



## **BOARD OF CHIROPRACTIC EXAMINERS LICENSING COMMITTEE MEETING MINUTES**

**December 5, 2025**

The Licensing Committee (Committee) of the Board of Chiropractic Examiners (Board) met via teleconference/Webex Events on December 5, 2025, in accordance with the provisions of Government Code section 11123.5. Board staff were present at the primary physical meeting location listed below and all Committee members participated virtually from remote locations.

### Primary Physical Meeting Location

Department of Consumer Affairs  
El Dorado Room  
1625 N. Market Blvd., Suite N-220  
Sacramento, CA 95834

### **Committee Members Present**

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

### **Staff Present**

Kristin Walker, Executive Officer  
Tammi Herrera, Assistant Executive Officer  
Jose Salud Diaz, Administration & Licensing Manager  
Lynne Reinhardt, Enforcement Manager  
Sabina Knight, Board Counsel, Attorney III, Department of Consumer Affairs (DCA)  
Steven Vong, Regulatory Counsel, Attorney III, DCA

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

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

### **2. Public Comment for Items Not on the Agenda**

**Public Comment:** None.

### **3. Review and Possible Approval of Committee Meeting Minutes**

- A. August 25, 2023 Committee Meeting
- B. March 8, 2024 Committee Meeting
- C. January 9, 2025 Committee Meeting
- D. June 13, 2025 Committee Meeting

Dr. Daniels noted the Committee asked staff to begin tracking licensee populations in other states. Ms. Walker indicated that staff will work with the Federation of Chiropractic Licensing Boards (FCLB) to gather that data.

**Motion: Dr. Daniels moved to approve the minutes of the August 25, 2023, March 8, 2024, January 9, 2025, and June 13, 2025 Committee meetings.**

**Second: Ms. Cruz seconded the motion.**

**Public Comment:** None.

**Vote: 2-0 (Dr. Daniels-AYE and Ms. Cruz-AYE).**

**Motion: Carried.**

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

Ms. Walker provided an update on the Board's Licensing Program and reported that the Licensing Unit has been fully staffed since July 2025. She shared that staff have been focused on training in core operations and functions and learning the various transaction types. She stated that as staff move into 2026, they will be expected to build on that foundational knowledge and further integrate into the project-based work that supports the Committee, Connect system, business process improvements, and monitoring of any licensing-related legislation. She thanked the Licensing Unit staff and acknowledged their hard work in reducing licensing processing times. She informed the Committee that staff plan to continue improving licensing processes by reducing the number of incomplete applications through targeted website content, outreach, and communications.

She announced that the planned upgrade to a newer version of the Connect platform is back on track and DCA's Office of Information Services (OIS) is currently documenting the Board's existing workflows in preparation for the upgrade. She added that OIS will also be assisting staff with redesigning the Board's website. She noted about 300 obsolete items have already been removed from the website, and staff are developing new content for consumers, applicants, and licensees.

Ms. Walker highlighted key legislative deadlines for 2026 and shared that the Office of Administrative Law (OAL) recently approved the Board's Section 100 filing to update the fee amounts specified in the Board's regulations, as well as the Board's proposal to

amend California Code of Regulations (CCR), title 16, section 303 (Filing of Addresses and Contact Information), which will become effective January 1, 2026. She outlined staff's strategy to roll out the new email address and phone number filing requirements as part of the renewal process to help licensees easily comply with the new regulation. She updated the Committee on the other regulatory proposals currently in the concept and production phases and added that she will be tasking Lead Licensing & Continuing Education Analyst Amanda Ah Po with distributing the retired license survey.

Dr. Daniels thanked staff for their work in moving the Board's regulatory packages forward. She also inquired about trends related to doctor of chiropractic (DC) licenses and satellite certificates. Ms. Walker indicated that staff are processing applications faster than in 2024–25, and the number of new satellite certificate applications is outpacing last year. She noted that other transaction volumes are comparable to 2024–25, but further estimation and data are needed based on historical monthly trends. Dr. Daniels agreed.

Ms. Cruz asked whether the Board has any specific demographic information about the licensees currently utilizing Connect. Ms. Walker offered to gather that data and added that it could inform future Connect strategies. She also noted that the Board's upcoming replacement of mailed renewal packages with postcard reminders will likely significantly increase the number of Connect users completing online renewals.

Ms. Cruz also asked whether the incomplete applications are paper submissions or submitted through Connect. Ms. Walker explained that many initial DC applications, including those submitted through Connect, are incomplete due to the timing of how applicants engage with the licensure process. She provided an example of applicants who submit the application before releasing their National Board of Chiropractic Examiners (NBCE) examination scores to the Board or before ensuring their chiropractic program has submitted their transcripts. Dr. Daniels suggested updating the application workflow to prevent submission until those steps are completed. Ms. Walker responded that the application includes sections where applicants attest that those steps have been completed, but due to the Board's fast processing timelines, the outstanding items often do not arrive until after initial review, resulting in incomplete applications. Dr. Daniels then recommended making this information clear to applicants on the Board's website. Ms. Walker concurred and explained that staff are developing updated content and an easy-to-follow checklist.

