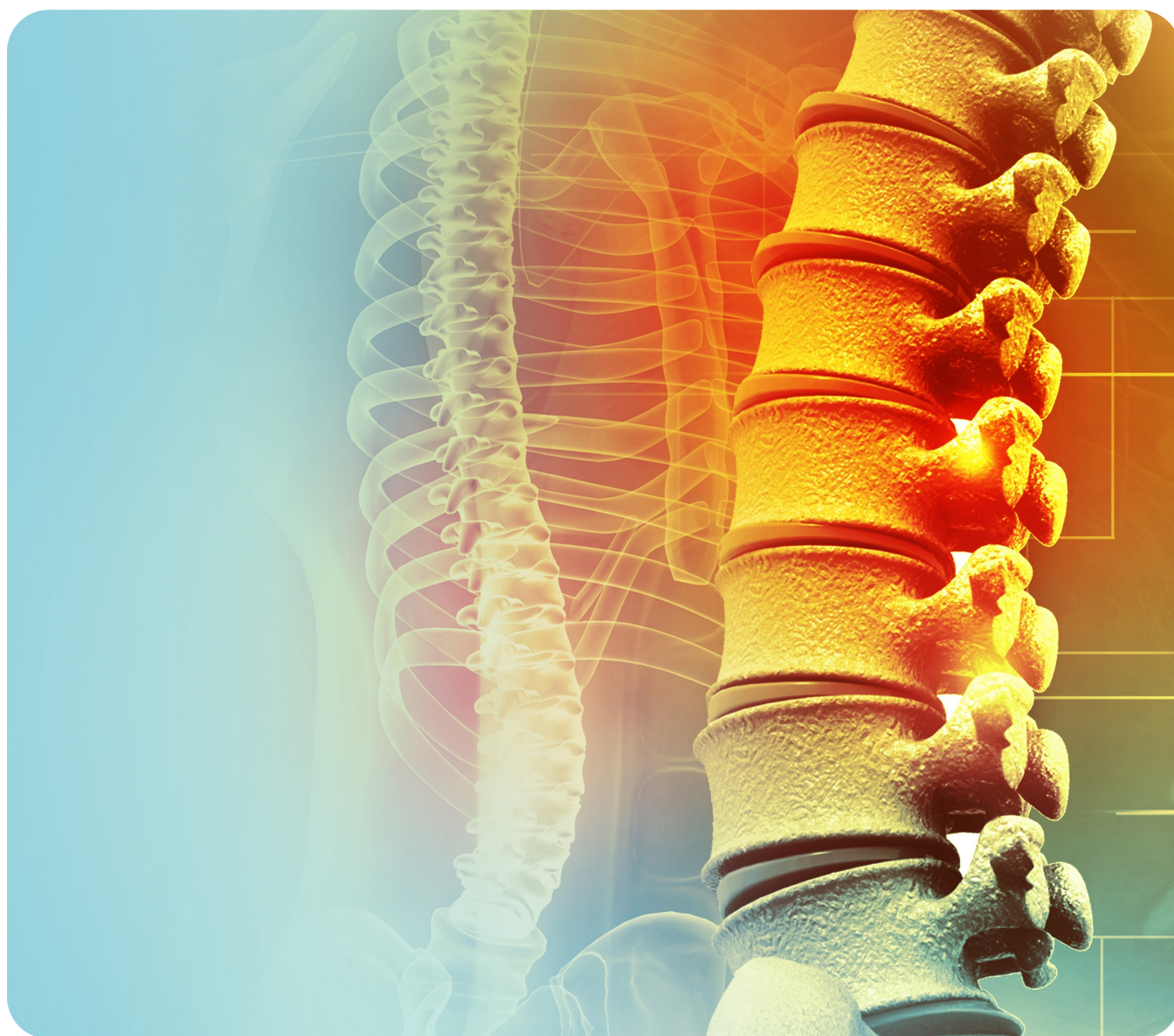


BOARD OF CHIROPRACTIC EXAMINERS

SUNSET REVIEW REPORT 2026

PRESENTED TO THE SENATE COMMITTEE ON BUSINESS, PROFESSIONS AND ECONOMIC DEVELOPMENT
AND THE ASSEMBLY COMMITTEE ON BUSINESS AND PROFESSIONS



CALIFORNIA DEPARTMENT OF
CONSUMER
AFFAIRS

MEMBERS OF THE BOARD OF CHIROPRACTIC EXAMINERS

Laurence J. Adams, D.C., DACNB | *Board Chair*

Pamela Daniels, D.C., CCSP, DACNB, FABBIR, MS-ClinNeuroSci | *Board Vice Chair*

Janette N.V. Cruz, MBA | *Board Secretary*

Sergio F. Azzolino, D.C., NP, DACNB, FACFN | *Board Member*

David Paris, D.C., MS, DACRB | *Board Member*

Rafael Sweet, J.D. | *Board Member*

Gavin Newsom, Governor

Tomiquia Moss, Secretary
Business Consumer Services and Housing Agency

Kimberly Kirchmeyer, Director
Department of Consumer Affairs

EXECUTIVE STAFF

Kristin Walker, Executive Officer
Board of Chiropractic Examiners



TABLE OF CONTENTS

NARRATIVE

Section 1: Background and Description of the Board and Regulated Profession	1
Section 2: Fiscal and Staff.....	21
Section 3: Licensing Program	27
Section 4: Enforcement.....	39
Section 5: Public Information.....	51
Section 6: Online Practice Issues.....	53
Section 7: Workforce Development and Job Creation	54
Section 8: Current Issues	58
Section 9: Board Action and Response to Prior Sunset Issues.....	59
Section 10: New Issues.....	75
Section 11: Attachments.....	81

ATTACHMENTS

Attachment A

Board's Administrative Manual

Attachment B

Current Organizational Chart with Committees (*cf.*, *Section 1, Question 1*).

Attachment C—Major Studies (*cf.*, *Section 1, Question 4*).

1. Occupational Analysis of the Chiropractic Profession, August 2024
2. Review of the National Board of Chiropractic Examiners Examinations, June 2025

Attachment D

Year-end organization charts for last four fiscal years. (*cf.*, *Section 3, Question 15*).

1. 2021–22 Year-End Organization Chart
2. 2022–23 Year-End Organization Chart
3. 2023–24 Year-End Organization Chart
4. 2024–25 Year-End Organization Chart

Board of Chiropractic Examiners

BACKGROUND INFORMATION AND OVERVIEW OF THE CURRENT REGULATORY PROGRAM

As of December 30, 2025

Section 1 –

Background and Description of the Board and Regulated Profession

Provide a short explanation of the history and function of the board.¹ Describe the occupations/professions that are licensed and/or regulated by the board (Practice Acts vs. Title Acts).²

The Board of Chiropractic Examiners (Board), a healing arts board within the Department of Consumer Affairs (DCA), regulates the practice of chiropractic in California, including approximately 12,000 licensed doctors of chiropractic, 106 providers of chiropractic continuing education, and 20 chiropractic programs located throughout the United States and Canada.

The Board was created on December 21, 1922, through the Chiropractic Initiative Act of California (Chiropractic Act), as the result of an initiative measure approved by California voters on November 7, 1922. The Board functioned as an independent board until 1947, when the Board voluntarily placed itself under the oversight of the Department of Professional and Vocational Standards, a DCA predecessor, and again from 1976 until July 1, 2013, when the Board was placed back under DCA through the Governor's Reorganization Plan No. 2 of 2012.

The Board's mission is to protect the health, welfare, and safety of the public through licensure, education, engagement, and enforcement in chiropractic care. The Board's vision is ensuring California consumers receive high-quality, patient-centered and collaborative care.

1. Describe the make-up and functions of each of the board's committees (cf., Section 11, Attachment B).

The Board is supported by four standing committees. The Board Chair selects two to three Board members to serve on each committee and appoints the committee chairs.

