

#### Context

The efficacy of the selection process is demonstrated by the ability of admitted residents to demonstrate success in key educational outcomes areas directed by the residency's mission/purpose, goals and objectives. The residency's selection practices are designed to ensure that admitted residents' possess the academic, clinical and personal attributes for success in developing the skills, knowledge, attitudes and behavior that are necessary to succeed in the rigors of the academic/clinical program.

#### Examples of Evidence Related to Resident Selection

- ~~1. Published resident selection policies and procedures that facilitate the enrollment of residents qualified to achieve the educational outcomes consistent with the residency's purpose.
  - ~~a. Policies including, but not limited to minimum academic, experience, technical standards and licensing requirements applicable to the residency.~~~~
- ~~2. Evidence that each applicant who received higher education and training in an international institution has:
  - ~~a. competence in the language of residency instruction;~~
  - ~~b. documented legal entry into the host country for purpose of academic study for residency's offered in the host country, and;~~
  - ~~c. demonstrated academic preparation substantially equivalent to that possessed by newly-admitted residents from institutions in the host country.~~~~
- ~~3. Documentation of compliance with policies and procedures and assessment of the effectiveness of resident selection process along with evidence of implementation of changes, as appropriate, that improve their effectiveness.~~

## H. Curriculum, Clinical Training and Competencies

**A residency is a post-doctoral, educational program centered on clinical training and development of advanced clinical skill sets that results in the resident's attainment of an advanced level of clinical knowledge. Specific to the area of training, the residency expands and builds on the entry-level competencies attained through completion of the Doctor of Chiropractic degree through a comprehensive clinical education program.**

### Context

The program must develop outcomes for each of the required CCE core competencies that are tailored to the program's specific advanced clinical training focus~~Competencies and outcomes must be identified by the residency~~, so that graduates will be prepared to serve in the area of their specialty or in an educational practice specialty setting. The competency outcomes result in the attainment of advanced proficiency in areas of clinical knowledge and patient care specific to the mission/purpose of the residency.

The competency requirements are designed so that each residency can develop its own parameters regarding the requirements of its program and the evidence of achievement by which it wishes to be evaluated for compliance. In addition, the residency may opt to allow for clinical competency requirements to be met through a combination of supervised resident experiences at institutionally managed clinic sites and external sites. In the case of external sites, policies and procedures for the activities and evaluation of resident competence are comparable or equivalent to those that exist in the residency's own settings. The residency documents the progress of each resident in meeting the stated program objectives.

### Program Duration:

A residency is a program with a minimum duration of 12 months. The duration of the residency must be appropriate for the intended outcome as postgraduate training leading to specialty certification or qualification. The residency must demonstrate that the residency ensures a coherent, integrated and progressive educational program with evidence of increasing professional responsibility. The resident must be considered full time by the terms of the sponsoring organization.

### Scope of Training:

The goal of chiropractic residency programs is to produce fully competent chiropractors with advanced or focused clinical training capable of providing high quality care. Accordingly, the programs must be specifically designed to meet the educational needs of Doctors of Chiropractic intending to become providers of clinical care. The programs must be full-time and physically located in an educational and/or healthcare environment, and they must include clinical care of actual patients, providing experiential opportunities for progressively increasing professional responsibility. The residency must provide experiential opportunities and responsibilities for the residents that are appropriate to their practices.

### Program Design and Curriculum:

The curriculum and design of a residency must be developed by faculty members with expertise and qualifications in the specific field of study. The residency should contain structured educational experiences with written learning goals and objectives/outcomes, instructional strategies and methods of evaluation appropriate to the field of study. A residency curriculum committee must develop, approve and review the program and any major changes to an existing curriculum, format or design.

Core Competencies:

The residency program evidences that each resident has attained each of the competency outcomes identified by the program, at the performance threshold(s) established by the program. All residencies must meet at least the following seven core competencies and show evidence of attainment of these competencies in the context of the area of training of the residency. All residencies must demonstrate through its established outcomes it meets at least the following seven core competencies:

1. *Clinical Service*: residents must be able to diagnose and manage complex, subtle or infrequently encountered clinical presentations by using patient-centered diagnostic and treatment modalities;
2. *Advanced or Focused Healthcare Knowledge*: residents must research and analyze current scientific information and integrate this knowledge into patient care through evidence-based clinical decision making;
3. *Practice-Based Learning and Improvement*: residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve patient care through self-assessment and documented quality assurance activities;
4. *Interpersonal and Communication Skills*: residents must be able to demonstrate interpersonal and communication skills through culturally competent patient education, communication and shared decision making;
5. *Professionalism*: residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population;
6. *Collaborative Practice*: residents must demonstrate an awareness of and responsiveness to the larger context and system of health care and collaborate with other professionals to assure that appropriate resources are utilized for well-coordinated patient care;
7. *Evidence-informed Advanced or Focused Practice*: residents must demonstrate competency in the application of knowledge of accepted standards in clinical practice appropriate to their specialty training. The resident must promote and disseminate knowledge through scholarly activities, such as lectures, presentations, publications, posters or research.

Quality Patient Care:

The residency must utilize a formal system of quality assurance for patient care. This system includes a systematic patient chart audit process with measurable chart audit criteria/elements, outcomes and thresholds for performance, set, and tracked, and reviewed by the residency or sponsoring organization to inform improvements to patient care and the residency program, as needed. The delivery of patient care will comply state and federal laws and regulations and applicable/acceptable industry standards.

Examples of Evidence Related to Curriculum, Clinical Training and Competencies

1. A curriculum map or similar representation demonstrating a curriculum that provides a coherent, integrated and progressive educational program with appropriate experiences and progressive responsibility for the residents, aligned with the competencies and outcomes, as identified by the program.

- ~~2. Published syllabi, documentation showing program goals and objectives, instructional strategies and methods of assessment of residents' progress and achievement.~~
- ~~3. Evidence that faculty have a central role in curriculum development, management and approval, and that they participate in program assessment and are included in efforts to affect changes based on that assessment.~~
- ~~4. Examples of assessment tools and methods that measure competency development and learning.~~
- ~~5. Resident portfolios and/or reports, which tracks and demonstrates each resident's achievement of the competencies.~~

## I. Duty Hours

~~The residency must be committed to and be responsible for promoting patient safety and resident well-being throughout the educational environment. The residency must ensure sufficient staff of qualified faculty for appropriate resident supervision, recognizing that faculty and residents collectively have responsibility for providing appropriate patient care.~~ The residency must specify reasonable resident duty hours required for all clinical and academic activities spent in-house at any of the residency's locations.

### Context

Duty hours include administrative responsibilities related to patient care, but do not include reading and preparation time spent away from the duty site. The residency must have policy addressing moonlighting, call, and avoidance of resident fatigue and sleep deprivation.

### Examples of Evidence Related to Duty Hours

- ~~1. Resident handbook or equivalent that outlines schedules, including call schedules and total workload expectations per week, particularly as it relates to clinical responsibilities.~~
- ~~2. Copies of resident schedules.~~

## J. Completion Designation

The successful completion of the residency program culminates in a formally recognized certificate or degree. The residency, governing or administrative authority, or sponsoring organization must provide **and maintains** formal documentation of the educational record of residents, ~~a registry of those who successfully complete the residency,~~ and recognition of completion of their residency by awarding a certificate or degree.

### Context

~~The residency process should culminate in a formally recognized certificate or degree. The residency, governing or administrative authority, or sponsoring organization has a policy and/or procedures to maintain the educational records of residents, including a registry of~~ This codifies for the resident, the governing or administrative authority and/or the sponsoring organization who has, and who has not successfully completed the residency. ~~The credibility gained through recognition of this achievement is an important factor for future practice.~~

### Examples of Evidence Related to Completion Designation

1. Example of Certificate or Degree conferred to graduates of the residency.



**Agenda Item 4  
October 3, 2022**

**Review, Discussion, and Possible Recommendation Regarding the Application  
for New Chiropractic College Approval by Keiser University - College of  
Chiropractic Medicine**

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**Purpose of the Item**

The Committee will review and discuss the application for new chiropractic college approval by Keiser University - College of Chiropractic Medicine.

**Action Requested**

Following a discussion of the application, the Committee will be asked to make a recommendation on the provisional approval of Keiser University - College of Chiropractic Medicine.

**Background**

Sections 4 and 5 of the Chiropractic Initiative Act and California Code of Regulations (CCR), title 16, sections 330 through 331.16 outline the requirements for approval of chiropractic colleges by the Board. CCR, title 16, section 331.1 (Approval and Eligibility) states:

“(a) A school which initially meets the requirements of these rules shall be first provisionally approved. No school will be finally approved until a provisional program has been in operation for at least two years.

“(b) No school shall be provisionally approved until it shall present competent evidence of its organizational and financial ability to attain the minimum educational requirements set forth by these rules and institutional goals set forth in its application.

“(c) No school shall be provisionally approved unless there is a reasonable need for such school in the geographical area in which it is proposed to locate.

“(d) No school shall be provisionally approved until competent evidence of compliance with the requirements of Section 29023(a)(2) of the Education Code is filed with the Board.”

In addition, CCR, title 16, section 331.2 (Inspection and Survey) states:

“(a) No school shall be approved, provisionally or finally, until it has been inspected by the Board or its duly authorized representative, including but not limited to the Council on Chiropractic Education, and is found to be in compliance with the rules herein set forth.

“(b) Each school shall permit to the Board or its authorized representatives unhampered opportunity to inspect the school's facilities, interview its entire faculty and management, examine student, teaching, grading, performance and graduation records, and inspect and audit, for cause, at the school's expense, the financial and corporate records.”

### **Council on Chiropractic Education Accreditation Status**

Keiser University - College of Chiropractic Medicine (KUCCM) offers a Doctor of Chiropractic degree program at its main campus in West Palm Beach, Florida, and received its initial accreditation status with the [Council on Chiropractic Education \(CCE\)](#) in January 2019.

#### Most Recent Accreditation Activity

At its January 2021 meeting, CCE determined no further reporting is required by KUCCM after CCE reviewed all materials related to the Program Statistics Report regarding the CCE Accreditation Standards and applicable policies and determined the program meets the standards for accreditation regarding planning (Section 2.A.2), finances (Section 2.D.1), and research and scholarship (Section 2.I.1).

#### Next Accreditation Cycle Reporting

Self-Study:	Spring 2022
Comprehensive Site Visit:	Fall 2022
Status Review Meeting:	January 2023
Program Characteristics Report:	Fall 2024
Interim Site Visit:	Fall 2026

### **Application to the Board for New Chiropractic College Approval**

The Board received an application for new chiropractic college approval from KUCCM, along with a copy of the required documentation. A copy of the application is included in the meeting materials.



KUCCM outlined its compliance with most of the Board's requirements in the explanation portion of the application, but noted the following deviations or deficiencies:

- Attendance: The current KUCCM graduate catalog and course syllabi state students must attend at least 80% of classes in order to be considered to sit for the final examination(s). *(CCR, title 16, section 331.11(f) requires presence in class at least 90% of the time to obtain credit for a course unless evidence of illness or other excusable reasons can be submitted.)*
- Curriculum: KUCCM does not have physiology labs or 660 hours of "true" electives. *(CCR, title 16, section 331.12.2(b) and (c))*
- Curriculum: KUCCM does not offer clinical experience in psychological counseling. *(CCR, title 16, section 331.12.2(e))*
- Curriculum: KUCCM does not currently quantify 250 patient treatments, written interpretation of at least 30 X-ray views, or 518 hours of practical clinical experience. *(CCR, title 16, section 331.12.2(b) and (e)(2)-(4))*

General information regarding KUCCM's Doctor of Chiropractic Program is also posted on its website at <https://www.keiseruniversity.edu/doctor-chiropractic-dc/>.

The website also contains a [Professional Licensure Disclosure Notification Statement](#) indicating KUCCM has determined its educational program currently meets the requirements for licensure or certification in all states except California.

### **Attachment**

- Application for New Chiropractic College Approval by Keiser University - College of Chiropractic Medicine

Note: To maintain compliance with Assembly Bill 434 (Baker, Chapter 780, Statutes of 2017) [State Web accessibility: standard and reports], the Board is unable to post the supporting documentation received with this application on its website. To obtain a copy of the additional documentation submitted with this application through a California Public Records Act request, please email [chiro.info@dca.ca.gov](mailto:chiro.info@dca.ca.gov) or send a written request to the Board's office at the address above.

## Check Sheet

### To the Application for New Chiropractic College Approval

This **Check Sheet** is intended to assist you with filing a *complete* application. All items listed that are applicable to your situation must be submitted in order to assess the Doctor of Chiropractic Program (DCP).

Falsification or misrepresentation of any item or response on this application or any attachment hereto is sufficient basis for denying approval.

#### REFERENCES

Attached to the application is a copy of the California Code of Regulations, Title 16, Article 4, regarding approved schools and qualifications of applicants. Please reference this document when completing the questions on page 2 under Board Approval. These are also available on our website at [www.chiro.ca.gov](http://www.chiro.ca.gov).