Dr. Daniels also encouraged staff to engage directly with the chiropractic programs to share that information. Ms. Walker agreed and commented that the California chiropractic programs have done a great job guiding their graduates through the licensure process, and that staff observe more issues with applicants who take a break between completing their program and applying for licensure or who are relocating to California from another state.

Ms. Cruz asked when the Connect updates to support the recent changes to the contact information filing requirements would be implemented. Ms. Walker shared that the changes will be released in early January 2026.

**Public Comment:** None.

**5. Review, Discussion, and Possible Recommendation Regarding Regulatory Proposal to Clarify the Requirements for Doctor of Chiropractic Licensure by Reciprocity and Create a New Temporary Licensure Process for Applicants Who Hold an Active, Unrestricted License in Another State (amend California Code of Regulations [CCR], Title 16, section 323)**

Ms. Walker introduced this agenda item and explained the Committee had previously discussed the issue of licensure reciprocity and concluded that all applicants must meet the Board's curriculum requirements. She presented a conceptual draft of a regulatory proposal clarifying that an applicant seeking licensure through reciprocity must comply with the same requirements as an initial licensure applicant, except that the Board will accept documentary evidence of equivalent successful examination in each subject tested in California at the time the applicant received their initial license in another state, in lieu of the current NBCE examination requirements.

She added that the draft also includes conceptual language outlining the application and eligibility requirements for a temporary chiropractic license. She stated to qualify for this new temporary licensure pathway, an applicant would need to graduate from a Board-approved DC program, pass NBCE Parts I–IV or an equivalent examination, and have been actively licensed and practicing in another state for at least five of the past seven years immediately preceding the application. She noted the fiscal impact would be minimal because the Board already has a temporary DC license type established for military spouses and domestic partners. She also stated that the proposal contains the public notification requirements and practice restrictions previously discussed by the Committee.

Ms. Cruz asked how long an applicant may practice in a temporary status. Dr. Daniels responded that applicants would have up to 12 months to complete the requirements, consistent with the current allowances for military spouses and domestic partners.

Dr. Daniels commented that the proposal reduces barriers to entering practice in California practice while maintaining alignment with the Board's curriculum requirements. She noted the need for the Board to address the possibility that some states may discontinue the NBCE examinations and to develop clear language regarding acceptable equivalents. She also suggested broadening the practice restrictions to include any area in which an applicant is deficient—such as physiotherapy, dermatology, psychology, or pharmacology—in order to provide

consumer notice and prevent temporary licensees from offering advice in areas where they lack required education.

Dr. Daniels also contemplated the five-year practice requirement. She noted that while the requirement must be maintained for preceptors, who must have sufficient experience to teach, it may pose an unnecessary barrier for temporary licensure. Ms. Walker agreed and suggested evaluating the advantages and disadvantages of the requirement. Ms. Cruz concurred. Dr. Daniels added that the five-year requirement does not necessarily ensure safety, as many licensees with over 20 years of practice experience still encounter enforcement issues and recent graduates are often more proficient in their examination skills.

Dr. Daniels further noted that the Board will need to determine how staff can efficiently identify deficiencies in an applicant's educational background, as chiropractic programs are changing their course structures and credit allocations. Ms. Walker explained that under the current process, chiropractic programs provide a certification outlining the number of hours completed in each subject area along with the transcript. She suggested that the Committee consider evaluating the methodology programs use to calculate this information so that the Board can continue relying on these certifications without having to conduct a detailed review of each transcript. Dr. Daniels agreed that performing a high-level assessment of each program's certification method would be beneficial.

**Motion: Dr. Daniels moved to recommend that the regulatory proposal to clarify the requirements for doctor of chiropractic licensure by reciprocity and create a new temporary licensure process, incorporating the Committee's discussion on the issue, be presented to the Board for consideration and discussion at the January 16, 2026 meeting.**

**Second: Ms. Cruz seconded the motion.**

**Public Comment:** None.

**Vote: 2-0 (Dr. Daniels-AYE and Ms. Cruz-AYE).**

**Motion: Carried.**

**6. Review, Discussion, and Possible Recommendation Regarding Regulatory Proposal to Update the Requirements for Filing Places of Practice with the Board and Notifying the Public of Licensure at Practice Locations and in Mobile Settings (add CCR, Title 16, section 303.1 and amend section 308)**

Ms. Walker recalled the Committee's prior discussions regarding the filing of places of practice with the Board, updating the DC license template to provide consumers with notice that licensees are regulated by the Board, and pursuing fee authority through

sunset review to establish a new facility permit. She presented a conceptual regulatory proposal intended to clarify the requirements for obtaining and renewing a satellite certificate and to provide notice to consumers that licensees are regulated by the Board in all practice settings.