Committee chairs are responsible for coordinating and directing their committee's policy and regulatory work, advancing the Board's strategic plan objectives and organizational priorities within the committee's purview, and providing regular reports on committee activities during Board meetings.

Continuing Education Committee

This committee proposes regulations, policies, and standards regarding continuing education providers and courses, oversees staff's auditing of annual continuing education, and monitors and assesses the continuing education requirements to ensure they reflect the current knowledge and skills necessary for competent practice of the chiropractic profession.

¹ The term "board" in this document refers to a board, bureau, commission, committee, council, department, division, program, or agency, as applicable.

² The term "license" in this document includes a license, certificate, permit or registration.

Enforcement Committee

This committee proposes regulations, policies, and standards to protect the health, welfare, and safety of the public and continuously seeks ways to improve the Board's enforcement activities and ensure public safety.

Government and Public Affairs Committee

This committee proposes and reviews policies and procedures to address sunset review issues, monitors the Board's budget, reviews and recommends positions on legislative bills, develops strategies to communicate with the public through various forms of media, oversees all administrative issues regarding the Board's operations, and monitors the Board's progress in achieving strategic plan goals and objectives.

Licensing Committee

This committee proposes regulations, policies, and standards regarding chiropractic programs, the licensure of doctors of chiropractic, and the registration of satellite offices and chiropractic corporations.

Board Members and Biographies

Laurence J. Adams, D.C., DACNB Professional Member, Board Chair

Dr. Adams, of Sonoma, has been a member of the Board since October 2020. Dr. Adams has been in private practice since 1996 and has been team chiropractor for the Sonoma Stompers professional baseball team since 2015. He earned a Doctor of Chiropractic degree from Life Chiropractic College West and a postdoctoral degree in clinical neurology from the Carrick Institute.

Dr. Adams has served as Chair of the Board since 2025. He has chaired the Continuing Education Committee since 2024. He previously served as Vice Chair of the Board in 2022–2024 and chaired the Enforcement Committee in 2022 and 2023. His term expires on February 10, 2027.

Pamela Daniels, D.C., CCSP, DACNB, FABBIR, MS-ClinNeuroSci Professional Member, Board Vice Chair

Dr. Daniels, of El Granada, has been a member of the Board since November 2021. Dr. Daniels is the owner and founder of Daniels Chiropractic, Inc. and has been in private practice in the San Jose area for over 25 years. Dr. Daniels earned a Doctor of Chiropractic degree and Chiropractic Sports Physician certification from Palmer College of Chiropractic West. She also holds a Master of Science degree in Clinical Neuroscience from the Carrick Institute, where she graduated as valedictorian. Her extensive post-graduate experience includes a Diplomate of the American Chiropractic and Neurology Board and a Fellow of the American Board of Brain Injury and Rehabilitation.

Dr. Daniels has served as Vice Chair of the Board since 2025. She has chaired the Licensing Committee since its establishment in 2022 and the Chiropractic Specialties Subcommittee since its creation in 2025. She also serves on the Continuing Education Committee. Her term expires on February 10, 2028.

Janette N.V. Cruz, MBA Public Member, Board Secretary

Ms. Cruz, of Sacramento, has been a public member of the Board since November 2021. Ms. Cruz has been Senior Enterprise Performance Planning Coordinator at the Sacramento Municipal Utility District since 2017, where she was Enterprise Performance Planning Coordinator

from 2015 to 2017. She held several positions at the California Public Employees' Retirement System from 2006 to 2015, including Staff Services Manager, Associate Governmental Program Analyst, Benefits Program Specialist, and Staff Services Analyst. Ms. Cruz earned a Master of Business Administration degree and a Bachelor of Science degree in Community and Regional Development from the University of California, Davis.

Ms. Cruz has served as Secretary of the Board since 2024. She has chaired the Government and Public Affairs Committee and served on the Licensing Committee since 2022. Her term expires on November 3, 2028.

Sergio F. Azzolino, D.C., NP, DACNB, FACFN
Professional Member

Dr. Azzolino, of San Francisco, was reappointed to the Board in February 2025, where he last served in 2021. Dr. Azzolino has been the Clinic Director of Azzolino Chiropractic Neurology & Integrative Wellness since 1995. He is President of the American Board of Chiropractic Neurology and an Assistant Professor of Clinical Neurology at the Carrick Institute. He has earned multiple Fellowships from the American College of Functional Neurology, the American Board of Childhood Development Disorders, and the American Board of Neurochemistry and Nutrition. He earned a Doctor of Chiropractic degree from Life Chiropractic College West and graduated from the Harvard Medical School Global Clinical Scholar Research program.

Dr. Azzolino serves on the Enforcement Committee and Chiropractic Specialties Subcommittee. His term expires on February 10, 2028.

David Paris, D.C., MS, DACRB
Professional Member

Dr. Paris, of Redding, has been a member of the Board since December 2018. Dr. Paris has practiced at the Veterans Health Administration in Redding since 2005 and at Dignity Health, Mercy Medical Center Mt. Shasta since 2022. Dr. Paris has been Adjunct Clinical Faculty at Palmer College of Chiropractic since 2009, at the University of Western States since 2014, and at Parker University since 2019. He earned a Doctor of Chiropractic degree from Palmer College of Chiropractic West and a Master of Science degree in Neuroscience from Parker University.

Dr. Paris serves on the Enforcement Committee and the Government and Public Affairs Committee. He previously served as Chair of the Board in 2020 and 2022–2024 and as Vice Chair of the Board in 2021. He also chaired the Enforcement Committee in 2021 and the Continuing Education Committee in 2022 and 2023. His term expires on February 10, 2026.

Rafael Sweet, J.D.
Board Member

Mr. Sweet, of Los Angeles, has been a public member of the Board since March 2021. Mr. Sweet has been a Trial Attorney with his own practice since 2020. He was a Trial Attorney at The Dominguez Law Firm from 2019 to 2020, a Senior Trial Attorney at the Law Offices of Michael A. Kahn from 2019 to 2019, a Senior Trial Attorney at Cellino & Barnes in 2016, Founder and Principal Attorney at Contreras Sweet Law from 2013 to 2016, and an Attorney at Pettit Kohn Ingrassia & Lutz PC from 2012 to 2013. Mr. Sweet earned a Juris Doctor degree from Loyola Law School, Los Angeles.

Mr. Sweet has chaired the Enforcement Committee since 2024, where he has served since 2021. He previously served as Secretary of the Board in 2022 and 2023 and on the Continuing Education Committee and the Government and Public Affairs Committee. His term expires on November 3, 2028.