#### DOCUMENTATION

- Provide a copy of the Articles of Incorporation.
- Provide a copy of the self-study given to CCE.
- Provide a copy of the governing board's bylaws.
- Provide a copy of the college's statement regarding admission requirements in compliance with CCE standards.
- Provide a copy of the last CCE inspection report.
- Provide a copy of the college's calendar.
- Provide a copy of the college's catalogue.

Section 331.1 of the California Code of Regulations states that:

"A school which initially meets the requirements of these rules shall be first provisionally approved. No school will be finally approved until a provisional program has been in operation for at least two years. No school shall be provisionally approved until it shall present competent evidence of its organizational and financial ability to attain the minimum educational requirements set forth by these rules and institutional goals set forth in its application. No school shall be provisionally approved unless there is a reasonable need for such school in the geographical area in which it is proposed to locate. No school shall be provisionally approved until competent evidence of compliance with the requirements of Section 29023(a)(2) of the Education Code is filed with the Board."

## BOARD OF CHIROPRACTIC EXAMINERS LEGAL REQUIREMENTS

In addition to being CCE accredited, new colleges must also meet specific California requirements.

Provide a detailed explanation of how the college complies with each of the following California requirements, identified by code section. Attach a separate page(s) in response to each of the following sections (the sections are attached for reference).

Section 331.3 Supervision

Section 331.4 Financial Management

Section 331.5 Records

Section 331.6 Catalog

Section 331.7 Calendar

Section 331.9 Student Faculty Ratio


Section 331.10 Faculty Organization

Section 331.11 Scholastic Regulations

Section 331.12.2 Curriculum

Section 331.13 Physical Facilities

I certify under the penalty of perjury that the foregoing information contained in this application and any attachments hereto are true and correct, and that all subjects referred to herein are contained within the established curriculum as set forth in California Code of Regulations, Title 16, Section 331.12.2. Providing false information or omitting required information may constitute grounds for denial of approval status.

  
\_\_\_\_\_  
Signature of President

\_\_\_\_\_  
Date

Lisa Nucci  
\_\_\_\_\_  
Type or Print the President's Name



Est. 4/07



www.chiro.ca.gov

## Application for New Chiropractic College Approval

Please **READ** all instructions prior to completing this application. **ALL** questions on this application must be answered, and all supporting documents must be submitted as per instructions. Please type or print neatly. When space provided is insufficient, attach additional sheets of paper. All attachments are considered part of the application.

Please print in ink or type

<b>College Name</b> Keiser University - College of Chiropractic Medicine						
<b>Name of College President</b> Lisa Nucci (Campus President)						
<b>Address</b>	<b>Number</b>	<b>Street</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	
2085 Vista Parkway,		West Palm Beach	FL		33411	
<b>Telephone number</b> (561 ) 471-6000			<b>E-mail address:</b> jilles@keiseruniversity.edu			
<b>COUNCIL ON CHIROPRACTIC EDUCATION (CCE) ACCREDITATION</b>						
<b>What date was the letter of intent sent to CCE?</b> <u>April 28, 2015</u>						
<b>When was your self-study completed and provided to CCE (please provide a copy)?</b> <u>May 10, 2018</u>						
<b>When did the site team come to your campus to validate the self-study?</b> <u>October 8-11, 2018</u>						
<b>List the date that the college was incorporated as a not-for-profit corporation and provide a copy of the Articles of Incorporation.</b> <u>January 26, 2000</u>						
<b>List the names and addresses of your governing body members.</b> <u>See attached list.</u>						
<b>Has the CCE identified any "concerns" with the college's DC Program?</b> If yes, please attach a copy. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
<b>When was the college awarded initial accreditation?</b> <u>January 2019</u>						
<b>Have there been any site visits by the Commission on Accreditation (COA) regarding a special issue of concern or a substantive change as determined by the COA? If yes, please attach a copy.</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
<b>Is the college accredited by any other accrediting agency?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, give the name of the accrediting body <u>Southern Association of Colleges and Schools</u>						
<b>Has the college entered into any resolutions or agreements with CCE that deviate from the COA standards? If yes, attach a copy of the agreement.</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
<b>What was the date of the last CCE site visit?</b> <u>October 8-11, 2018</u>						
<b>What is the date of the next scheduled CCE site visit?</b> <u>October 10-13, 2022</u>						

### **§331.3. Supervision.**

- (a) Every approved school shall be under the supervision of a full-time president, dean, or other executive officer who shall carry out the objective and program of the school. Said officer shall have a minimum of two years experience in school administration prior to his appointment, or its equivalent in training.
- (b) The president, dean, or other executive officer shall render a report annually, covering topics such as student enrollment, number and changes in faculty and administration, changes in the curriculum, courses given, and the projections for future policy. Said annual report shall be filed with the Board within one month following the end of the academic year.
- (c) It shall be the duty of the president, dean, or other executive officer to obtain from each faculty member, prior to the beginning of the semester or school year, an outline and time schedule for each subject of the course. He shall approve such outlines and determine from time to time if they are being observed. A copy of this outline and a schedule of classes, showing the day and hour of presentation and the instructor shall be filed with the Board within three (3) weeks after the beginning of the term.
- (d) The dean shall maintain a record of the teaching load of each member of the staff in terms of classes taught, supervision, student counseling, committee work, and other assigned activities.
- (e) A permanent file of all class schedules, beginning with those as of the date of the school's approval shall be maintained by the dean. These shall be available for inspection and comparison with the courses described in the relative catalogs.
- (f) Schedules must be kept up to date and posted on a bulletin board available for student inspection.

### **§331.4. Financial Management.**

The college shall keep accurate financial records and shall file an annual financial report including a profit and loss statement as well as an asset and liability statement prepared and signed by a qualified accountant. Said financial report shall be filed with the Board within three (3) months following the end of the school's fiscal year.

### **§331.5. Records.**

There shall be maintained a good system of records, showing conveniently and in detail, the attendance, discipline, grades and accounts of the students, by means of which an exact knowledge can be obtained regarding each student's work. A personal file must be maintained for each student containing his admission credentials, photographs and other identifying personal items. Fireproof storage must be provided for the safekeeping of records.

### **§331.6. Catalog.**

The school shall issue, at least biennially, a catalog setting forth the character of the work which it offers, and said catalog shall be filed with the Board. The content and format shall follow the usual pattern of professional school catalogs, and shall contain the following information:

- (a) A list of its trustees, president, dean and other administrative officers and members of the faculty with their respective qualifications;
- (b) Courses set forth by department, showing for each subject its content, value in term, semester hours, or credit hours;
- (c) Entrance requirements, conditions for academic standing and discipline, such as attendance, examinations, grades, promotion and graduation;
- (d) Matriculation, tuition, laboratory, graduation and special fees, and estimated costs of books, instruments, dormitory and board; and
- (e) Descriptions of the library, audio-visual facilities, laboratories and clinic facilities setting forth at least the minimum requirement hereinafter set forth in rules.

(f) No school will be accepted or retained in good standing which publishes in its catalog or otherwise, any misrepresentation regarding its curriculum, faculty or facilities for instruction.

#### **§331.7. Calendar.**

Each school may elect to use the semester, trimester or four-quarter term system.

A school calendar shall designate the beginning and ending dates of terms or semesters, the vacation periods and legal holidays observed, and the dates for semester and final examinations. The recitation or lecture period shall be not less than 50 minutes in length. The school may operate on a five or six-day week or any combination thereof, but the total number of hours of instruction shall be not less than 30 hours nor more than 35 hours per week. The total number of hours provided for each complete student's course, leading to the degree of Doctor of Chiropractic, shall be not less than 4,400 hours distributed over four academic years of nine months each.

#### **§331.9. Student Faculty Ratio.**

(a) The full-time equivalent student-faculty ratio shall be at least one full-time professor to every fifteen (15) students enrolled in the school.

(b) A full-time professor is one who devotes a minimum of 38 hours per week to his academic duties.

(c) The maximum enrollment for any class in laboratory or clinical work shall be limited to the number which may, by Board standards, sufficiently be trained with the equipment and facilities available in such laboratory clinic.

(d) All classes and laboratory sessions, including clinics, shall be conducted under the presence and supervision of a full-time professor.

(e) There shall be one instructor for each twenty-five (25) students in the laboratory and/or clinic courses.

#### **§331.10. Faculty Organization.**

(a) A faculty shall be organized by departments. Regularly scheduled meetings of the full faculty shall be had to provide a free exchange of ideas concerning:

(1) The content and scope of the curriculum;

(2) The teaching methods and facilities;

(3) Student discipline, welfare and awards;

(4) Faculty discipline and welfare;

(5) Committee reports and recommendations;

(6) Recommendations for the promotion and graduation of students;

(7) Administration and educational policies; and

(8) Recommendations to the administrative officers and to the trustees.

(b) The dean shall appoint the following standing committees of which he shall be a member ex officio: admissions and credentials, curriculum, clinic, laboratories, library and examinations, grades and records.

#### **§331.11. Scholastic Regulations.**

(a) Admission.

(1) Each school shall have a committee on admissions and credentials. The admission of students shall be in the hands of a responsible officer who is a member of the committee and his decision shall be subject to the approval of the committee.

(2) No applicant shall be admitted to any school until he has been personally interviewed for the purpose of determining his character, scholastic aptitude, mental and physical fitness to study and practice. When a great geographic distance precludes personal interview, the same information, supported by affidavits and photographs, may be substituted for the personal interview.

(3) Documentary evidence of preliminary education must be obtained and kept on file. All transcripts of other schools must be obtained directly from such schools.

(4) It is strongly recommended by the Board that an entrance examination compiled and administered by recognized testing agencies (e.g., A.C.T., S.A.T.) be required of all students prior to matriculation in order to prove their ability to do college level work.

(b) Date of Matriculation. No student shall be matriculated at a later date than one week immediately following the advertised date of the commencement of the school term.

(c) Qualifications of Students. No student shall be matriculated in an approved school unless he is of good moral character and is without major physical deficiencies, except as provided in Section 8.1 of the Act.

(d) Professional Education. Students shall not be matriculated in any school approved by the board unless they possess, and submit to the school upon their application for matriculation, either:

(1) A diploma from a standard high school or other institution of standard secondary school grade evidencing completion by the student of a four (4) year course, or

(2) A certificate from the board stating that the student has submitted proof, satisfactory to the board, of education equivalent in training power to a high school course. The certificate shall bear a date prior to the applicant's matriculation date in any school approved by the board.

(3) A student who seeks admission in any school approved by the Board after November 3, 1976, shall be subject to the following: The candidate must have completed, with a satisfactory scholastic record, at least 60 semester hours or an equivalent number of quarter hours in prechiropractic subjects at a college listed in the U.S. Office of Education "Education Directory--Higher Education." The specific prechiropractic subjects and hour requirements shall be in accordance with the standards adopted by the Council on Chiropractic Education.

(e) Advanced Standing.

(1) Applicants for admission to advanced standing shall be required to furnish evidence to the school:

(A) That they can meet the same entrance requirements as candidates for the first year class;

(B) That courses equivalent in content and quality to those given in the admitting school in the year or years preceding that to which admission is desired have been satisfactorily completed;

(C) That the work was done in a chiropractic college acceptable to the committee on admissions of the college; and

(D) That the candidate has a letter of recommendation from the dean of the school from which transfer is made.

(2) Credits for work done in colleges of liberal arts and sciences will be allowed based on the regulations of the Council on Chiropractic Education.

(3) Credits for basic science subjects on the professional level shall be in accordance with the provisions of the regulations of the Council on Chiropractic Education.

(4) A student desiring to re-enter the college after a lapse in attendance of one or more years shall fulfill the entrance requirements applying to the class which he seeks to enter. Students whose education was interrupted by service in the armed forces are exempt from this requirement.

(5) For all such students admitted to advance standing there will be, therefore, on file with the registrar the same documents as required for admission to the first-year class and in addition a certified transcript of work completed, together with a letter of honorary dismissal from the college from which transfer was made.

(6) No candidate for a degree shall be accepted for less than one full academic year of resident study.

(f) Attendance. In order to obtain credit for a course, a student shall have been present in class at least 90 percent of the time and shall have received a passing letter grade. When the absence exceeds 10 percent, the student shall be automatically dropped from the class. If the absences have been due to illness or other excusable reasons and if evidence of these reasons can be submitted, the student may apply for readmission through the dean's office and may be given credit for attendance upon the recommendation of his instructor and completion of course requirements. Students shall be required to spend the last academic year of the course in residence in the college which confers the degree.

(g) Promotion.

(1) Promotion from one school term to another should be by recommendation of the instructors and consent of the committee on credentials or other similar committee. The decision should be based upon careful evaluation of the student's attendance, application, conduct and grades in quizzes and examinations. In other words, the final standing of the student in each subject shall be based upon the composite judgment of the responsible instructors in that department, and not solely upon the result of written examinations.