Dr. Daniels noted the use of “short term” in the proposed language is vague and may require clarification. Ms. Walker agreed. Dr. Daniels recommended strengthening the requirement to display license information so that patients never need to ask for it. She emphasized that the purpose of the regulation is patient safety and that licensees must ensure patients can easily and readily access their licensure information. She also suggested replacing the word “conspicuous” with a more explicit term. Ms. Cruz concurred.

Ms. Knight stated that the Board of Behavioral Sciences (BBS) and Board of Psychology recently implemented temporary practice allowances and suggested that the Committee review those models. Mr. Vong added that a regulation does not meet OAL’s clarity standard if it can be interpreted in multiple ways.

**Public Comment:** None.

#### **7. Review, Discussion, and Possible Recommendation Regarding Regulatory Proposal to Establish Minimum Standards of Practice for Virtual Care (add CCR, Title 16, section 318.2)**

Ms. Walker presented a conceptual regulatory proposal to establish standards for the practice of chiropractic via virtual care, specify the requirements for obtaining the patient’s verbal or written consent for virtual care, and require licensees to take reasonable measures to secure data transmission and immediately notify patients of any breach or unauthorized disclosure. She noted that the proposal also clarifies the expectation that licensees must maintain the same standard of care when providing virtual care as they do during in-person care. She added that the draft language also addresses a portion of the Committee’s prior discussion regarding the use of artificial intelligence (AI) in chiropractic practice.

Dr. Daniels expressed appreciation for the clarity of the terms virtual care and telehealth in the draft. She asked how the language would apply to California licensees providing care to patients located in other states. Ms. Knight explained that licensees must consult the chiropractic board in the patient’s state to ensure compliance with that state’s requirements for reciprocity or temporary practice. Dr. Daniels noted that California licensees may have patients who move to another state and require a telehealth consultation. She added that many licensees use mobile applications to monitor or assess patients, which could create enforcement challenges if they are expected to check the laws of every state in which a patient may reside or visit. Dr. Daniels asked whether the Board could establish clear guidance for licensees

providing telehealth to patients outside California. Ms. Walker responded that interstate telehealth generally falls outside of the Board's jurisdiction, but it would be a useful topic to discuss with other chiropractic boards, potentially through FCLB. Dr. Daniels emphasized the importance of making that guidance accessible on the Board's website to help educate licensees.

Dr. Daniels then referenced the draft requirement that licensees determine whether virtual care is clinically appropriate, and asked whether the Board intends to require documentation or a specific declaration in the treatment record. Ms. Walker replied that the requirement is intended to be reflected naturally in the documentation of the visit based on the history, assessment, diagnosis, and treatment. Dr. Daniels suggested requiring a simple statement confirming that this determination was made to avoid creating a vague standard. She also noted that licensees may not be able to comply in emergency situations and suggested adding an exception for those circumstances. She further asked whether the disclosures and consent must occur prior to each visit or only during the initial examination. Ms. Walker clarified that the intent is for the disclosures and consent to occur during the initial visit. She added that staff will prepare a checklist to accompany the regulation to support licensee implementation and compliance. Ms. Cruz noted that although it is substantial upfront documentation, it aligns with what a patient would reasonably expect when opting into telehealth with a new practitioner, and she also supported adding an emergency exception.

Ms. Knight shared that BBS has similar requirements and resources that the Committee may wish to consider, including documenting verbal or written consent before delivering services and confirming the patient's physical location at each session.

Dr. Daniels emphasized the importance of ensuring the language can be efficiently operationalized. She asked whether informed consent for telehealth or AI differs from informed consent in person. Ms. Walker explained that informed consent operates in layers—licensees must comply with CCR, title 16, section 319.1, and if they also practice via telehealth or use AI, they must additionally obtain the patient's informed consent specific to that modality or technology.

Dr. Daniels noted the need to separate informed consent for AI from consent for virtual care, as patients may agree to virtual care but not to the use of AI. Ms. Walker agreed and stated staff will separate the regulations. Ms. Cruz concurred and added that the consent requirement should make it clear to patients that a tool is being used, how it is being used, and how the patient will experience it. She observed that some practitioners tell patients they are recording a visit without explaining how the recording will be used, such as for documentation purposes, or whether the information will be shared in any form of communication.

**Public Comment:** None.

## **8. Future Agenda Items**

Dr. Daniels noted the need to develop a separate regulation addressing the use of AI and to evaluate the assessment methods of the Board's curriculum requirements used by chiropractic programs.

Ms. Cruz and Ms. Knight emphasized the value of reviewing how other healing arts boards are operationalizing similar issues, including AI, temporary practice allowances, and telehealth. Dr. Daniels suggested that the Physical Therapy Board of California (PTB) may offer a useful comparison due to similarities in hands-on practice combined with telehealth capabilities. Ms. Walker agreed and stated she will contact PTB to learn more about their current efforts in those areas.

**Public Comment:** None.

## **9. Adjournment**

Dr. Daniels adjourned the meeting at 2:07 p.m.