Table 1a. Attendance			
Laurence J. Adams, D.C., DACNB, Professional Member, Board Chair			
Date Appointed: October 22, 2020			
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meeting	July 16, 2021	Teleconference	Yes
Board Meeting	November 22, 2021	Teleconference	Excused
Enforcement Committee Meeting	December 3, 2021	Teleconference	Yes
Board Meeting	December 16, 2021	Teleconference	Yes
Board Meeting	January 25, 2022	Teleconference	Yes
Licensing and Continuing Education Committee Meeting	February 9, 2022	Teleconference	Yes
Board Meeting	March 22, 2022	Teleconference	Yes
Board Meeting	April 21–22, 2022	Sacramento	Yes
Board Meeting	May 20, 2022	Teleconference	Yes
Board Meeting	August 4, 2022	Teleconference	Yes
Board Meeting	August 18–19, 2022	Sacramento	Yes
Continuing Education Committee Meeting	October 6, 2022	Teleconference	Yes
Enforcement Committee Meeting	October 6, 2022	Teleconference	Yes
Board Meeting	October 7, 2022	Teleconference	Excused
Continuing Education Committee Meeting	October 25, 2022	Teleconference	Yes
Board Meeting	October 26–27, 2022	Teleconference	Yes
Continuing Education Committee Meeting	December 2, 2022	Teleconference	Yes
Enforcement Committee Meeting	December 9, 2022	Teleconference	Yes
Continuing Education Committee Meeting	January 4, 2023	Teleconference	Yes
Board Meeting	January 20, 2023	Teleconference	Yes
Enforcement Committee Meeting	March 2, 2023	Teleconference	Yes
Board Meeting	April 20, 2023	Teleconference	Yes
Board Meeting	May 10, 2023	Teleconference	Excused
Enforcement Committee Meeting	June 8, 2023	Teleconference	Yes
Board Meeting	July 20, 2023	Teleconference	Yes
Board Meeting	October 19–20, 2023	Whittier	Yes
Continuing Education Committee Meeting	December 1, 2023	Teleconference	Yes
Enforcement Committee Meeting	December 8, 2023	Teleconference	Yes
Board Meeting	January 12, 2024	Teleconference	Yes
Board Meeting	May 23–24, 2024	Teleconference	Yes
Board Meeting	October 24, 2024	Teleconference	Yes
Continuing Education Committee Meeting	December 13, 2024	Teleconference	Yes
Enforcement Committee Meeting	December 19, 2024	Teleconference	Yes
Board Meeting	February 13, 2025	Teleconference	Yes
Board Meeting	April 17–18, 2025	Hayward	Yes

Table 1a. Attendance			
Laurence J. Adams, D.C., DACNB, Professional Member, Board Chair			
Board Meeting	August 1, 2025	Teleconference	Yes
Board Meeting	October 9, 2025	Whittier	Yes
Board Meeting	November 7, 2025	Teleconference	Yes
Board Meeting	December 9, 2025	Teleconference	Yes

Table 1a. Attendance			
Pamela Daniels, D.C., CCSP, DACNB, FABBIR, MS-ClinNeuroSci, Professional Member, Board Vice Chair			
Date Appointed: November 9, 2021			
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meeting	November 22, 2021	Teleconference	Yes
Board Meeting	December 16, 2021	Teleconference	Yes
Board Meeting	January 25, 2022	Teleconference	Yes
Board Meeting	March 22, 2022	Teleconference	Excused
Board Meeting	April 21–22, 2022	Sacramento	Yes
Board Meeting	May 20, 2022	Teleconference	Yes
Board Meeting	August 4, 2022	Teleconference	Yes
Board Meeting	August 18–19, 2022	Sacramento	Yes
Licensing Committee Meeting	October 3, 2022	Teleconference	Yes
Continuing Education Committee Meeting	October 6, 2022	Teleconference	Yes
Board Meeting	October 7, 2022	Teleconference	Yes
Continuing Education Committee Meeting	October 25, 2022	Teleconference	Excused
Board Meeting	October 26–27, 2022	Teleconference	Yes
Continuing Education Committee Meeting	December 2, 2022	Teleconference	Yes
Licensing Committee Meeting	December 9, 2022	Teleconference	Yes
Continuing Education Committee Meeting	January 4, 2023	Teleconference	Yes
Board Meeting	January 20, 2023	Teleconference	Yes
Licensing Committee Meeting	February 24, 2023	Teleconference	Yes
Board Meeting	April 20, 2023	Teleconference	Yes
Board Meeting	May 10, 2023	Teleconference	Yes
Licensing Committee Meeting	May 12, 2023	Teleconference	Yes
Board Meeting	July 20, 2023	Teleconference	Yes
Licensing Committee Meeting	August 25, 2023	Teleconference	Yes
Board Meeting	October 19–20, 2023	Whittier	Yes
Continuing Education Committee Meeting	December 1, 2023	Teleconference	Yes
Board Meeting	January 12, 2024	Teleconference	Yes
Licensing Committee Meeting	March 8, 2024	Teleconference	Yes
Board Meeting	May 23–24, 2024	Teleconference	Yes

Table 1a. Attendance			
Pamela Daniels, D.C., CCSP, DACNB, FABBIR, MS-ClinNeuroSci, Professional Member, Board Vice Chair			
Board Meeting	October 24, 2024	Teleconference	Yes
Continuing Education Committee Meeting	December 13, 2024	Teleconference	Yes
Licensing Committee Meeting	January 9, 2025	Teleconference	Yes
Board Meeting	February 13, 2025	Teleconference	Yes
Board Meeting	April 17–18, 2025	Hayward	Yes
Licensing Committee Meeting	June 13, 2025	Teleconference	Yes
Board Meeting	August 1, 2025	Teleconference	Yes
Board Meeting	October 9, 2025	Whittier	Yes
Board Meeting	November 7, 2025	Teleconference	Yes
Licensing Committee Meeting	December 5, 2025	Teleconference	Yes
Board Meeting	December 9, 2025	Teleconference	Yes

Table 1a. Attendance			
Janette N.V. Cruz, MBA, Public Member, Board Secretary			
Date Appointed: November 9, 2021			
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meeting	November 22, 2021	Teleconference	Yes
Board Meeting	December 16, 2021	Teleconference	Yes
Board Meeting	January 25, 2022	Teleconference	Yes
Board Meeting	March 22, 2022	Teleconference	Yes
Board Meeting	April 21–22, 2022	Sacramento	Yes
Board Meeting	May 20, 2022	Teleconference	Yes
Board Meeting	August 4, 2022	Teleconference	Yes
Board Meeting	August 18–19, 2022	Sacramento	Yes
Licensing Committee Meeting	October 3, 2022	Teleconference	Yes
Government and Public Affairs Committee Meeting	October 4, 2022	Teleconference	Yes
Board Meeting	October 7, 2022	Teleconference	Yes
Board Meeting	October 26–27, 2022	Teleconference	Yes
Government and Public Affairs Committee Meeting	December 5, 2022	Teleconference	Yes
Licensing Committee Meeting	December 9, 2022	Teleconference	Yes
Board Meeting	January 20, 2023	Teleconference	Yes
Licensing Committee Meeting	February 24, 2023	Teleconference	Yes
Government and Public Affairs Committee Meeting	March 13, 2023	Teleconference	Yes
Board Meeting	April 20, 2023	Teleconference	Yes
Board Meeting	May 10, 2023	Teleconference	Yes
Licensing Committee Meeting	May 12, 2023	Teleconference	Yes
Government and Public Affairs Committee Meeting	June 16, 2023	Teleconference	Yes

Table 1a. Attendance			
Janette N.V. Cruz, MBA, Public Member, Board Secretary			
Board Meeting	July 20, 2023	Teleconference	Yes
Licensing Committee Meeting	August 25, 2023	Teleconference	Yes
Government and Public Affairs Committee Meeting	September 18, 2023	Teleconference	Yes
Board Meeting	October 19–20, 2023	Whittier	Yes
Government and Public Affairs Committee Meeting	December 4, 2023	Teleconference	Yes
Board Meeting	January 12, 2024	Teleconference	Yes
Licensing Committee Meeting	March 8, 2024	Teleconference	Yes
Board Meeting	May 23–24, 2024	Teleconference	Yes
Board Meeting	October 24, 2024	Teleconference	Yes
Government and Public Affairs Committee Meeting	December 16, 2024	Teleconference	Yes
Licensing Committee Meeting	January 9, 2025	Teleconference	Yes
Board Meeting	February 13, 2025	Teleconference	Yes
Board Meeting	April 17–18, 2025	Hayward	Yes
Licensing Committee Meeting	June 13, 2025	Teleconference	Yes
Board Meeting	August 1, 2025	Teleconference	Yes
Board Meeting	October 9, 2025	Whittier	Excused
Board Meeting	November 7, 2025	Teleconference	Yes
Licensing Committee Meeting	December 5, 2025	Teleconference	Yes
Board Meeting	December 9, 2025	Teleconference	Yes