(2) A student failing in any subject in a school term should be required to repeat the subject.

(h) Requirements for Graduation. The requirements for admission to the school shall have been fulfilled and the candidate, in addition to scholastic qualitative requirements, shall have completed a minimum quantitative requirement of 4,400 hours of instruction in four academic years of nine months each. The last year shall have been spent in the school granting the degree.

The candidate shall have complied with all the regulations of the school and be recommended for the degree by the faculty.

(i) Special (Graduate of An Approved Chiropractic School) or Unclassified Subject. Persons so registered may not be a candidate for a degree. If they desire to become candidates, they shall satisfy the usual requirements for admission as well as the degree requirement. No work done under this classification will be accepted for credit beyond 90 days from the date of matriculation. Holders of a valid chiropractic degree are exempt from this requirement.

(j) Degree. The degree conferred for completion of professional undergraduate work shall be Doctor of Chiropractic (D.C.).

### §331.12.2. Curriculum.

All applicants for licensure shall be required to comply with this section in order to qualify for a California chiropractic license.

(a) Course of Study: Every school shall have a curriculum which indicates objectives, content and methods of instruction for each subject offered.

(b) Required Hours and Subjects: Each applicant shall offer proof of completion of a course of instruction in a Board-approved chiropractic college of not less than 4,400 hours which includes minimum educational requirements set forth in Section 5 of the Act. The course of instruction completed by the applicant shall consist of no less than the following minimum hours, except as otherwise provided:

Group I	Anatomy, including embryology, histology and human dissection	616 hours
Group II	Physiology (must include laboratory work)	264 hours
Group III	Biochemistry, clinical nutrition, and dietetics	264 hours
Group IV	Pathology, bacteriology, and toxicology	440 hours
Group V	Public health, hygiene and sanitation, and emergency care	132 hours
Group VI	Diagnosis, including E.E.N.T. and serology, dermatology and sexually transmitted diseases, geriatrics, X-ray interpretation, and neurology	792 hours
Group VII	Obstetrics, gynecology, and pediatrics	132 hours
Group VIII	Principles and practice of chiropractic to include chiropractic technique, chiropractic philosophy, orthopedics, X-ray technique, and radiation protection	430 hours
	Clinic, including office procedure	518 hours
	Physiotherapy	120 hours
	Psychiatry	32 hours
	Electives	660 hours
		<b>Total 4,400 hours</b>



(c) Subject Presentation: Laboratory teaching with actual student participation shall be included in human dissection, histology, chemistry, physiology, bacteriology, pathology, X-ray and physiotherapy. Each school shall have and use at least one phantom or equivalent equipment for X-ray class and other courses as may be necessary for adequate teaching.

Classes shall be presented in proper academic sequence. Each student shall be taught micro and gross anatomy, human dissection, and physiology before pathology; biochemistry before or concurrent with physiology; and diagnosis before or concurrent with the study of pathology. Clinic hours shall be taken only after a student completes all hours in or concurrently with diagnosis.

(1) ANATOMY: To include gross anatomy, human dissection, embryology and histology.

(2) PHYSIOLOGY: To include the physiology of blood and lymph, circulation, respiration, excretion, digestion, metabolism, endocrines, special senses and nervous system.

(3) BIOCHEMISTRY AND NUTRITION: Biochemistry to include the chemistry of foods, digestion, and metabolism. Nutrition to include dietetics and clinical nutrition in the prevention and treatment of illnesses.

(4) PATHOLOGY AND BACTERIOLOGY: Pathology to include general and special pathology. Bacteriology to include parasitology and serology.

(5) PUBLIC HEALTH, HYGIENE, SANITATION AND EMERGENCY CARE: To include sanitary and hygienic procedures, First Aid, minor surgery, prevention of disease, and Public Health Department regulations.

(6) DIAGNOSIS: To include physical, clinical, laboratory and differential diagnosis; E.E.N.T., geriatrics, serology, dermatology, syphilology, roentgenology (technique and interpretation) and the rules and regulations of the Radiologic Technology Certification Committee of the State Department of Health Services.

(7) OBSTETRICS, GYNECOLOGY AND PEDIATRICS: To include the standard routine diagnostic procedures and clinical and laboratory examinations.

(8) PRINCIPLES AND PRACTICE OF CHIROPRACTIC, DIETETICS, PHYSIOTHERAPY, AND OFFICE PROCEDURE: To include history and principles of chiropractic, spinal analysis, adjustive technique of all articulations of the body, orthopedics and patient counseling in curriculum subject matters.

(9) PHYSIOTHERAPY: To be eligible for licensure, each applicant must furnish proof satisfactory to the Board of successful completion of the required 120 hours of physiotherapy course work and additional clinical training in which the theory, principles and use of the standard recognized physiotherapy equipment and procedures were demonstrated to and used by the applicant. This shall include a minimum of thirty (30) patient office visits in which physiotherapy procedures are performed by the student on their own clinic patients. If physiotherapy course work is not offered by the chiropractic college where the student matriculated, the required instruction and clinical training in physiotherapy may be completed at another Board-approved chiropractic college, provided such course is a regular credit course offered primarily to matriculated students.

Physiotherapy course work not completed prior to graduation from chiropractic college may be fulfilled by course work taken subsequent to graduation at a Board-approved chiropractic college in conjunction with clinical training in physiotherapy offered by that college. Such course work and clinical training must be regular credit course work and clinical training offered primarily to matriculated students.

(10) OFFICE PROCEDURE: To include private office and case management, the writing and completion of reports and forms for insurance claims, and the provisions, rules and regulations of the Chiropractic Act, and the Radiologic Technology Certification Committee of the State Department of Health Services.

(d) Additional Hours and Subjects: It is recommended that a school offer elective subjects, including chiropractic meridian therapy, counseling, hypnotherapy and biofeedback. The school may offer and require for graduation courses of more than 4,400 hours.

(e) Clinics: Each student shall be provided with actual clinical experience in the examining, diagnosing, and treatment of patients. Such clinical experience shall include spinal analysis, palpation, chiropractic philosophy, symptomatology, laboratory diagnosis, physical diagnosis, Xray interpretation, postural analysis, diagnostic impressions, and adjusting of various articulations of the body, psychological counseling and dietetics. Individual case files on each patient together with a record of dates and treatments given and student treating shall be kept and available to the board for inspection.

Clinical hours, as described in this section, including those relating to physiotherapy, must be completed in a clinic operated or supervised by a chiropractic college.

Each student shall be required to complete, as a minimum for graduation, the following:

(1) Twenty-five (25) physical examinations of which at least ten (10) are of outside (not student) patients.

A physical examination shall include an evaluation of all vital signs, case history, orthopedic and neurological testing. Students shall also have practical clinical laboratory training, including twenty-five (25) urinalyses, twenty (20) complete blood counts (CBCs), ten (10) blood chemistries, and thirty (30) X-ray examinations. Students shall perform ten (10) proctological and ten (10) gynecological examinations. Proctological and gynecological examinations may be performed on a phantom approved by the Board. Gynecological and proctological examinations not completed prior to graduation may be completed after graduation at a Board-approved chiropractic college.

(2) Students shall perform a minimum of two hundred and fifty (250) patient treatments (visits), including diagnostic procedures, chiropractic adjustive technique and patient evaluation.

(3) Written interpretation of at least thirty (30) different X-ray views, either slide or film, while a senior in the clinic, in addition to other classroom requirements which shall include the spinal column, all other articulations of the body, and soft tissue.

(4) Minimum of five hundred eighteen (518) hours of practical clinical experience (treating patients in the clinic).

### **§331.13. Physical Facilities.**

(a) General: Each school shall own, or enjoy the assured use of a physical plant large enough to accommodate classrooms, lecture rooms, laboratories, a clinic, a library and administrative and faculty offices. Each school shall meet and maintain the standards and requirements established by or under the authority of the laws of the State of California governing educational institutions and all applicable city and county ordinances wherein the school is located and shall maintain competent evidence of such compliance, for examination by the Board.

(b) Administrative Offices: The administrative offices shall provide adequate office space for faculty members: There shall be space available for faculty conferences.

All furnishings shall be serviceable and functional and there shall be sufficient office equipment, subject to Board approval, to efficiently manage the business of the school.

There shall be fireproof storage for all records and documents required by the Chiropractic Initiative Act, statute, or regulations.

All administrative offices shall meet the standards and requirements incorporated by subparagraph (a) above.

(c) Classrooms: There shall be sufficient number and size of classrooms to separately accommodate the graded classes in 1st, 2nd, 3rd and 4th year classes. No two or more subjects shall be taught in the same classroom simultaneously. No two or more student classes (1st, 2nd, 3rd and 4th year) shall be taught in the same classroom simultaneously.

Classrooms shall be located where there is quiet and freedom from interruption and distraction.

All classrooms shall be furnished with audio-visual aids appropriate to the subject matter being taught, and desks and chairs or tablet armchairs. There shall be effective shades to darken rooms equipped with visual projection apparatus.

All classrooms shall meet the standards and requirements incorporated by subparagraph (a) above.

(d) Laboratories: Laboratories shall be well lighted and ventilated and shall be equipped for the practical work in human dissection, histology, chemistry, physiology, bacteriology, pathology, laboratory diagnosis, roentgenology, physiotherapy and chiropractic technique.

Anatomy and pathology laboratories shall contain standard equipment. No more than ten (10) students shall be assigned per table. Sinks should be equipped with wrist action or foot pedal valves, and supplied in a sufficient number. Human cadavers and specimens for individual and small group demonstrations shall be supplied. If human cadavers are not available, or state law prohibits their use, schools must obtain prior written approval from this Board.

Microscopic laboratories shall have one microscope and one desk light for each two (2) students in the class.

Chiropractic technique laboratories shall be equipped with one chiropractic adjusting table for every four (4) students in the class.

Actual student experience with X-ray phantom or equivalent for all areas of the body shall be necessary.

Additionally, all laboratories shall meet the standards and requirements incorporated in subparagraph (a) above.

(f) Teaching Aids and Equipment: For the subject of physiotherapy there shall be sufficient generally recognized equipment for classroom and clinic purposes (to include sine galvanic, ultrasound, diathermy, ultraviolet, heat, cold, percussion, and transaction). For the practical work and physical diagnosis students shall be required to own the ordinary and usual diagnostic instruments, including, but not limited to, thermometers, stethoscopes, sphygmomanometers, oto-ophthalmoscope examination sets, and orthopedic-neurological examination instruments.

Each school shall own and teach the use of the current standard diagnostic instruments and a list of same shall be made available to the Board upon request. For classroom demonstration and visual education aids, each school shall own charts, mannequins, skeletons, bone collections, anatomical and embryological models, stereopticons, balopticons, micro-projections, and video players or similar projection equipment. The film and slide library shall be constantly augmented by the addition of new material.

(g) Library: A library shall be provided for the use of the student body. The minimum requirements for a library are:

(1) Operation of the library shall be under the direct supervision of a full-time librarian holding a degree in library science.

(2) The library shall be open to students a minimum of eight (8) hours per day. It shall have room available for study purposes to accommodate at least ten (10) percent of the enrolled students at one time. Hours shall be posted.

(3) The library volumes shall be cataloged, using a generally accepted system.

(4) The library shall consist of a minimum of 5,000 volumes of which 2,000 shall be less than ten years of age. Only cataloged scientific volumes which are of interest to the published curriculum of the school can be counted as library volumes. Unbound journals and periodicals shall not be counted in determining compliance with this rule.

(5) Each school shall conduct a program of student orientation as to the use of the library and class assignments involving the use of the library.

(h) Clinic: Each school shall operate a general out-patient clinic where the senior students will obtain actual experience, practical knowledge and skill in:

(1) Diagnosis, including physical examination, palpation, spinal analysis, clinical pathological, laboratory findings, X-ray, and tentative and working diagnoses.

(2) Adjustive technique, dietetics, and psychotherapy for the care or prevention of disease in accordance with Section 7 of the Act.

Such a clinic shall at all times be under the supervision of a clinician who meets the standards of the Council on Chiropractic Education.

The minimum requirements of a clinic are:

(A) A reception room with a minimum seating capacity for ten (10) persons.

(B) A minimum of five (5) patient dressing rooms that are equipped with at least curtains to ensure privacy.

(C) An administration area wherein at least one full-time secretary shall be located and patient files shall be maintained.

(D) A minimum of one (1) office for each faculty member supervising the clinic with a minimum of two (2) such offices.

(E) Separate lavatories for men and women with a minimum of one (1) each.

(F) A minimum of one (1) physical examination room for every ten (10) students concurrently present and enrolled in the clinic.

(G) A minimum of one (1) chiropractic adjusting table for every five (5) students performing adjustments on clinic patients with a minimum of five (5) such tables.

(H) A minimum of one (1) X-ray examination room that is equipped with at least one (1) X-ray machine that has a capacity of no less than 125 KV plus 300 M.A. There shall also be an X-ray developing room that is equipped with the appropriate and necessary film processing equipment as required by the Board. This room may be an area within the X-ray procedure room or shall be located in the immediate area in the same building of such X-ray procedure room. A list of minimal X-ray equipment which shall be used must be obtained from the Board.

(I) A lab room equipped with a sterilization facility, unless waived in writing by the Board.

(J) In addition to the requirements of section 331.12(e), each student's work, conduct, reliability and personality shall be evaluated in writing by his or her supervising teacher and such evaluation shall become a part of the student's record and shall be available for inspection by the Board.

(i) Operation and Maintenance of the Physical Plant. In addition to the requirement of subparagraph (a) above, each school shall operate and maintain all physical equipment in good repair.

Lockers shall be available for student use.

Suffix	First	Last	Title	Company	City	State
<b>Program:</b>	<b>CHIROPRACTIC MEDICINE - Vice President of the College of Chiropractic Medicine: Dr. Jennifer Illes</b>					
Dr.	Spencer	Baron	Chiropractor	Neurosport Elite	Hallandale	FL
Dr.	Ron	Brodkin	Chiropractor	Brodkin Chiropractic and Acupuncture Center	Boca Raton	FL
Dr.	Michael	Chimes				
Dr.	James Paul	Cima	Chiropractor	PGA Chiropractic Health Center	Palm Beach Gardens	FL
Dr.	John	D'Amico	Chiropractor	Veteran's Hospital, Miami FL	Miami	FL
Ms.	Edan	Della Mea	Marketing Director	Rosenthal, Levy, Simon, & Sosa	West Palm Beach	FL
Dr.	Etienne	Dubarry	Chiropractor			
Dr.	Alex	Keith	Chiropractor	Advanced Wellness Sports & Chiropractic Center	Lake Worth	FL
Dr.	Timothy	Kennedy	Chiropractor		Port St. Lucie	FL
Dr.	Robert	Klein	Chiropractor			
Dr.	Arthur	LeVine	Chiropractor	iCollect Medical Building Services	Plantation	FL
Dr.	Jeffrey	Mackey	Chiropractor		Boynton Beach	FL
Dr.	Tim	McQueeney	Chiropractor	Total MD	West Palm Beach	FL
Dr.	Gregg	Moses	Chiropractor	Moses Chiropractic	West Palm Beach	FL
Dr.	Todd	Narson	Chiropractor	Miami Beach Family & Sports Chiropractic	Miami Beach	FL
Dr.	Michael	Newman	Chiropractor	Dr. Michael P. Newman D.C., P.A.	Miami	FL
Dr.	Steve	Perman	Chiropractor	Mission Bay Chiropractic Center	Boca Raton	FL
Dr.	James	Piccolino, Esq.	Chiropractor	New Sound Health	Miami	FL
Dr.	Richard	Pomante	Chiropractor	Dr. Richard Pomante	West Palm Beach	FL
Dr.	Alex	Wasserman	Chiropractor	Wasserman Chiropractic of Palm Beach	Palm Beach Gardens	FL
Dr.	Ron	Wellikoff	Chiropractor	Plantation Medical	Plantation	FL

### **331.3. Supervision**

(a) Every approved school shall be under the supervision of a full-time president, dean, or other executive officer who shall carry out the objective and program of the school. Said officer shall have a minimum of two years experience in school administration prior to his appointment, or its equivalent in training.

#### ***Keiser University College of Chiropractic Medicine Response:***

Dr. Jennifer Illes, is the Vice President of the College of Chiropractic Medicine. This is a full-time position that she has held for the past 6 months. She has previous leadership roles, notably at National University of Health Sciences and D'Youville College. She's been involved in academia for over 15 years, and is currently the faculty American Chiropractic Association President.

(b) The president, dean, or other executive officer shall render a report annually, covering topics such as student enrollment, number and changes in faculty and administration, changes in the curriculum, courses given, and the projections for future policy. Said annual report shall be filed with the Board within one month following the end of the academic year.

#### ***Keiser University College of Chiropractic Medicine Response:***

This report will be made available to the Board. Currently this type of report, called the PEAR report, is also prepared on an annual basis for the CCE.

(c) It shall be the duty of the president, dean, or other executive officer to obtain from each faculty member, prior to the beginning of the semester or school year, an outline and time schedule for each subject of the course. He shall approve such outlines and determine from time to time if they are being observed. A copy of this outline and a schedule of classes, showing the day and hour of presentation and the instructor shall be filed with the Board within three (3) weeks after the beginning of the term.

#### ***Keiser University College of Chiropractic Medicine Response:***

The faculty members submit their new semester syllabi to the Curriculum Committee for review and processing prior to it making its way to the Vice President of the chiropractic program. The faculty and administrative work together during a faculty meeting to get the times for the classes, and schedules organized prior to the start of a new semester.

(d) The dean shall maintain a record of the teaching load of each member of the staff in terms of classes taught, supervision, student counseling, committee work, and other assigned activities.

#### ***Keiser University College of Chiropractic Medicine Response:***

The teaching load, with course credits, and instructional hours is updated every semester. A copy of this workgrid is seen labelled as “Evidence of 4400 hours instruction” in the attachments section.

( e) A permanent file of all class schedules, beginning with those as of the date of the school's approval shall be maintained by the dean. These shall be available for inspection and comparison with the courses described in the relative catalogs.

***Keiser University College of Chiropractic Medicine Response:***

There is no dean of the program, however Dr. Jennifer Illes (Vice President) is approved and maintained at her level.

(f) Schedules must be kept up to date and posted on a bulletin board available for student inspection.

***Keiser University College of Chiropractic Medicine Response:***

The schedules are up to date. They are sent out electronically to the student, they are available on their student portal, and the schedules are printed in the administrative assistant's area for students to take a copy if needed. Outside of each classroom is a copy of the class, and time for that particular room.

### **331.4. Financial Management**

The college shall keep accurate financial records and shall file an annual financial report including a profit and loss statement as well as an asset and liability statement prepared and signed by a qualified accountant. Said financial report shall be filed with the Board within three (3) months following the end of the school's fiscal year.

#### ***Keiser University College of Chiropractic Medicine Response:***

The campus president prepares a preliminary consolidated budget that is submitted to the Office of the Vice Chancellor of Finance. The chancellor's cabinet reviews and either accepts, rejects or makes recommendations to the proposed budget. If accepted, the annual budget is presented to the Board of Trustees for final approval, with or without modification.

There have been two independent financial audits (2019, and 2020) since the last SSR that has been reviewed for Everglades College, Inc. Both audits were performed by Boisseau, Felicione & Associates, Inc. They state, "audited the accompanying financial statements of Everglades College, Inc., which comprise the statement of financial position as of December 31, 2019, and the related statements of revenue, expenses and change in net assets, and cash flows for the year then ended, and the related notes to the financial statements".

Budgetary resource allocation for the Doctor of Chiropractic Program is based upon the full-time enrollment (FTE) status of the students in the program verses the students in the entire campus. Additional financial resources can be available upon request.



### **331.5. Records**

There shall be maintained a good system of records, showing conveniently and in detail, the attendance, discipline, grades and accounts of the students, by means of which an exact knowledge can be obtained regarding each students work. A personal file must be maintained for each student containing his admission credentials, photographs and other identifying personal items. Fireproof storage must be provided for the safekeeping of records.

#### ***Keiser University College of Chiropractic Medicine Response:***

All student records are kept in a firewall protected electronic data base called Campus Nexus. Every administrator, and faculty have access to the student's records when needed through appropriate log-in credentials. Items include, unofficial transcripts, school documentation (admissions paperwork, background checks, CPR, and OSHA documentation). Also included are and email and/or text sent through the Campus Nexus format. These files are also held in a large fireproof safe in paper format.

### 331.6. Catalog

The school shall issue, at least biennially, a catalog setting forth the character of the work which it offers, and said catalog shall be filed with the Board. The content and font shall follow the usual pattern of professional school catalogs, and shall contain the following information:

- (a) A list of its trustees, president, dean and other administrative officers and members of the faculty with their respective qualifications;
- (b) Courses set forth by department, showing for each subject its content, value in term, semester hours, or credit hours;
- (c) Entrance requirements, conditions for academic standing and discipline, such as attendance, examinations, grades, promotion and graduation;
- (d) Matriculation, tuition, laboratory, graduation and special fees, and estimated costs of books, instruments, dormitory and board; and
- (e) Descriptions of the library, audio-visual facilities, laboratories and clinic facilities setting forth at least the minimum, requirement hereinafter set forth in rules.

Keiser University's College of Chiropractic Medicine Response:

The Keiser University Graduate Catalog is easily accessed online through <https://www.keiseruniversity.edu/wp-content/uploads/catalogs/KU-Graduate-Catalog.pdf>. There are updates/addendums that are created at least 2x/year to this catalog.

- a. The Governance and Board of Trustees is located on page 19 of the Graduate Catalog (seen below).

## Governance

Keiser University is a not-for-profit 501(c)(3) corporation incorporated in the State of Florida. Keiser University is managed and controlled by the Everglades College, Inc. Board of Trustees which is the legal entity responsible for policy and procedure promulgation, review and amendment.

## Board of Trustees

### CHAIR:

Gregg Wallick, President, Best Roofing

### MEMBERS:

Tom Foster, President, Foster Learning Corporation

Frank Frione, President/CEO GFA International

Maria C. Kondracki, President, Strategic Planning, Inc.

Brett Overman, Founder and CEO, Zips Car Wash

Dr. Bill Kent, President, Team Horner Group

Craig Perry, CEO, Perry Ventures

Manuel Mair, Owner, One-to-One Fitness

Jose Cortes, Director Dept. Design and Construction Mgt., City of Hollywood, FL

Joshua Fordin, Sr. Associate, Hogan Lovells US LLP

b. On page 133, the chiropractic programs faculty are listed along with their qualifications. The attachment, called “KU Graduate Catalog” has also been added. The Chiropractic Program specific program area starts on page 149 as seen below.

**CHIROPRACTIC MEDICINE**  
**DOCTOR OF CHIROPRACTIC**

*Program Description*

The Doctor of Chiropractic program at Keiser University is a rigorous professional program consisting of ten semesters of study which are completed over 40 months. It combines traditional lectures with small group learning, weekly conferences and seminars, laboratory and experiential sessions, and clinical training opportunities at a number of sites. All coursework includes case-based relevancy for chiropractic practice as a portal-of-entry profession dedicated to excellence in spine care.

Throughout the ten semesters of study, a number of cross-cutting themes are embedded within the courses, enabling students to integrate their studies around a clinically relevant framework. These themes all focus on the role of chiropractic as a conservative clinical approach to spine care, and include chiropractic sports medicine, chiropractic geriatrics, and chiropractic general practice, as well as other

There area 216 credits, that are outlined with the classes starting on page 150.

***Program Outline***

To receive a Doctor of Chiropractic degree from Keiser University, students must complete the prescribed course of study within a maximum of 6 years. The program consists of 10 semesters of continuous study over 40 months, totaling 216 credit hours. Over 25% of this consists of clinical experience in a variety of settings. Throughout the program, crosscutting themes are embedded in the coursework, covering major areas of relevance to chiropractic practice, such as chiropractic sports medicine and chiropractic geriatrics.

**Doctor of Chiropractic Core Courses (216 credit hours)**

DCP711	Molecules and Cells	2.0 credit hours
DCP712	Biochemistry 1	3.0 credit hours
DCP713	Physiology 1	3.0 credit hours
DCP714	Biochemistry 2	3.0 credit hours

- c. There are general graduation entrance requirements seen on page

## ADMISSIONS

### General Admission Requirements

Applicants desiring to enter Keiser University must submit an application to the Admissions Office well in advance of the start date. This permits proper scheduling and assures availability of classroom space. Applications for Winter, Spring or Fall semesters should be made as early as possible, as these entry dates are normally the time of greatest enrollment.

The University reserves the right to deny admission to any prospective student that in their judgment poses an undue risk to the safety or security of the University and the University community. This judgment will be based on individual determination taking into account any information the University has about a prospective student’s criminal record including the presence of secondary school students on the campus.

Additionally, the University reserves the right to evaluate the individual circumstances regarding registered sex offenders, and in certain cases refuse admission to the University. When a prospective student receives a registered sex offender designation, the University reserves the right to place the admissions process on hold, contingent upon the review and approval from a designated acceptance committee.

Keiser University reserves the right to accept up to 5% of applicants to a graduate program who do not meet appropriate **entrance** test scores and/or GPA but who request admission based on other criteria. An appeal letter and accompanying documentation should be addressed to the Associate Vice Chancellor of Academic Affairs for Graduate Education; such requests will be reviewed by the Associate Vice Chancellor of Academic Affairs for Graduate Education, program leadership, and others as appropriate. If the appeal is approved, a waiver letter is placed in the applicant’s academic file by the Associate Vice Chancellor of Academic Affairs for Graduate Education or the appropriate designee.