Table 1a. Attendance			
Sergio F. Azzolino, D.C., NP, DACNB, FACFN, Professional Member			
Date Appointed: February 7, 2025			
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meeting	February 13, 2025	Teleconference	Yes
Board Meeting	April 17–18, 2025	Hayward	Yes
Board Meeting	August 1, 2025	Teleconference	Yes
Board Meeting	October 9, 2025	Whittier	Excused
Board Meeting	November 7, 2025	Teleconference	Yes
Board Meeting	December 9, 2025	Teleconference	Yes

Table 1a. Attendance			
David Paris, D.C., MS, DACRB, Professional Member			
Date Appointed: December 17, 2018			
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meeting	July 16, 2021	Teleconference	Yes
Board Meeting	November 22, 2021	Teleconference	Yes

Table 1a. Attendance			
David Paris, D.C., MS, DACRB, Professional Member			
Enforcement Committee Meeting	December 3, 2021	Teleconference	Yes
Board Meeting	December 16, 2021	Teleconference	Yes
Board Meeting	January 25, 2022	Teleconference	Yes
Licensing and Continuing Education Committee	February 9, 2022	Teleconference	Yes
Board Meeting	March 22, 2022	Teleconference	Yes
Board Meeting	April 21–22, 2022	Sacramento	Yes
Board Meeting	May 20, 2022	Teleconference	Yes
Board Meeting	August 4, 2022	Teleconference	Yes
Board Meeting	August 18–19, 2022	Sacramento	Yes
Continuing Education Committee Meeting	October 6, 2022	Teleconference	Yes
Enforcement Committee Meeting	October 6, 2022	Teleconference	Yes
Board Meeting	October 7, 2022	Teleconference	Yes
Continuing Education Committee Meeting	October 25, 2022	Teleconference	Yes
Board Meeting	October 26–27, 2022	Teleconference	Yes
Continuing Education Committee Meeting	December 2, 2022	Teleconference	Yes
Enforcement Committee Meeting	December 9, 2022	Teleconference	Yes
Continuing Education Committee Meeting	January 4, 2023	Teleconference	Yes
Board Meeting	January 20, 2023	Teleconference	Yes
Enforcement Committee Meeting	March 2, 2023	Teleconference	Yes
Board Meeting	April 20, 2023	Teleconference	Yes
Board Meeting	May 10, 2023	Teleconference	Yes
Enforcement Committee Meeting	June 8, 2023	Teleconference	Yes
Board Meeting	July 20, 2023	Teleconference	Yes
Board Meeting	October 19–20, 2023	Whittier	Yes
Continuing Education Committee Meeting	December 1, 2023	Teleconference	Yes
Enforcement Committee Meeting	December 8, 2023	Teleconference	Yes
Board Meeting	January 12, 2024	Teleconference	Yes
Board Meeting	May 23–24, 2024	Teleconference	Yes
Board Meeting	October 24, 2024	Teleconference	Yes
Government and Public Affairs Committee Meeting	December 16, 2024	Teleconference	Yes
Enforcement Committee Meeting	December 19, 2024	Teleconference	Yes
Board Meeting	February 13, 2025	Teleconference	Yes
Board Meeting	April 17–18, 2025	Hayward	Yes
Board Meeting	August 1, 2025	Teleconference	Yes
Board Meeting	October 9, 2025	Whittier	Yes
Board Meeting	November 7, 2025	Teleconference	Yes
Board Meeting	December 9, 2025	Teleconference	Yes

Table 1a. Attendance			
Rafael Sweet, J.D., Public Member			
Date Appointed: March 2, 2021			
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meeting	July 16, 2021	Teleconference	Yes
Board Meeting	November 22, 2021	Teleconference	Yes
Enforcement Committee Meeting	December 3, 2021	Teleconference	Yes
Board Meeting	December 16, 2021	Teleconference	Yes
Board Meeting	January 25, 2022	Teleconference	Yes
Board Meeting	March 22, 2022	Teleconference	Yes
Board Meeting	April 21–22, 2022	Sacramento	Yes
Board Meeting	May 20, 2022	Teleconference	Yes
Board Meeting	August 4, 2022	Teleconference	Yes
Board Meeting	August 18–19, 2022	Sacramento	Yes
Government and Public Affairs Committee Meeting	October 4, 2022	Teleconference	Yes
Enforcement Committee Meeting	October 6, 2022	Teleconference	Yes
Board Meeting	October 7, 2022	Teleconference	Yes
Board Meeting	October 26–27, 2022	Teleconference	Yes
Government and Public Affairs Committee Meeting	December 5, 2022	Teleconference	Yes
Enforcement Committee Meeting	December 9, 2022	Teleconference	Yes
Board Meeting	January 20, 2023	Teleconference	Yes
Enforcement Committee Meeting	March 2, 2023	Teleconference	Yes
Government and Public Affairs Committee Meeting	March 13, 2023	Teleconference	Yes
Board Meeting	April 20, 2023	Teleconference	Yes
Board Meeting	May 10, 2023	Teleconference	Yes
Enforcement Committee Meeting	June 8, 2023	Teleconference	Excused
Government and Public Affairs Committee Meeting	June 16, 2023	Teleconference	Yes
Board Meeting	July 20, 2023	Teleconference	Yes
Government and Public Affairs Committee Meeting	September 18, 2023	Teleconference	Yes
Board Meeting	October 19–20, 2023	Whittier	Yes
Government and Public Affairs Committee Meeting	December 4, 2023	Teleconference	Yes
Enforcement Committee Meeting	December 8, 2023	Teleconference	Yes
Board Meeting	January 12, 2024	Teleconference	Yes
Board Meeting	May 23–24, 2024	Teleconference	Yes
Board Meeting	October 24, 2024	Teleconference	Yes
Continuing Education Committee Meeting	December 13, 2024	Teleconference	Yes
Enforcement Committee Meeting	December 19, 2024	Teleconference	Yes
Board Meeting	February 13, 2025	Teleconference	Yes

Table 1a. Attendance			
Rafael Sweet, J.D., Public Member			
Board Meeting	April 17–18, 2025	Hayward	Excused
Board Meeting	August 1, 2025	Teleconference	Yes
Board Meeting	October 9, 2025	Whittier	Yes
Board Meeting	November 7, 2025	Teleconference	Yes
Board Meeting	December 9, 2025	Teleconference	Yes

Table 1b. Board/Committee Member Roster					
Member Name (Include any vacancies and a brief member biography)	Date First Appointed	Date Reappointed	Date Term Expires	Appointing Authority	Type (public or professional)
Laurence J. Adams, D.C., DACNB, Board Chair	10/22/2020	03/29/2023	02/10/2027	Governor	Professional
Pamela Daniels, D.C., CCSP, DACNB, FABBIR, MS-ClinNeuroSci, Board Vice Chair	11/09/2021	02/07/2025	02/10/2028	Governor	Professional
Janette N.V. Cruz, MBA, Board Secretary	11/09/2021	10/17/2025	11/03/2028	Governor	Public
Sergio F. Azzolino, D.C., NP, DACNB, FACFN	02/07/2025	N/A	02/10/2028	Governor	Professional
David Paris, D.C., MS, DACRB	12/17/2018	01/11/2023	02/10/2026	Governor	Professional
Rafael Sweet, J.D.	03/02/2021	10/17/2025	11/03/2028	Governor	Public
Vacant	N/A	N/A	02/10/2026	Governor	Professional

2. In the past four years, was the board unable to hold any meetings due to lack of quorum? If so, please describe. Why? When? How did it impact operations?

No.

3. Describe any major changes to the board since the last Sunset Review, including, but not limited to:

- Internal changes (i.e., reorganization, relocation, change in leadership, strategic planning).