- d. The specific fee disclosures for the graduate programs are located on page 69.

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<b>Doctor of Chiropractic</b>	
<b>12+ credits</b>	\$12,940.00
<b>9 to 11.99 credits</b>	\$9,705.00

<b>6 to 8.99 credits</b>	\$6,470.00
<b>3 to 5.99 credits</b>	\$3,235.00

\*Students are responsible for the cost of their travel, accommodations, food, and other expenses associated with residencies.

\*\*Tuition for students less than full time: tuition is charged based on a pro rata calculation at the beginning of the semester

Doctor of Chiropractic	NBCE Parts I-IV and Physiotherapy \$4,165 <ul style="list-style-type: none"> <li>• Part I \$710</li> <li>• Part II \$710</li> <li>• Part III \$710</li> <li>• Physiotherapy \$450</li> <li>• Part IV \$1585</li> </ul> Live NBCE Review \$500 OSHA \$15.95-\$20.95 HIPAA \$15.95-\$20.95 BLS (CPR) \$15.95-\$20.95 OSHA2 \$15.95-\$20.95 BLS (CPR)2 \$15.95-\$20.95 HIPAA 2 \$15.95-\$20.95 Student American Chiropractic Association \$60	
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- e. There are multiple resources, including the library outlined with the catalog.

### Learning Resources

Keiser University's Library is a university wide "system library" with a branch located at each brick and mortar campus as well as an electronic collection of resources; all of which serve both online and on campus students and faculty. The library holds membership in a plethora of specialized

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state and private library consortia, and is a participant in the online Ask-A-Librarian program. The library's collections are curated and managed by a team of more than 25 professional librarians each of whom holds a master of library science degree from an American Library Association Accredited institution. The library's combined collections currently total well over 120,000 titles and continue to expand. In addition the library provides access to over 80 electronic database resources, e-books and dozens of specialized subject related links. The main library is open more than 75 hours per week. Training in the utilization of the library's general and specialized resources is provided through online videos, and presentations that are located on the library's website as well as by telephone, e-mail, and in person. The library publishes tip sheets and subject pathfinders and makes them freely available for each of the various programs of study offered at the university. Training sessions are provided to students early in their programs of study and the library prides itself on making such training available upon demand in a variety of different formats.

- f. No school will be accepted or retained in good standing which publishes in its catalog or otherwise, any misrepresentation regarding its curriculum, faculty or facilities for instruction. Our Chiropractic Program supports the boards statement.

### **331.7. Calendar**

Each school may elect to use the semester, trimester or four-quarter term system. A school calendar shall designate the beginning and ending dates of terms or semesters, the vacation periods and legal holidays observed, and the dates for semester and final examinations. The recitation or lecture period shall be not less than 50 minutes in length. The school may operate on a five or six-day week or any combination thereof, but the total number of hours of instruction shall be not less than 30 hours nor more than 35 hours per week. The total number of hours provided for each complete student's course, leading to the degree of Doctor of Chiropractic, shall be not less than 4,400 hours distributed over four academic years of nine months each.

At Keiser University's College of Chiropractic Medicine Program the use of a "semester" system is utilized. A new cohort of students is accepted three times a year (Fall, Winter and Summer starts). Please see the attached academic calendar that is utilized in 2022-2023. The calendar demonstrates that federal holidays are observed. Our final examinations are held in weeks 15 and 16 of the academic semester. The chiropractic program is 40 months long. This breaks down, into ten 4-month semesters. There are no extended summer breaks, but the program is considered to be 4 academic years in length. The student schedule is 5 days in length with no greater than 35 contact hours per week. Most students are taking 7-8 classes per semester, which results in 22-24 credit hours (not contact hours) per semester. There are over 4400 hours within the program, and this is seen within the attachment titled "Evidence over 4400 hours."



### **331.9. Student Faculty Ratio**

- (a) The full-time equivalent student-faculty ratio shall be at least one full-time professor to every fifteen (15) students enrolled in the school.
- (b) A full-time professor is one who devotes a minimum of 38 hours per week to his academic duties.
- (c) The maximum enrollment for any class in laboratory or clinical work shall be limited to the number which may, by Board standards, sufficiently be trained with the equipment and facilities available in such laboratory clinic.
- (d) All classes and laboratory sessions, including clinics, shall be conducted under the presence and supervision of a full-time professor.
- (e) There shall be one instructor for each twenty-five (25) students in the laboratory and/or clinic courses.

#### **Keiser University's College of Chiropractic Medicine Response:**

- a. Currently, there are 141 chiropractic students within the program. There are 14 full time faculty members, which gives the ration of one full time faculty for every 10 students.
- b. Our full-time faculty members are hired under a division called "full-time 40," which suggests that they are working 40 hours per week.
- c. We are working within the ratio that is acceptable for labs/technique classes. We have a maximum of 24 students in each classroom and/or lab setting.
- d. We have our classes and laboratories supervised by full-time faculty.
- e. We are working within the ratio that is acceptable for labs/technique classes. We have a maximum of 24 students in each classroom and/or lab setting.

### 331.10. Faculty Organization

(a) A faculty shall be organized by departments. Regularly scheduled meetings of the full faculty shall be had to provide a free exchange of ideas concerning:

- (1) The content and scope of the curriculum;
- (2) The teaching methods and facilities;
- (3) Student discipline, welfare and awards;
- (4) Faculty discipline and welfare;
- (5) Committee reports and recommendations;
- (6) Recommendations for the promotion and graduation of students;
- (7) Administration and educational policies; and
- (8) Recommendations to the administrative officers and to the trustees.

(b) The dean shall appoint the following standing committees of which he shall be a member ex officio: admissions and credentials, curriculum, clinic, laboratories, library and examinations, grades and records.

Keiser University College Chiropractic Medicine Response:

a) The faculty is organized based upon basic science, clinical science, and clinical practice. Faculty meetings are scheduled on at least a monthly basis, with minutes documented. There is an agenda sent previously to the faculty, and time within the agenda that allows for a free exchange of professional concerns, accolades, announcements, etc. Currently there are 7 chiropractic committee organizations in which the following items are discussed:

(1) The content and scope of the curriculum- There is a Curriculum Committee, consisting of 5 faculty members, one student and the Vice President (a member ex officio), that specifically addresses these concerns on at least a monthly basis. Meeting minutes are taken, and any recommendations to administration are given to the Vice President of the Chiropractic College.

(2) The teaching methods and facilities- During the monthly faculty meeting, and written in weekly reports by each faculty, items concerning both the teaching methods, and/or facilities are discussed.

(3) Student discipline, welfare and awards; The faculty are meeting with their own student advisees on an individual basis. They will discuss any significant challenges that their students are having during the monthly faculty meeting.

(4) Faculty discipline and welfare; There is a Faculty Rank and Promotion committee, and the full faculty meeting that reviews any challenges or concerns that faculty may have in this area.

(5) Committee reports and recommendations; The multiple chiropractic program committee's meet monthly and submit recommendations to the Vice President.

(6) Recommendations for the promotion and graduation of students; The faculty within the Retention Committee and the Clinicals Services and Education committees give information about the promotion of students.

(7) Administration and educational policies; and – The faculty have had been part of the creation of the original policies and procedures of the program. They have been given multiple opportunities to give suggestions for new procedures and policies or create addendums to them.

(8) Recommendations to the administrative officers and to the trustees – The faculty during the faculty meetings, and during individual committee meetings are free to make suggestions to the Vice President, and then she is able to take the suggestions to the Campus President.

(b) The Vice President has appointed several different standing committees, and acts as a ex officio member on each. There are programmatic committees, and then institutional committees that our faculty members are part of. For example, at the chiropractic/programmatic level the standing committee's include: Assessment, Curriculum, Clinical Sciences and Services, Admissions, Research, and Faculty Rank and Promotion Committees. In addition, the

chiropractic program is part of Keiser University in which they have campus committees such as: Retention, Admissions, and Interprofessional.

### **331.11. Scholastic Regulations**

(a) Admission.

(1) Each school shall have a committee on admissions and credentials. The admission of students shall be in the hands of a responsible officer who is a member of the committee and his decision shall be subject to the approval of the committee.

#### ***Keiser University College of Chiropractic Medicine Response:***

1. The Doctor of Chiropractic Program (DCP) has an active Admission Committee, that works with the Institutional Admissions program directly. The DCP Admissions Chair, will receive the applicants file electronically and in paper format. The Committee will interview the candidate and make a decision between the committee members based upon the Admissions criteria outlined in the catalogs (and on the website).
- (2) No applicant shall be admitted to any school until he has been personally interviewed for the purpose of determining his character, scholastic aptitude, mental and physical fitness to study and practice. When a great geographic distance precludes personal interview, the same information, supported by affidavits and photographs, may be substituted for the personal interview.

#### ***Keiser University College of Chiropractic Medicine Response:***

2. The applicant is never accepted into the DCP program until a successful interview takes place. The applicant also reviews a “technical standards” checklist prior to admissions which identifies the students ability to reach appropriate levels physical and mental wellbeing, and overall character. When the student is unable to attend for an in person interview due to restrictions and/or geographical areas, an online meeting with the use of cameras is performed.
- (3) Documentary evidence of preliminary education must be obtained and kept on file. All transcripts of other schools must be obtained directly from such schools.

#### ***Keiser University College of Chiropractic Medicine Response:***

3. All official transcripts of the applicant and students are kept in the Campus Nexus electronic database.
- (4) It is strongly recommended by the Board that an entrance examination compiled and administered by recognized testing agencies (e.g., A.C.T., S.A.T.) be required of all students prior to matriculation in order to prove their ability to do college level work.
- (b) Date of Matriculation. No student shall be matriculated at a later date than one week immediately following the advertised date of the commencement of the school term.
- (c) Qualifications of Students. No student shall be matriculated in an approved school unless he is of good moral character and is without major physical deficiencies, except as provided in Section 8.1 of the Act.
- (d) Professional Education. Students shall not be matriculated in any school approved by the board unless they possess, and submit to the school upon their application for matriculation, either:

- (1) A diploma from a standard high school or other institution of standard secondary school grade evidencing completion by the student of a four ( 4) year course, or
- (2) A certificate from the board stating that the student has submitted proof, satisfactory to the board, of education equivalent in training power to a high school course. The certificate shall bear a date prior to the applicant's matriculation date in any school approved by the board.
- (3) A student who seeks admission in any school approved by the Board after November 3, 1976, shall be subject to the following: The candidate must have completed, with a satisfactory scholastic record, at least 60 semester hours or an equivalent number of quarter hours in prechiropractic subjects at a college listed in the U.S. Office of Education "Education Directory--Higher Education." The specific prechiropractic subjects and hour requirements shall be in accordance with the standards adopted by the Council on Chiropractic Education.

***Keiser University College of Chiropractic Medicine Response:***

The chiropractic admission criteria, and criteria for matriculation are outlined within the self-study report to the CCE. The student must meet technical standards throughout their academic education, including good moral character and physical abilities. Two background checks are performed on the student at the entrance into the program and prior to the start of clinicals to assure no significant background check issues are found with out students. The Program meets the aforementioned requirements.

(e) Advanced Standing.

(1) Applicants for admission to advanced standing shall be required to furnish evidence to the school:

- (A) That they can meet the same entrance requirements as candidates for the first year class;
  - (B) That courses equivalent in content and quality to those given in the admitting school in the year or years preceding that to which admission is desired have been satisfactorily completed;
  - (C) That the work was done in a chiropractic college acceptable to the committee on admissions of the college; and
  - (D) That the candidate has a letter of recommendation from the dean of the school from which transfer is made.
- (2) Credits for work done in colleges of liberal arts and sciences will be allowed based on the regulations of the Council on Chiropractic Education.
- (3) Credits for basic science subjects on the professional level shall be in accordance with the provisions of the regulations of the Council on Chiropractic Education.
- (4) A student desiring to re-enter the college after a lapse in attendance of one or more years shall fulfill the entrance requirements applying to the class which he seeks to enter. Students whose education was interrupted by service in the armed forces are exempt from this requirement.
- (5) For all such students admitted to advance standing there will be, therefore, on file with the registrar the same documents as required for admission to the first-year class and in addition a certified transcript of work completed, together with a letter of honorary dismissal from the college from which transfer was made.
- (6) No candidate for a degree shall be accepted for less than one full academic year of resident study.

***Keiser University College of Chiropractic Medicine Response:***

There is a transfer policy that is noted within the Keiser University graduate catalog. Currently, the process includes an audit from the Dean of Academic Affairs of General Education. This academic administrator has over 35 years of experience in "file and transfer audits." Dr. Jennifer Illes, VP, as the content expert in the chiropractic field will review the possible transfer credits based upon class descriptions, school/college accreditation status, and the credentials of the instructor teaching that class. The last year of education must

be done at Keiser University in order for a student to graduate from our Program. Currently, we do not have any students that have decided to be out for over a year (services and non-service related) and then come back into the program, however, the program admissions requirements would remain the same as if a new student.