Reappointment of Board Members

Since the last review, Governor Newsom reappointed the Board's six members—Laurence Adams, D.C., Pamela Daniels, D.C., Janette N.V. Cruz, Sergio Azzolino, D.C., David Paris, D.C., and Rafael Sweet.

New Leadership

The Board appointed Kristin Walker as its new executive officer effective May 23, 2022. She had served as the Board's acting executive officer following the retirement of the former executive officer, Robert Puleo, in December 2021, and previously held the roles of assistant executive officer and enforcement manager.

Strategic Plan

The Board adopted a new strategic plan for 2022–2026 in October 2022. This plan focuses on protecting consumers through improvements to the Board's continuing education and enforcement regulations, minimizing barriers to licensure by reviewing reciprocity requirements, ensuring the Board's long-term financial stability, and increasing efficiency in the Board's rulemaking processes. The strategic plan also supports the Board's ongoing efforts to collaborate with consumers, licensees, other agencies, and stakeholders; modernize its licensing and enforcement processes; and maintain an effective organization through the professional development of staff, efficient utilization of resources, and exemplary public service.

In October 2024, the Board adopted an amended 2022–2026 strategic plan with a greater emphasis on advancing equity within the chiropractic profession and reaching all Californians through enhanced communication strategies. Key initiatives include increasing stakeholder engagement in Board activities, recruiting a diverse pool of subject matter experts to support the Board's Enforcement Program, and improving the Board's digital presence by developing informative, accessible content for consumers and licensees across its website and social media platforms.

New Licensing Committee

The Board established a new Licensing Committee in 2022 focused on proposing policies, regulations, and standards regarding chiropractic programs, applicants, and licensees. Under the leadership of Committee Chair Pamela Daniels, D.C., the Committee provided recommendations to the Board regarding chiropractic education accreditation standards, vetted a new chiropractic program application by Keiser University College of Chiropractic Medicine, and developed regulatory proposals to modernize chiropractic licensure and practice in California by updating educational and licensure standards, streamlining application and renewal processes, enhancing consumer protection through licensure notification requirements, establishing standards for virtual care, mandating basic life support certification, and repealing outdated regulations.

New Chiropractic Specialties Subcommittee

The Board created a new Chiropractic Specialties Subcommittee to enhance consumer protection by developing regulatory standards for the recognition and advertising of specialty programs and certifications within the chiropractic profession. The Subcommittee held its first meeting in July 2025 and plans to present its recommendations for a regulatory proposal to the Board for approval in 2026.

Staff Reorganization

To improve operational efficiency and better align staff functions with current needs, the Board completed a comprehensive reorganization of its internal structure. The former Administrative/Licensing Unit was divided into two distinct units: the Administration Unit and the Licensing and Continuing Education Unit. Additionally, the Field Operations Unit was renamed the Special Investigations Section and placed under the Enforcement Unit. Within the Enforcement Unit, analytical and technical staff were further organized into dedicated Case Management and Investigation Sections.

Business Modernization

The Board continued to collaborate with DCA's Office of Information Services on the development and implementation of a modern application, licensing, and enforcement system known as Connect.

In July 2021, the Board launched a new online complaint form for the public to file complaints directly with the Board and receive instant confirmation of receipt. The Board also transitioned all new complaints and investigations to the Connect system to streamline the intake and investigation process. Through an additional software release in November 2021, the Board added its remaining enforcement processes—cite and fine, formal discipline, and probation monitoring—to the system.

In August 2022, the Board implemented the Department of Health Care Access and Information (HCAI) workforce survey for licensees to complete during the license renewal process. Through a software release in February 2023, the Board enhanced the applicant and licensee dashboards, provided the ability for users to store continuing education records in the system, and added a list of links, resources, and direct contact information for each of the Board's programs. In June 2023, the Board implemented temporary licenses and satellite certificates for military spouses and partners as required by Assembly Bill (AB) 107 (Salas, Chapter 693, Statutes of 2021).

Future project phases will be focused on the implementation of continuing education application, approval, and audit processes and additional enhancements to the user experience for consumers, applicants, and licensees.

- **All legislation sponsored by the board and affecting the board since the last sunset review.**

1) Senate Bill (SB) 1434 (Roth, Chapter 623, Statutes of 2022) State Board of Chiropractic Examiners.

This bill mandates that the Board 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, adds licensees' telephone numbers and email addresses to the Board's directory, and requires licensees to immediately notify the Board of a change of contact information. In addition, this bill removed specified exemptions from the probation status disclosure requirement for licensees placed on probation by the Board. This bill also implemented an updated fee schedule for the Board and directed the Board to submit a report to the Legislature that contains an update on the Board's license fee structure and whether the Board needs to consider plans for restructuring its license fees.

2) AB 883 (Mathis, Chapter 348, Statutes of 2023) Business licenses: United States Department of Defense SkillBridge program.

This bill requires a DCA board to expedite, and authorizes the board to assist, the initial licensure process for an applicant who supplies satisfactory evidence to the board that they are an active duty member of a regular component of the U.S. Armed Forces enrolled in the U.S. Department of Defense SkillBridge program.

3) AB 1707 (Pacheco, Chapter 258, Statutes of 2023) Health professionals and facilities: adverse actions based on another state's law.

This bill, among other things, prohibits a DCA healing arts board from denying an application for licensure or suspending, revoking, or otherwise imposing discipline upon a licensee on the basis of a civil judgment, criminal conviction, or disciplinary action in another state if that judgment, conviction, or disciplinary action is based solely on the application of another

state's law that interferes with a person's right to receive sensitive services that would be lawful if provided in this state.

4) SB 143 (Committee on Budget and Fiscal Review, Chapter 196, Statutes of 2023) State government.

This bill, among other things, implements the federal law on professional license portability for servicemembers and their spouses by requiring a registering authority, including DCA boards and bureaus, to register a servicemember or a spouse of a servicemember who relocated to this state because of military orders for military service within this state and meets specified requirements, including that the applicant submits to the registering authority an affidavit attesting that the applicant meets all of these requirements and the information submitted to the registering authority is accurate to the best of the applicant's knowledge. The bill requires the registering authority to post specified information on the registering authority's website for each person registered pursuant to these provisions. The bill also provides that a person registered pursuant to these provisions is deemed to be a licensee of the registering authority for purposes of the laws administered by that registering authority relating to standards of practice, discipline, and continuing education, as specified, and authorizes the registering authority to take specified enforcement actions against the person. The bill prohibits a registering authority from collecting or requiring a fee for registration pursuant to these provisions. Additionally, this bill allowed state bodies to hold remote meetings without physical locations through December 31, 2023, under the same provisions of Government Code section 11133 that had previously expired on June 30, 2023.

5) SB 372 (Menjivar, Chapter 225, Statutes of 2023) Department of Consumer Affairs: licensee and registrant records: name and gender changes.

This bill requires a DCA board to update a licensee's or registrant's license by replacing references to the former name or gender on the license or registration, as specified, if the board receives documentation, as described, from the licensee or registrant demonstrating that their legal name or gender has been changed. If the board operates an online license verification system, the bill requires the board to replace references to the licensee's or registrant's former name or gender with the individual's current name or gender, as applicable, on the publicly viewable information displayed on the internet. The bill prohibits a board from publishing a licensee's or registrant's former name or gender online, and instead, requires the board to post an online statement directing the public to contact the board for more information. For specified licensees or registrants, the board is prohibited from posting enforcement records online, but is required to post an online statement stating the individual was previously subject to an enforcement action and directing the public to contact the board, as prescribed. This bill provides that all records related to a request to update an individual's license or registration under these provisions are confidential and not subject to public inspection or disclosure. The bill requires the board, if requested by a licensee or registrant, to reissue any license created by the board and conferred upon the licensee or registrant, and prohibits the board from charging a higher fee for reissuing a license with an updated legal name or gender than the fee it charges for reissuing a license with other updated information.

6) SB 447 (Atkins, Chapter 199, Statutes of 2023) GO-Biz.

This bill, among other things, repealed the provisions that prohibited a state agency and the Legislature from requiring any of its employees, officers, or members to travel to, or from approving a request for state-funded or state-sponsored travel to, states with discriminatory laws. Prior to the repeal of these provisions, there were 24 states that were subject to this ban on state-funded and state-sponsored travel.

7) SB 544 (Laird, Chapter 216, Statutes of 2023) Bagley-Keene Open Meeting Act: teleconferencing.

This bill enacts an additional, alternative set of provisions under which a state body may hold a meeting by teleconference. The bill requires the majority of members to be at the same publicly-accessible teleconference location, authorizes members above a majority to participate from a remote location, and requires members participating from a remote location to disclose whether any other individuals 18 years of age or older are present in the room at the remote location and the general nature of the member's relationship with those individuals. Additionally, the bill requires all members to visibly appear on camera except when technologically impracticable, as defined, and the public must be able to attend and participate virtually in the meeting and the meeting must be audible and visible at publicly-accessible teleconference sites. The bill also allows advisory bodies to meet with at least one publicly-accessible site where the public can attend and participate in the meeting. At least one staff member must be present at the public site and advisory body members may participate remotely from private locations, but the notice and meeting minutes must specify that the members participated from non-public sites.

8) AB 1991 (Bonta, Chapter 369, Statutes of 2024) Licensee and registrant renewal: National Provider Identifier.

This bill requires DCA healing arts boards to require a licensee or registrant who electronically renews their license or registration to provide to that board their individual National Provider Identifier (NPI), if they have one.

9) AB 260 (Aguiar-Curry, Chapter 136, Statutes of 2025) Sexual and reproductive health care.

This bill, among other things, prohibits a healing arts board from suspending or revoking a license or otherwise taking disciplinary action against a licensee solely on the basis that the licensee manufactured, transported, distributed, delivered, received, acquired, sold, possessed, furnished, dispensed, repackaged, or stored brand name or generic mifepristone or any drug used for medication abortion that is lawful under the laws of this state. Additionally, the bill prohibits a healing arts board from denying an application for licensure, suspending or revoking a license, or otherwise imposing discipline upon a licensee or health care practitioner solely because they were convicted or disciplined in another state solely for an activity related to brand name or generic mifepristone or any drug used for medical abortion that, if performed in this state, would not be grounds for denial, suspension, revocation, or other discipline.

10) AB 489 (Bonta, Chapter 615, Statutes of 2025) Health care professions: deceptive terms or letters: artificial intelligence.

This bill makes provisions of law that prohibit the use of specified terms, letters, or phrases to falsely indicate or imply possession of a license or certificate to practice a health care profession, as defined, enforceable against an entity who develops or deploys artificial intelligence (AI) or generative artificial intelligence (GenAI) technology that uses one or more of those terms, letters, or phrases in its advertising or functionality. The bill prohibits the use by AI or GenAI technology of certain terms, letters, or phrases that indicate or imply that the advice, care, reports, or assessments being provided through AI or GenAI are being provided by a natural person with the appropriate health care license or certificate.

11) SB 470 (Laird, Chapter 222, Statutes of 2025) Bagley-Keene Open Meeting Act: teleconferencing.

This bill extends the repeal date of the additional, alternative set of provisions under which a state body may hold meetings by teleconference subject to specified requirements from January 1, 2026, to January 1, 2030.

12) SB 744 (Cabaldon, Chapter 425, Statutes of 2025) Accrediting agencies.

This bill provides that, for purposes of any code or statute, a national or regional accrediting agency recognized by the U.S. Department of Education as of January 1, 2025, shall retain that recognition until July 1, 2029, provided that the accrediting agency continues to operate in substantially the same manner as it did on January 1, 2025.

13) SB 861 (Committee on Business, Professions and Economic Development, Chapter 592, Statutes of 2025) Consumer affairs.

This omnibus bill includes, among other things, the Board's proposal to add the Board to the list of DCA programs with explicit statutory authority to obtain and receive criminal history information from the California Department of Justice and the Federal Bureau of Investigation. By adding the Board to this list of programs, this bill also allows the Board to request, and authorizes the Board to receive, certified records of arrests and convictions, certified records of probation, and other related documentation needed to complete an applicant or licensee investigation from a local or state agency.

- **All regulation changes approved by the board since the last sunset review. Include the status of each regulatory change approved by the board.**

1) Repeal Sponsored Free Health Care Events Regulations (Section 100 changes without regulatory effect: repeal California Code of Regulations [CCR], Title 16, sections 309–309.4)
Effective May 4, 2023, the Board repealed its sponsored free health care events regulations following the repeal of the underlying statutory authority for the regulations on January 1, 2018, through AB 512 (Rendon, Chapter 111, Statutes of 2013).

2) Filing of Addresses and Contact Information (amend CCR, Title 16, section 303)
This proposal implements the requirement from SB 1434 (Roth, Chapter 623, Statutes of 2022) for the Board to include licensees' telephone numbers and email addresses in the Board's directory and clarifies the requirement for filing a public "address of record" with the Board. The Board approved the proposed regulatory text at its April 20, 2023, meeting. This rulemaking was published in the Office of Administrative Law (OAL) Notice Register and released for a 45-day public comment period on February 14, 2025. The public comment period ended on April 1, 2025, and no comments were received. The final regulatory package was submitted to OAL for review on September 2, 2025. OAL approved the regulation on October 14, 2025, and it becomes effective on January 1, 2026.

3) Repeal of Successful Examination Regulation (repeal CCR, Title 16, section 354)
This proposal repeals an obsolete provision in the Board's regulations that conflicts with other existing laws and regulations that prohibit the unlicensed practice of chiropractic. The Board approved the proposed regulatory text at its January 20, 2023, meeting. This rulemaking was published in the OAL Notice Register and released for a 45-day public comment period on January 3, 2025. The public comment period ended on February 18, 2025. One comment was received on the proposal. The Board approved the response to the public comment received during its April 17, 2025, meeting. The final regulatory package was submitted to OAL for review on October 9, 2025. OAL approved the regulation on November 12, 2025, and it becomes effective on January 1, 2026.

4) Appeal Process for Citations and Licensee Compliance with Assessed Fines (amend CCR, Title 16, sections 390.4 and 390.5)

This proposal makes conforming changes to the Board's system for issuing citations for consistency with the required provisions of Business and Professions Code (BPC) section 125.9. The Board approved the proposed regulatory text at its April 17, 2025, meeting. This rulemaking was published in the OAL Notice Register and released for a 45-day public comment period on May 2, 2025. The public comment period ended on June 16, 2025, and no comments were received. The final regulatory package was submitted to OAL for review on October 10, 2025. OAL approved the regulations on November 19, 2025, and they become effective on January 1, 2026.

5) Align Fee Amounts with Fixed Fee Schedule in Statute (Section 100 changes without regulatory effect: amend CCR, Title 16, sections 310.1, 317.1, 323, 360, 367.5, 367.10, and 370)

This action under CCR, title 1, section 100 made non-substantive amendments to the fee amounts specified in these sections due to required changes in the Board's fixed fee schedule enacted by SB 1434 (Roth, Chapter 623, Statutes of 2022). This action also made minor, non-substantive grammatical revisions and updated the authority and reference sections of these regulations. This rulemaking was filed with OAL on October 15, 2025. OAL approved the changes on December 1, 2025.