(f) Attendance. In order to obtain credit for a course, a student shall have been present in class at least 90 percent of the time and shall have received a passing letter grade. When the absence exceeds 10 percent, the student shall be automatically dropped from the class. If the absences have been due to illness or other excusable reasons and if evidence of these reasons can be submitted, the student may apply for readmission through the dean's office and may be given credit for attendance upon the recommendation of his instructor and completion of course requirements. Students shall be required to spend the last academic year of the course in residence in the college which confers the degree.

***Keiser University College of Chiropractic Medicine Response:***

The current Graduate Catalog language and course syllabi state that the student must attend at least 80% of classes in order to be considered to sit for the final examination(s). The individual instructor has the right to abide by the student code of conduct. It is possible that a student is present for 95% of the class but cannot sit for the exam due to significant professionalism issues identified within the students

(g) Promotion.

(1) Promotion from one school term to another should be by recommendation of the instructors and consent of the committee on credentials or other similar committee. The decision should be based upon careful evaluation of the student's attendance, application; conduct and grades in quizzes and examinations. In other words, the final standing of the student in each subject shall be based upon the composite judgment of the responsible instructors in that department, and not solely upon the result of written examinations.

(2) A student failing in any subject in a school term should be required to repeat the subject.

***Keiser University College of Chiropractic Medicine Response:***

The Admission Committee and the Retention Committee meet on daily and/or weekly basis to discuss at risk students. In addition, the registrar's along with the course instructor and Vice President (Dr. Illes), are able to identify which students can move forward into the next semesters. Multiple testing situations are provided including lab exams, written papers and discussion, practical exams. A student that fails will be asked to repeat the class.

(h) Requirements for Graduation. The requirements for admission to the school shall have been fulfilled and the candidate, in addition to scholastic qualitative requirements, shall have completed a minimum quantitative requirement of 4,400 hours of instruction in four academic years of nine months each. The last year shall have been spent in the school granting the degree. The candidate shall have complied with all the regulations of the school and be recommended for the degree by the faculty.

***Keiser University College of Chiropractic Medicine Response:***

The requirements are met for the aforementioned graduates. In addition, all of our candidates for matriculation will have needed a bachelors degree prior to graduation.

(i) Special (Graduate of An Approved Chiropractic School) or Unclassified Subject. Persons so registered may not be a candidate for a degree. If they desire to become candidates, they shall satisfy the usual requirements for admission as well as the degree requirement. No work done under this classification will be accepted for credit beyond 90 days from the date of matriculation. Holders of a valid chiropractic degree are exempt from this requirement.

***Keiser University College of Chiropractic Medicine Response:***

This has not applied to our students as of yet.

G) Degree. The degree conferred for completion of professional undergraduate work shall be Doctor of Chiropractic (D.C.).

***Keiser University College of Chiropractic Medicine Response:***

This is the degree that is conferred to our students.

### 331.12.2. Curriculum

All applicants for licensure shall be required to comply with this section in order to qualify for a California chiropractic license.

(a) Course of Study: Every school shall have a curriculum which indicates objectives, content and methods of instruction for each subject offered.

#### *Keiser University College of Chiropractic Medicine Response:*

Each of the 74 total courses offered in the Doctor of Chiropractic Program (DCP), have an approved syllabi which includes objectives, course number, methods of instruction, and outlines of the grading and materials delivered throughout the semester.

(b) Required Hours and Subjects: Each applicant shall offer proof of completion of a course of instruction in a Board approved chiropractic college of not less than 4,400 hours which includes minimum educational requirements set forth in Section 5 of the Act. The course of instruction completed by the applicant shall consist of no less than the following minimum hours, except as otherwise provided:

Group I	Anatomy, including embryology, histology and human dissection	616 hours
Group II	Physiology (must include laboratory work)	264 hours
Group III	Biochemistry, clinical nutrition, and dietetics	264 hours
Group IV	Pathology, bacteriology, and toxicology	440 hours
Group V	Public health, hygiene and sanitation, and emergency care	132 hours
Group VI	Diagnosis, including E.E.N.T. and serology, dermatology and sexually transmitted disease, geriatrics, X-ray interpretation	
Group VII	Obstetrics, gynecology, and pediatrics	132 hours
Group VIII	Principles and practice of chiropractic to include chiropractic technique, philosophy, orthopedics, x-ray technique and radiation protection	
Clinic, including office procedure		518 hours
Physiotherapy		120 hours
Psychiatry		32 hours
Electives		660 hours

#### *Keiser University College of Chiropractic Medicine Response:*

Currently, we are meeting the hours of the described groups with some minor exceptions:

1. We do not have 660 hours of true electives. Our program is in its infancy of 6 years and we are interesting in strengthening the program's core prior to adding elective classes in. In general, topics like culinary medicine, public health, Florida laws and rules, and contemporary practices in health care could be seen by a third party as an elective-like class. We have plans in the future to add in electives like dermatology, and acupuncture,



advanced pediatrics, however with the small class sizes this is not financially feasible at this time.

2. We have no physiology labs. After consulting with multiple other CCE-approved universities and colleges, many of them also do not have laboratory components. If essential the DCP is willing to add in the labs to the program. We currently have over 5000 contact hours (i.e. 600 more than was is the minimum), adding additional lab components will cause the students to be in class nearly more than 40 hours/week.

(c) Subject Presentation: Laboratory teaching with actual student participation shall be included in human dissection, histology, chemistry, physiology, bacteriology, pathology, X -ray and physiotherapy. Each school shall have and use at least one phantom or equivalent equipment for X -ray class and other courses as may be necessary for adequate teaching. Classes shall be presented in proper academic sequence. Each student shall be taught micro and gross anatomy, human dissection, and physiology before pathology; biochemistry before or concurrent with physiology; and diagnosis before or concurrent with the study of pathology. Clinic hours shall be taken only after a student completes all hours in or concurrently with diagnosis.

***Keiser University College of Chiropractic Medicine Response:***

Laboratory components are found in gross anatomy, neuroscience, nutrition, and biochemistry (within the basic sciences). Student discussion and interaction is found within pathology, physiology and microbiology, however no true “lab” component is seen on the schedule. Microbiology is taught concurrently with pathology 2, but prior to pathology 1. Clinical hours are taken once the student is completed the diagnostic classes.

- (1) ANATOMY: To include gross anatomy, human dissection, embryology and histology.
- (2) PHYSIOLOGY: To include the physiology of blood and lymph, circulation, respiration, excretion, digestion, metabolism, endocrines, special senses and nervous system.
- (3) BIOCHEMISTRY AND NUTRITION: Biochemistry to include the chemistry of foods, digestion, and metabolism. Nutrition to include dietetics and clinical nutrition in the prevention and treatment of illnesses.
- (4) PATHOLOGY AND BACTERIOLOGY: Pathology to include general and special pathology. Bacteriology to include parasitology and serology.
- (5) PUBLIC HEALTH, HYGIENE, SANITATION AND EMERGENCY CARE: To include sanitary and hygienic procedures, First Aid, minor surgery, prevention of disease, and Public Health Department regulations.
- (6) DIAGNOSIS: To include physical, clinical, laboratory and differential diagnosis; E.E.N.T., geriatrics, serology, dermatology, syphilology, roentgenology (technique and interpretation) and the rules and regulations of the Radiologic Technology Certification Committee of the State Department of Health Services.
- (7) OBSTETRICS, GYNECOLOGY AND PEDIATRICS: To include the standard routine diagnostic procedures and clinical and laboratory examinations.
- (8) PRINCIPLES AND PRACTICE OF CHIROPRACTIC, DIETETICS, PHYSIOTHERAPY, AND OFFICE PROCEDURE: To include history and principles of chiropractic, spinal analysis, adjustive technique of all articulations of the body, orthopedics and patient counseling in curriculum subject matters.

(9) **PHYSIOTHERAPY:** To be eligible for licensure, each applicant must furnish proof satisfactory to the Board of successful completion of the required 120 hours of physiotherapy course work and additional clinical training in which the theory, principles and use of the standard recognized physiotherapy equipment and procedures were demonstrated to and used by the applicant. This shall include a minimum of thirty (30) patient office visits in which physiotherapy procedures are performed by the student on their own clinic patients. If physiotherapy course work is not offered by the chiropractic college where the student matriculated, the required instruction and clinical training in physiotherapy may be completed at another Board-approved chiropractic college, provided such course is a regular credit course offered primarily to matriculated students. Physiotherapy course work not completed prior to graduation from chiropractic college may be fulfilled by course work taken subsequent to graduation at a Board-approved chiropractic college in conjunction with clinical training in physiotherapy offered by that college. Such course work and clinical training must be regular credit course work and clinical training offered primarily to matriculated students.

***Keiser University College of Chiropractic Medicine Response:***

We offer all of the aforementioned classes (items #1-8) above and include the topics covered within the area of specialty. We have 2 physical therapy classes in which the students have both lecture and lab components. Both of these classes total 150 hours. We have a rehabilitative section to our clinical space, and many students perform rehabilitative care with the patients. Within the next version of our clinical manual (to be released in the Fall of 2022) we will be adding a statement to include at least 30 office visits which include physical therapy.

(10) **OFFICE PROCEDURE:** To include private office and case management, the writing and completion of reports and forms for insurance claims, and the provisions, rules and regulations of the Chiropractic Act, and the Radiologic Technology Certification Committee of the State Department of Health Services.

***Keiser University College of Chiropractic Medicine Response:***

The students are exposed to private practices in semester 1, in a program called the Clinical Observation Program. They have the ability to stay within the clinic (inside of the school) or pending grades (and other items) they may be able to intern at a VA, DOD or private practice location where they also learn these office procedures.

(d) **Additional Hours and Subjects:** It is recommended that a school offer elective subjects, including chiropractic meridian therapy, counseling, hypnotherapy and biofeedback. The school may offer and require for graduation courses of more than 4,400 hours.

***Keiser University College of Chiropractic Medicine Response:***

Currently, as mentioned earlier, the DCP offers no electives.

(e) Clinics: Each student shall be provided with actual clinical experience in the examining, diagnosing, and treatment of patients. Such clinical experience shall include spinal analysis, palpation, chiropractic philosophy, symptomatology, laboratory diagnosis, physical diagnosis, Xray interpretation, postural analysis, diagnostic impressions, and adjusting of various articulations of the body, psychological counseling and dietetics. Individual case files on each patient together with a record of dates and treatments given and student treating shall be kept and available to the board for inspection.

***Keiser University College of Chiropractic Medicine Response:***

The DCP can provide samples and examples that the clinical sites are offering all of the items listed above except psychological counseling. In the state of Florida, chiropractors are not able to render psychology care or management including counseling services. Students are taught to diagnosis through history and outcome assessment tools possible psychological disorders so that they can co-manage with the appropriate mental health care provider.

Clinical hours, as described in this section, including those relating to physiotherapy, must be completed in a clinic operated or supervised by a chiropractic college. Each student shall be required to complete, as a minimum for graduation, the following:

- (1) Twenty-five (25) physical examinations of which at least ten (10) are of outside (not student) patients. A physical examination shall include an evaluation of all vital signs, case history, orthopedic and neurological testing. Students shall also have practical clinical laboratory training, including twenty-five (25) urinalyses, twenty (20) complete blood counts (CBCs), ten (10) blood chemistries, and thirty (30) X-ray examinations. Students shall perform ten (10) proctological and ten (10) gynecological examinations. Proctological and gynecological examinations may be performed on a phantom approved by the Board. Gynecological and proctological examinations not completed prior to graduation may be completed after graduation at a Board-approved chiropractic college.

***Keiser University College of Chiropractic Medicine Response:***

Within the Clinical Manual, these items are listed (or a greater value of the recommendations above) are listed. The DCP requests approval from the Board to approve their pelvic and proctologic phantom models.

- (2) Students shall perform a minimum of two hundred and fifty (250) patient treatments (visits), including diagnostic procedures, chiropractic adjustive technique and patient evaluation.
- (3) Written interpretation of at least thirty (30) different X-ray views, either slide or film, while a senior in the clinic, in addition to other classroom requirements which shall include the spinal column, all other articulations of the body, and soft tissue.
- (4) Minimum of five hundred eighteen (518) hours of practical clinical experience (treating patients in the clinic).

***Keiser University College of Chiropractic Medicine Response:***

Items listed above as #2-4 are not currently being done within the course syllabi and Clinic manual of the student's clinical classes. There is not quantifying number of patient treatments set forward by the CCE, and this is the accrediting body that we first utilized when creating our numbers for matriculation. We have multiple assignments (like # of new patient examinations, number of re-evaluations, etc.) but currently not an overall quantity. The DCP is willing to change this if needed.

### **331.13. Physical Facilities**

(a) General: Each school shall own, or enjoy the assured use of a physical plant large enough to accommodate classrooms, lecture rooms, laboratories, a clinic, a library and administrative and faculty offices. Each school shall meet and maintain the standards and requirements established by or under the authority of the laws of the State of California governing educational institutions and all applicable city and county ordinances wherein the school is located and shall maintain competent evidence of such compliance, for examination by the Board.