6) Continuing Education: Distance Learning (amend CCR, Title 16, section 363.1)

This proposal will narrow the definition of distance learning to asynchronous coursework, thereby allowing courses delivered through synchronous online learning platforms to be eligible for the same credit as traditional, in-person classroom environments. This proposal will also require licensees to pass an interactive test or self-assessment as a condition for successful completion of a distance learning course and make other minor, clarifying changes to the regulation. The Board approved the proposed regulatory text at its May 23, 2024, meeting. This rulemaking was published in the OAL Notice Register and released for a 45-day comment period on September 19, 2025. The public comment period ended on November 3, 2025. Twenty-five comments were received on the proposal. The Board approved the responses to the public comments during its November 7, 2025, meeting. The final regulatory package was submitted to OAL for review on November 20, 2025.

7) Approval of Doctor of Chiropractic Degree Programs, Educational Requirements, and Application and Examination Process for Doctor of Chiropractic Licensure, Including Temporary and Expedited Licensure and Fee Waiver for Military Spouses and Domestic Partners and Expedited Licensure for Veterans, Applicants Enrolled in U.S. Department of Defense SkillBridge Program, Refugees, Asylees, and Special Immigrant Visa Holders (amend and renumber, as necessary, CCR, Title 16, sections 320, 321, 330, 331.1, 331.2, 331.5, 331.12.1, 331.12.2, 331.12.3, 331.14, 331.15, 340–344, and 348, and repeal sections 331.3, 331.4, 331.6–331.11, 331.13, 331.16, 345, 346, and 349)

This proposal will amend the regulations regarding Board approval of chiropractic programs, including the minimum curriculum and clinical experience requirements. This proposal will also clarify the application and examination process for initial licensure as a doctor of chiropractic, including the qualifying circumstances for expedited review of a license application. Additionally, this proposal will implement AB 107 (Salas, Chapter 693, Statutes of 2021), which provides for the temporary licensure of military spouses and domestic partners, and AB 883 (Mathis, Chapter 348, Statutes of 2023), which requires the Board to expedite the initial licensure process for applicants who are active-duty members of the U.S. Armed Forces enrolled in the U.S. Department of Defense SkillBridge program. The Board approved the

proposed regulatory text at its April 17, 2025, and August 1, 2025, meetings. This package is anticipated to be submitted to OAL for publication in the Notice Register and released for a 45-day public comment period in early 2026.

8) Continuing Education Fees, Requirements, and Approval Process (amend CCR, Title 16, sections 360, 361, 362, 363, 364, and 365, and add section 360.1)

This proposal will make comprehensive changes to the Board's Continuing Education Program, including amending the annual continuing education requirements for licensees, establishing five course competency areas that will be approved by the Board, defining the three recognized learning formats for continuing education courses, updating the course review and approval process, creating a re-approval process for courses that have previously been approved by the Board, and updating the continuing education requirements for petitions for reinstatement of revoked or surrendered licenses. The Board approved the proposed regulatory text at its April 17, 2025, meeting. This package is anticipated to be submitted to OAL for publication in the Notice Register and released for a 45-day public comment period in early 2026.

9) Renewal and Restoration of Doctor of Chiropractic Licenses, Including Basic Life Support Certification for Active Licensees (amend CCR, Title 16, sections 370 and 371, and add section 371.1)

This proposal will clarify the processes for renewal and restoration of doctor of chiropractic licenses, extend the timeframe for cancellation of a license from three to four years, and update the continuing education and competency requirements that must be met prior to the restoration of a cancelled license. Additionally, this proposal will mandate the maintenance of basic life support provider or advisor certification, including cardiopulmonary resuscitation, for all licensees a condition of licensure in active status. The Board approved the proposed regulatory text at its August 1, 2025, meeting. This package is anticipated to be submitted to OAL for publication in the Notice Register and released for a 45-day public comment period in early 2026.

10) Discipline by Another Jurisdiction and Licensee Reporting Requirements (amend CCR, Title 16, sections 304 and 314)

This proposal will update the reporting of licensee arrests, convictions, and discipline by other public agencies and clarify a licensee's duty to report any violation of the statutes and regulations governing the practice of chiropractic to the Board. The Board approved the proposed regulatory text at its July 20, 2023, meeting. This package is anticipated to be submitted to OAL for publication in the Notice Register and released for a 45-day public comment period in early 2026.

11) Record Keeping Requirements for Chiropractic Patient Records, Including Retention and Disposition of Records Upon Closure of Practice or Death/Incapacity of Licensee (amend CCR, title 16, section 318)

This proposal will update the record keeping requirements to specify the necessary documentation for the patient history, complaint, diagnosis/analysis, and treatment and to differentiate between an initial patient encounter and an established patient visit. This proposal will also specify requirements for the retention of records and the disposition of records upon the closure of a practice or the death or incapacity of a licensee. The Board approved the proposed regulatory text at its August 1, 2025, meeting. This package is anticipated to be submitted to OAL for publication in the Notice Register and released for a 45-day public comment period in early 2026.

12) Delegation of Certain Functions to the Executive Officer (amend CCR, Title 16, section 306)

This proposal will delegate additional authority to the Board's executive officer to order examinations of licensees in accordance with BPC section 820, issue default decisions where licensees have failed to file a notice of defense or appear at a hearing, grant motions to vacate a default decision, and approve settlement agreements for the revocation, surrender, or interim suspension of a license. The Board approved the proposed regulatory text at its October 19, 2023, meeting. This package is anticipated to be submitted to OAL for publication in the Notice Register and released for a 45-day public comment period in early 2026.

13) Prohibited Activities by Inactive Licensees (add CCR, Title 16, section 310.3)

This proposal will identify the specific activities that cannot be performed by the holder of an inactive doctor of chiropractic license. The Board approved the proposed regulatory text at its October 24, 2024, meeting. This package is anticipated to be submitted to OAL for publication in the Notice Register and released for a 45-day public comment period in early 2026.

14) Repeal Mental Illness Regulation (repeal CCR, Title 16, section 315)

This proposal will repeal a regulation that allows the Board to order a license holder to be examined by one or more physicians specializing in psychiatry when reasonable cause exists that the licensee is mentally ill to the extent that it may affect their ability to practice. This regulation is unnecessary because the Board already has broader statutory authority under BPC sections 820 through 828 to order a physical or mental examination of a licensee whenever it appears the licensee may be unable to practice safely due to mental illness or physical illness affecting competency. The Board approved the proposed regulatory text at its October 24, 2024, meeting. This package is anticipated to be submitted to OAL for publication in the Notice Register and released for a 45-day public comment period in early 2026.

4. Describe any major studies conducted by the board (cf. Section 11, Attachment C).

Occupational Analysis of the Chiropractic Profession

In collaboration with DCA's Office of Professional Examination Services (OPES), the Board conducted an occupational analysis to identify the essential activities performed by licensed doctors of chiropractic in California. The final report, *Occupational Analysis of the Chiropractic Profession*, was released by OPES in August 2024. This report provides a current description of practice for the chiropractic profession structured into four content areas—patient intake and history, examination and assessment, treatment and case management, and laws and ethics—that the Board used to construct a valid and legally defensible California Chiropractic Law Examination (CCLE). The report also guided the creation of new competency areas for the Board's annual continuing education requirements.

Review of the National Board of Chiropractic Examiners Examinations

OPES also conducted a comprehensive review of the five-part national chiropractic board examination on behalf of the Board. The purpose of the review was to ensure the national examination procedures meet professional and technical standards. Additionally, OPES performed a linkage study to identify any aspects of chiropractic practice in California that are not adequately measured by the national examination. The final report and findings were released in June 2025.

5. List the status of all national associations to which the board belongs.

The Board is a member of two national associations—the Federation of Chiropractic Licensing Boards (FCLB) and the National Board of Chiropractic Examiners (NBCE).

FCLB is a nonprofit organization that serves as a central resource and support system for chiropractic licensing boards across the United States and internationally with a mission to protect the public by promoting excellence in chiropractic regulation. FCLB hosts national and regional conferences for chiropractic licensing boards from U.S. states, Canadian provinces, and other jurisdictions to collaborate, share information, and improve regulatory practices.