#### ***Keiser University (KU) College of Chiropractic Medicine Response:***

Physical Location (owned):

The DCP is located within KU's West Palm Beach campus which provides over 70,000 square feet of classrooms, laboratories and offices. The campus consists of 2 large buildings separated by a covered walkway. The physical address of the school is:

Keiser University  
2085 & 2081 Vista Parkway  
West Palm Beach, FL  
33411

Both buildings contain 38 classrooms, 15 medical laboratories, five computer laboratories, a library, career center, student lounges (one for the DCP students only, and one for veterans) and a large auditorium (fits 100 people). Appendix D18 depicts a sampling of the different programs at the WPB campus and the classrooms in which the classes are held. The 2081 building is where most of the chiropractic classes and gatherings take place. In this facility there is a chiropractic student lounge, to be used for studying and time spent between classes. The NBCE takes place in building 2081 for Parts I-IV and physiotherapy. In addition, the DCP students and faculty often use these areas of building 2081 Vista Parkway for their academic classes:

- 1 teaching clinic (1st floor)
- 5 clinical skills laboratories and (1st and 3rd floors)
- 7 classrooms (1st and 3rd floors)
- Gymnasium (for DCP 867 class only- for the physical rehabilitation class) (2nd floor)
- PTA clinical lab (2nd floor)
- Research Room (3rd floor)

Laboratories are equipped with 24 Ergostyle ES-2000 chiropractic tables, 2 flexion-distraction tables, including a computerized force-sensing Cox-8 Technique table, and multiple large plinths. Each lab is equipped with a working sink and essential cleaning products. Our chiropractic tables are annually serviced and have received certificates of compliance. A floor plan of third level is provided, notable most would classify this physical area, the "chiropractic department". A chiropractic teaching clinic, in its third year of operation, is located on the ground floor of building 2081. The clinic's website, including information about hours of operation, appointments, and special events can be found online at [www.kuspinecare.com](http://www.kuspinecare.com).

Physical resources within the clinic include:

- a separate entrance for patients,
- a reception room,
- a clinician's offices,

- five treatment rooms,
- a rehabilitation room,
- a digital radiography room

(b) Administrative Offices: The administrative offices shall provide adequate office space for faculty members: There shall be space available for faculty conferences. All furnishings shall be serviceable and functional and there shall be sufficient office equipment, subject to Board approval, to efficiently manage the business of the school. There shall be fireproof storage for all records and documents required by the Chiropractic Initiative Act, statute, or regulations. All administrative offices shall meet the standards and requirements incorporated by subparagraph (a) above.

***Keiser University College of Chiropractic Medicine Response:***

Every chiropractic full time faculty member has ample space for their offices. All administrative office are substantive and contained locked filing cabinets.

(c) Classrooms: There shall be sufficient number and size of classrooms to separately accommodate the graded classes in 1st, 2nd, 3rd and 4th year classes. No two or more subjects shall be taught in the same classroom simultaneously. No two or more student classes (1st, 2nd, 3rd and 4th year) shall be taught in the same classroom simultaneously. Classrooms shall be located where there is quiet and freedom from interruption and distraction. All classrooms shall be furnished with audio-visual aids appropriate to the subject matter being taught, and desks and chairs or tablet armchairs. There shall be effective shades to darken rooms equipped with visual projection apparatus. All classrooms shall meet the standards and requirements incorporated by subparagraph (a) above.

**Keiser University College of Chiropractic Medicine Response:**

Classrooms are all held in areas that are not in excessive noise volume, and quiet without distraction. There is no more than 1 class at one time within any classroom at any given time. Every classroom is equipped with a projector, camera, and either white board and/or smart board technology. There is ability to darken the rooms by closure of window blinds and/or lights off.

(d) Laboratories: Laboratories shall be well lighted and ventilated and shall be equipped for the practical work in human dissection, histology, chemistry, physiology, bacteriology, pathology, laboratory diagnosis, roentgenology, physiotherapy and chiropractic technique. Anatomy and pathology laboratories shall contain standard equipment. No more than ten (10) students shall be assigned per table. Sinks should be equipped with wrist action or foot pedal valves, and supplied in a sufficient number. Human cadavers and specimens for individual and small group demonstrations shall be supplied. If human cadavers are not available, or state law prohibits their use, schools must obtain prior written approval from this Board. Microscopic laboratories shall have one microscope and one desk light for each two (2) students in the class.

Chiropractic technique laboratories shall be equipped with one chiropractic adjusting table for every four (4) students in the class. Actual student experience with X-ray phantom or equivalent for all areas of the body shall be necessary. Additionally, all laboratories shall meet the standards and requirements incorporated in subparagraph (a) above.

***Keiser University College of Chiropractic Medicine Response:***

There are no live cadaver labs used within the program. The use of 2 Anatomage tables suffices the use of no more than 10 students surrounding the table at any given time. There are enough tables in each technique class for 2 students per table.

(f) Teaching Aids and Equipment: For the subject of physiotherapy there shall be sufficient generally recognized equipment for classroom and clinic purposes (to include sine galvanic, ultrasound, diathermy, ultraviolet, heat, cold, percussion, and transaction). For the practical work and physical diagnosis students shall be required to own the ordinary and usual diagnostic instruments, including, but not limited to, thermometers, stethoscopes, sphygmomanometers, oto-ophthalmoscope examination sets, and orthopedic-neurological examination instruments. Each school shall own and teach the use of the current standard diagnostic instruments and a list of same shall be made available to the Board upon request. For classroom demonstration and visual education aids, each school shall own charts, mannequins, skeletons, bone collections, anatomical and embryological models, stereopticons, balopticons, micro-projections, and video players or similar projection equipment. The film and slide library shall be constantly augmented by the addition of new material.

***Keiser University College of Chiropractic Medicine Response:***

The physical modalities lab includes cold laser (levels 3 and 4), heat, ice, percussion, taping, ultrasound, cupping, and various electrical stimulation modalities. Students are required to purchase their own doctor's bags, which a list of doctor tools is provided to them during their first orthopedic class. A list will be available upon request. There are many different anatomical models, and impressive shared resources with the nursing department (ex. Labor and delivery sim models). No film and slide library exists currently at Keiser University within the chiropractic department, however this can be provided if necessary. The students opted to use electronic devices, such as ipads and new technology in place of the film and slides.

(g) Library: A library shall be provided for the use of the student body. The minimum requirements for a library are:

- (1) Operation of the library shall be under the direct supervision of a full-time librarian holding a degree in library science.
- (2) The library shall be open to students a minimum of eight (8) hours per day. It shall have room available for study purposes to accommodate at least ten (10) percent of the enrolled students at one time. Hours shall be posted.
- (3) The library volumes shall be cataloged, using a generally accepted system.
- (4) The library shall consist of a minimum of 5,000 volumes of which 2,000 shall be less than ten years of age. Only cataloged scientific volumes which are of interest to the published curriculum of the school can be counted as library volumes. Unbound journals and periodicals shall not be counted in determining compliance with this rule.
- (5) Each school shall conduct a program of student orientation as to the use of the library and class assignments involving the use of the library.

***Keiser University College of Chiropractic Medicine Response:***

The librarian is managed by Mr. Timothy Guillen has a Masters degree in library science. The library is open at least 8 hours per day. During the first day new student orientation, Mr. Guillen presents a section about the library resources and then the student will tour the school and library at the end of the end. The library is also heavily utilized as many of our students use the “board review” texts. Keiser University has an extensive online database, which is utilizes more often than paper books within our program. Every mandatory textbook for all 74 classes is located within the library.

(h) Clinic: Each school shall operate a general out-patient clinic where the senior students will obtain actual experience, practical knowledge and skill in:

(1) Diagnosis, including physical examination, palpation, spinal analysis, clinical pathological, laboratory findings, X-ray, and tentative and working diagnoses.

***Keiser University College of Chiropractic Medicine Response:***

The attached self-study report that was submitted to the CCE in the winter of 2022, described in details the meta-competancies that match the CCE standards to the objectives and outcomes of the classes. There is an internal clinic that works with outpatients, and had been open for the past 3 years (the program itself is 6 years in age).

(2) Adjustive technique, dietetics, and psychotherapy for the care or prevention of disease in accordance with Section 7 of the Act. Such a clinic shall at all times be under the supervision of clinician who meets the standards of the Council on Chiropractic Education. The minimum requirements of a clinic are:

(A) A reception room with a minimum seating capacity for ten (10) persons.

(B) A minimum of five (5) patient dressing rooms that are equipped with at least curtains to ensure privacy.

(C) An administration area wherein at least one full-time secretary shall be located and patient files shall be maintained.

(D) A minimum of one (1) office for each faculty member supervising the clinic with a minimum of two (2) such offices.

(E) Separate lavatories for men and women with a minimum of one (1) each.

(F) A minimum of one (1) physical examination room for every ten (10) students concurrently present and enrolled in the clinic.



(G) A minimum of one (1) chiropractic adjusting table for every five (5) students performing adjustments on clinic patients with a minimum of five (5) such tables.

H) A minimum of one (1) X-ray examination room that is equipped with at least one (1) Xray machine that has a capacity of no less than 125 KV plus 300 M.A. There shall also be an Xray developing room that is equipped with the appropriate and necessary film processing equipment as required by the Board. This room may be an area within the Xray procedure room or shall be located in the immediate area in the same building of such X-ray procedure room. A list of minimal X-ray equipment which shall be used must be obtained from the Board.

(I) A lab room equipped with a sterilization facility, unless waived in writing by the Board.

(J) In addition to the requirements of section 331.12( e), each student's work, conduct, reliability and personality shall be evaluated in writing by his or her supervising teacher and such evaluation shall become a part of the student's record and shall be available for inspection by the Board. (i) Operation and Maintenance of the Physical Plant. In addition to the requirement of subparagraph (a) above, each school shall operate and maintain all physical equipment in good repair. Lockers shall be available for student use.

***Keiser University College of Chiropractic Medicine Response:***

In addition to the information provided in item #1 of the physical resource section, the clinic reception can fit 10 people safely. Each patient room has a divider and a door that can be locked for privacy as the patient changes. There is one full time receptionist that work 40-50 hours weekly, and we are in the process of hiring another part-time receptionist. There are 4 supervising clinicians, with 4 clinical spaces that are used for offices. There are currently about 42 students within the clinical setting and 5 patient rooms. Separate restrooms for men and ladies exist. There are 8 chiropractic tables within the clinic (8 tables x 5 max/student = 40 maximum students). However, an over-flow room exists next to the clinic in which student patients (for the 8<sup>th</sup> semester student clinic) may utilize (with room dividers). In this room there are over 12 tables. The tables and all of the physical modalities are serviced annually, and on an as needed basis throughout the year if needed. Locker space is not currently available, since the students use “cupboards” in their student cubicles for storage. If necessary the program is willing to purchase lockers.

Currently, there is no lab room within the clinic. The Keiser University chiropractic program would like to request a waiver from the Board (in writing) for the absence of this area.

There is a state-of the art radiograph room that meets all of the requirements necessary to take images safely in Florida state. It does take images digitally, so the clinic is in absence of processors and developers. The machine meets the above listed requirements for quality of imaging. These films are digitized read by the clinicians, students and also our faculty DACBR (Dr. Dombrowsky).



**Agenda Item 5  
October 3, 2022**

**Review, Discussion, and Possible Recommendation Regarding Existing Requirements for Filing Practice Addresses with the Board and Displaying Licenses or Satellite Certificates at Places of Practice (California Code of Regulations, Title 16, Sections 303 and 308)**

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**Purpose of the Item**

The Committee will review the Board's existing requirements for filing practice addresses and displaying licenses or satellite certificates at places of practice and compare those requirements to other healing arts boards.

**Action Requested**

The Committee will be asked to discuss the existing requirements and whether any regulatory changes may be necessary.

**Background**

California Code of Regulations, title 16, sections 303 (Filing of Addresses) and 308 (Display of License) require each licensee to:

- File their “proper and current place of practice address” of their “principal office” and “each and every sub-office” with the Board.
- Display an active license in a conspicuous place in their principal office or primary place of practice.
- Obtain a satellite office certificate from the Board for “each additional place of practice” and display an active certificate at the office for which it was issued.

However, a “place of practice” is not currently defined in these regulations, and they do not address temporary practice settings such as locum tenens arrangements, sporting events or fairs, mobile practices, house calls, and consultations at other facilities.

In addition, unless they have established a chiropractic corporation, licensees are only required to file their practice address with the Board, not the name of their place of practice, which makes it challenging for the Board and the public to readily access information regarding chiropractic practices.

Staff compiled a summary of the address filing requirements for five other healing arts programs within the Department of Consumer Affairs (DCA) – the California

Acupuncture Board, the Dental Board of California, the Medical Board of California, the Osteopathic Medical Board of California, and the Physical Therapy Board of California – for comparison.

At this meeting, the Committee is asked to discuss the Board's existing requirements for filing practice addresses and displaying a license or certificate at each place of practice and consider whether any regulatory changes may be necessary.

**Attachments**

1. California Code of Regulations, Title 16, Sections 303 and 308
2. Address Filing Requirements for Other DCA Healing Arts Boards

**California Code of Regulations, Title 16, Sections 303 and 308**

**§ 303. Filing of Addresses.**

Each person holding a license to practice chiropractic in the State of California under any and all laws administered by the board shall file his proper and current place of practice address of his principal office and, where appropriate, each and every sub-office, with the board at its office in Sacramento and shall immediately notify the board at its said office of any and all changes of place of practice address, giving both his old and his new address within 30 days of change.

**§ 308. Display of License.**

(a) Each person holding a license shall display a current active license in a conspicuous place in the licensee's principal office or primary place of practice.

(b) Any licensed Doctor of Chiropractic with more than one place of practice shall obtain from the Board a Satellite Office Certificate for each additional place of practice. Said certificate must be renewed annually.

(c) A licensed Doctor of Chiropractic must display in a conspicuous place a current active Satellite Office Certificate at the office for which it was issued.

No licensed Doctor of Chiropractic shall display any chiropractic license, certificate or registration, which is not currently active and valid.

**Address Filing Requirements for Other DCA Healing Arts Boards**

**California Acupuncture Board**

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The California Acupuncture Board's (CAB) licensees are required to file their address of record and each place of practice with CAB. In addition, licensees must obtain and display and post a wall license in each place of practice.

A wall license is not required to be posted when a licensee performs acupuncture treatments outside of their place of practice. However, the licensee must carry a pocket license during treatments outside of their place of practice and make the pocket license available upon request.

If a licensee has no place of practice, they must notify CAB of that fact on a form prescribed by CAB.

Change of Address Form:

[https://www.acupuncture.ca.gov/pubs\\_forms/address\\_change.pdf](https://www.acupuncture.ca.gov/pubs_forms/address_change.pdf)

Wall License Form:

[https://www.acupuncture.ca.gov/pubs\\_forms/wall\\_license\\_location.pdf](https://www.acupuncture.ca.gov/pubs_forms/wall_license_location.pdf)

Business and Professions Code 4961 states:

(a) (1) Every person who is licensed to practice acupuncture in this state shall register, on forms prescribed by the board that may include an application for an initial license or for renewal of a license, each place of practice and apply to the board to obtain a wall license for each place of practice.

(2) A wall license shall be renewed biennially, coinciding with the license renewal date. A licensee with a wall license issued before January 1, 2021, shall not be required to apply for a new wall license until the licensee's next license renewal date.

(3) If the licensee has no place of practice, the licensee shall notify the board of that fact on a form prescribed by the board. A wall license is not required to be posted when a licensee performs acupuncture treatments outside of the licensee's place of practice. However, the licensee shall carry a pocket license during treatments outside of the licensee's place of practice and make the pocket license available upon request.

(4) A licensee shall register each place of practice within 30 days after the date of the licensee being licensed by the board or the establishment of a new place of practice, whichever occurs first.

(b) (1) An acupuncturist licensee shall post a wall license issued by the board to the licensee in a conspicuous location in each place of practice at all times.

(2) If an acupuncturist licensee has more than one place of practice, the licensee shall obtain from the board a separate wall license for each additional location and post the assigned wall license at each location.

(c) A licensed acupuncturist shall not display any acupuncture wall license that is not currently active and valid.

(d) (1) If a licensee changes the location of a place of practice, the licensee shall apply for the change of location within 30 days of changing the licensee's place of practice on forms prescribed by the board.

(2) If a licensee fails to apply for a new wall license with the board due to a change of location within the time prescribed by this subdivision, the board may deny renewal of the license.

(e) (1) A wall license is nontransferable.

(2) Any change to the registered location in connection with the wall license, such as moving, requires a new wall license, and the former wall license shall be returned to the board with a request for cancellation.

(3) The licensee shall apply to the board to obtain a new wall license using the forms prescribed by the board for the new wall license or change of location.

(f) (1) An acupuncturist shall be responsible for the acupuncture, Asian massage services, or any other practice specified under Section 4937 rendered pursuant to the license of the acupuncturist in each place of practice maintained by the acupuncturist.

(2) An acupuncturist maintaining more than one place of practice shall ensure that each place of practice is in compliance with the standards of practice requirements of this chapter.

(g) As used in this section:

(1) "Place of practice" means an acupuncture office where any act of acupuncture is practiced and includes a place of practice in which the applicant holds a proprietary interest of any nature whatsoever or in which the licensee holds any right to participate in the management or control thereof.

(2) "Wall license" means an official document that is issued by the board upon application for a place of practice and has a unique identification number that is specific to the location provided by the licensee in the application.

(h) This section shall become operative on January 1, 2021.

## Dental Board of California

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### Filing of Addresses and Changes (BPC sections [1650](#) and [1651](#))

Dentists are required to register their place(s) of practice with the Dental Board of California (DBC) on a form prescribed by DBC. If a licensee fails to notify DBC of a change of address within one month, DBC may not renew their license until the penalty is paid. The penalty for late registration of a change of place of practice is \$50. If a licensee has no place of practice, they must notify DBC of that fact.

Change of Address Form: [https://www.dbc.ca.gov/formspubs/form\\_addresschange.pdf](https://www.dbc.ca.gov/formspubs/form_addresschange.pdf)

### Fictitious Name Permit (BPC section [1701.5](#))

BPC section 1701.5 states, "...Any association or partnership or corporation or group of three or more dentists, engaging in practice under any name that would otherwise be in violation of Section [1701](#) may practice under this name if, and only if, the association, partnership, corporation or group holds an outstanding, unexpired, unsuspended, and unrevoked permit issued by the board under this section."

A Fictitious Name Permit is not required by a corporation if practicing under a corporate name in compliance with BPC section [1804](#). In addition, a permit is not required for an individual practicing under his or her name with a practice area, e.g., Dr. Terry Jones, General Dentistry.

Fictitious Name Permit Application: [https://www.dbc.ca.gov/formspubs/app\\_fnp.pdf](https://www.dbc.ca.gov/formspubs/app_fnp.pdf)

### *Permit Restrictions*

The location where the applicant or applicants practice must be owned or leased by the applicant or applicants, and the practice conducted at that place must be wholly owned and entirely controlled by the applicant or applicants (BPC Code section 1701.5(c)). Accordingly, permits are address-specific and are subject to revocation if the practice changes locations or status, such as a change from individual owner to a corporation. Fictitious Name Permits are not transferable.

### *Name Style*

BPC section 1701.5(c) states that the fictitious name must include at least the family name of the applicant or one of the applicants, or the name(s) of one or more of the past, present, or prospective associates, partners, shareholders, or members of the group, as well as one of the following designations: "dental group", "dental practice" or "dental office".

The name may include descriptive language such as regional or geographic references, and may denote a practice area, as long as it is truthful and not misleading.

The fictitious name may be more than one line, and if so, the lines do not have to be of equal font size. Some examples are:

**Greenhaven Dental Care**  
Dental Office of Dr. John Doe

**A-B-C Dental**  
Practice of Smith Dental Corporation

**Camellia Dental Center**  
Dental Group of John Doe, DDS, Inc.

**Howe Avenue Dental Group**  
Drs. Jones, Smith, and Doe

Additional Office Permit (BPC section [1658](#))

BPC section 1658 states, "...When a licensee desires to have more than one place of practice, he or she shall, prior to the opening of the additional office, apply to the board, pay the fee required by this chapter, and receive permission in writing from the board to have the additional place of practice. "Place of practice" means any dental office where any act of dentistry is practiced as defined by Section 1625, and includes a place of practice in which the applicant holds any proprietary interest of any nature whatsoever, or in which he or she holds any right to participate in the management or control thereof. A dentist who is the lessor of a dental office shall not be deemed to hold a proprietary interest in that place of practice, unless he or she is entitled to participate in the management or control of the dentistry practiced there."

An additional office permit is required if a licensee has proprietary interest of any nature, or any right to participate in the management or control of more than one place of practice.

Application for Additional Dental Office:  
[https://www.dbc.ca.gov/formspubs/app\\_ao\\_1.pdf](https://www.dbc.ca.gov/formspubs/app_ao_1.pdf)

**Medical Board of California**

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The Medical Board of California (MBC) requires licensees to file their proper and current mailing address and immediately notify MBC of any changes (CCR, title 16, section 1303).

Due to security concerns, MBC is no longer accepting paper change of address forms. Licensees may change their address online through the BreEZe system.

Licensees are not required to file their places of practice with MBC. However, if they wish to practice or advertise under a name other than the name on their license, they must obtain a fictitious name permit from MBC.



## Fictitious Name Permit

The purpose of a fictitious name permit (FNP) is to allow a licensed physician and surgeon or podiatrist to practice under a name other than their own. Business and Professions Code section 2285 states: "The use of any fictitious, false, or assumed name, or any name other than their own by a licensee either alone, in conjunction with a partnership or group, or as the name of a professional corporation, in any public communication, advertisement, sign, or announcement of their practice without a fictitious-name permit obtained pursuant to Section 2415 constitutes unprofessional conduct."

Application for a Fictitious Name Permit: <https://www.mbc.ca.gov/Download/Forms/fnp-001.pdf>

## **Osteopathic Medical Board of California**

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Just as with MBC, licensees of the Osteopathic Medical Board of California (OMBC) must file their proper and current mailing address and immediately notify OMBC of any changes (CCR, title 16, section 1604).

### Fictitious Name Permit

In addition, licensees must obtain a fictitious name permit to practice under a name other than their own. The fictitious name cannot be the same or similar to an existing fictitious name that is already on file with either OMBC or MBC.

Fictitious Name Permit Application: [https://www.ombc.ca.gov/forms\\_pubs/fnp\\_app.pdf](https://www.ombc.ca.gov/forms_pubs/fnp_app.pdf)

### Display of Name and Earned Degree

CCR, title 16, section 1685 states:

(a) Any licensee of the Board shall prominently display at the entrance to any facility in which he primarily practices, the name of the facility, the names of the licensees practicing therein, and their earned degree.

(b) Any licensee of the Board shall designate himself by his earned degree "D.O.," and/or the term "Osteopathic Physician and Surgeon," and shall prominently display this designation on all printed materials employed in his practice relating to his licensed function as a physician and surgeon. A D.O. licensed by the Board shall not use the term "M.D."

## **Physical Therapy Board of California**

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The Physical Therapy Board of California (PTBC) requires applicants and licensees to file their public address of record and residential address.

The address of record:

- May be a PO box or an address other than the residential address (i.e., place of business).
- Is where all PTBC mailings will be sent.
- May be disclosed to the public. California law requires the PTBC to provide upon written request the address of record of any licensee.

The residential address cannot be a PO box and is confidential.

CCR, title 16, section 1398.6 states:

(a) Address of Record. Every applicant and licensee shall provide an address to the Physical Therapy Board of California (Board) that will be designated as their address of record, which will be utilized for all official and formal communications from the Board, and which will be disclosed to the public. An applicant or a licensee need not provide a residence address as the address of record, but may use an alternative address, such as a business address or a P.O. Box, as their address of record. Every applicant and licensee shall report any change of the address of record to the Board no later than thirty (30) calendar days after the address change has occurred. The report of change of address of record shall be in writing and contain the old address, the new address, and the effective date of the change of address.

(b) Residence Address. Every applicant and licensee shall provide a residence address to the Board. Only if the applicant or licensee also provides an alternative address of record as described in subdivision (a) above shall the Board maintain the residence address as confidential. Every applicant and licensee shall report any change of their residential address to the Board no later than thirty (30) calendar days after the address change has occurred. The report of change of residential address shall be in writing and contain the old address, the new address, and the effective date of the change of address.

(c) Name Change. Every applicant and licensee shall report to the Board in writing each and every change of name no later than thirty (30) calendar days after each change has occurred, giving both the old and new names.

(d) E-mail Address. Every applicant and licensee shall file a current e-mail address with the Board and shall notify the Board in writing of any and all changes of the e-mail address no later than thirty (30) calendar days after the change has occurred, giving both the old e-mail address and the new e-mail address. E-mail addresses are confidential information and shall not be made available to the public. This subdivision does not require an applicant or licensee to obtain an e-mail address, it only requires that person report an existing e-mail address to the Board.

(e) Licensee. For purposes of this section, "licensee" includes any holder of an active, inactive, delinquent, suspended or expired license, certification or other authorization issued by the Board to practice physical therapy or electromyography which is not canceled or revoked.



**Agenda Item 6  
October 3, 2022**

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**Public Comment for Items Not on the Agenda**

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**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).]



**Agenda Item 7**  
**October 3, 2022**

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## **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**  
**October 3, 2022**

## **Adjournment**

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**Time:** \_\_\_\_\_