NBCE is a nonprofit organization that develops and administers national examinations for individuals seeking chiropractic licensure in the United States and other jurisdictions with a mission of ensuring professional competency and public safety through excellence in testing.

- **Does the board's membership include voting privileges?**

Yes.

- **List committees, workshops, working groups, task forces, etc., on which the board participates.**

In May 2024, David Paris, D.C. was elected FCLB District IV Director by representatives of the other Southwest state licensing boards. Additionally, Laurence Adams, D.C. was selected to participate in FCLB's new Recognized Chiropractic Specialty Programs (RCSP) Committee, which is tasked with protecting consumers by assessing the rigor and quality of chiropractic specialty programs.

The Board participates in FCLB's Chiropractic Board Administrators Committee (CBAC), formerly known as the Association of Chiropractic Board Administrators (ACBA), and NBCE's test development committees.

- **How many meetings did board representative(s) attend? When and where?**

Board representatives attended the following seven meetings:

- May 2022 FCLB/NBCE Annual Conference (Denver, Colorado) – One Board Member
- October 2022 FCLB/NBCE District Meeting (Incline Village, Nevada) – One Board Member and Executive Officer
- September 2023 FCLB/NBCE District Meeting (Boston, Massachusetts) – Two Board Members
- May 2024 FCLB/NBCE Annual Conference (Phoenix, Arizona) – One Board Member
- September 2024 FCLB/NBCE District Meeting (Scottsdale, Arizona) – One Board Member
- May 2025 FCLB/NBCE Annual Conference (St. Louis, Missouri) – One Board Member and Executive Officer

- September 2025 FCLB/NBCE District Meeting (Omaha, Nebraska) – Two Board Members
- **If the board is using a national exam, how is the board involved in its development, scoring, analysis, and administration?**

The Board requires applicants to pass the following national chiropractic examinations administered by NBCE:

- Part I: Basic Sciences, a computer-based examination consisting of 255 questions across six domains—general anatomy, spinal anatomy, physiology, chemistry, pathology, and microbiology
- Part II: Clinical Sciences, a computer-based examination consisting of 255 questions across six domains—general diagnosis, neuromusculoskeletal diagnosis, diagnostic imaging, principles of chiropractic, chiropractic practice, and associated clinical sciences
- Part III: Clinical Competency, a computer-based examination consisting of 80 questions, 20 cases, and 30 imaging sets covering case history, physical examination, neuromusculoskeletal examination, diagnostic imaging, clinical laboratory and special studies, diagnosis or clinical impression, chiropractic techniques, supportive interventions, and case management
- Part IV: Chiropractic Technique and Case Management, a practical examination that covers history taking, physical examination, orthopedic and neurologic examinations, and cervical, thoracic, lumbar, pelvic/sacral, and extremity adjusting
- Physiotherapy, a computer-based examination consisting of 90 questions on thermotherapy, electrotherapy, mechanotherapy, phototherapy, functional assessment, exercise physiology, endurance training, muscle rehabilitation, neuromuscular rehabilitation, and disorder-specific rehabilitation

As noted above, the Board is a voting member of the NBCE. Consistent with DCA policy, the Board utilizes DCA's OPES to conduct regular, comprehensive reviews of the national examinations to ensure compliance with psychometric and legal standards and evaluate the suitability of the examination for continued use in California licensure. OPES last reviewed the national examinations in 2025 and found that the procedures used to establish and support the validity and defensibility of the examinations meet the professional guidelines and technical standards outlined in the *Standards for Educational and Psychological Testing* (2014 Standards) and BPC section 139. OPES also conducted a linkage study which indicated that the content of the national examinations adequately assesses the knowledge and skills required for competent entry-level chiropractic practice in California but does not assess California-specific laws. Given the findings, OPES supports the Board's continued use of the national examinations and its California Chiropractic Law Examination for licensure in California.

Section 2 – Fiscal and Staff

Fiscal Issues

6. Is the board's fund continuously appropriated? If yes, please cite the statute outlining this continuous appropriation.

No, the Board's fund is not continuously appropriated. The Board's appropriation is developed annually and approved by the Legislature as part of the Budget Act.

7. Using Table 2. Fund Condition, describe the board's current reserve level, spending, and if a statutory reserve level exists.

As of fiscal year 2024–25, the Board has a current reserve level of approximately 7.2 months. The Board's reserve level increased between fiscal years 2021–22 through 2023–24, primarily due to staff vacancies during a period of restructuring across the Board's Administration, Licensing, and Enforcement Programs. The office-wide reorganization temporarily reduced expenditures during that time. However, as the Board began refilling vacant positions, expenditures have outpaced revenues, resulting in a projected decline of approximately two to three months of reserve per year. This trend reflects an underlying structural imbalance in the fund, as current revenue from licensing and regulatory fees is insufficient to sustain projected spending levels. Without corrective action, such as a fee increase, fund insolvency is anticipated in fiscal year 2027–28.

Although the Board does not have a statutory reserve requirement, the Board has established a target reserve level of 12 to 24 months to support long-term fiscal stability and ensure the continuity of operations.

Table 2. Fund Condition (list dollars in thousands)						
	FY 2021/22*	FY 2022/23	FY 2023/24	FY 2024/25	FY 2025/26**	FY 2026/27**
Beginning Balance ¹	\$2,369	\$1,635	\$1,880	\$3,554	\$3,653	\$2,511
Revenues and Transfers	\$4,362	\$4,560	\$5,299	\$4,929	\$4,927	\$4,880
Total Resources	\$6,731	\$6,195	\$7,179	\$8,483	\$8,580	\$7,391
Budget Authority	\$4,904	\$5,088	\$5,622	\$6,315	\$6,069	\$6,175
Expenditures ²	\$5,006	\$4,169	\$3,897	\$4,830	\$6,069	\$6,175
Loans to General Fund	\$0	\$0	\$0	\$0	\$0	\$0
Accrued Interest, Loans to General Fund	\$0	\$0	\$0	\$0	\$0	\$0
Loans Repaid From General Fund	\$0	\$0	\$0	\$0	\$0	\$0
Fund Balance	\$1,725	\$2,026	\$3,282	\$3,653	\$2,511	\$1,216
Months in Reserve	5.0	6.2	8.2	7.2	4.9	2.3

¹Actuals include prior year adjustments

²Expenditures include reimbursements and direct draws to the fund

*Includes EO transfer to GF (AB 84)

**Estimate

8. Describe if/when a deficit is projected to occur and if/when a fee increase or reduction is anticipated. Describe the fee changes (increases or decreases) anticipated by the board.

Table 2 illustrates a structural imbalance in the Board's fund, as current revenue from licensing and regulatory fees is insufficient to sustain projected expenditures beyond fiscal year 2026–27. Based on current projections, without intervention such as an increase in fees, fund insolvency is projected to occur in fiscal year 2027–28.

The Board's fee structure is established in BPC section 1006.5. Currently, all licensing and regulatory fees, except for the doctor of chiropractic license renewal and restoration fees, are set at their statutory maximums, limiting the Board's ability to adjust the fees through the regulatory process in response to rising operational costs.

To address this issue, the Board is requesting to establish new statutory fee ranges and caps as part of this sunset review process. This would provide the Board with the flexibility needed to implement fee adjustments that reflect the actual costs of services, ensure the long-term stability of the fund, and avoid disruptions to licensing and enforcement operations. This request for statutory fee changes is discussed further in Section 10 – New Issues.

9. Using Table 2, Fund Condition, describe year over year expenditure fluctuations and the cause for the fluctuations.

During the reporting period, the Board's expenditures fluctuated primarily due to staffing levels and enforcement-related costs. In fiscal year 2021–22, spending was approximately \$5 million, driven by rising personnel costs and significant expenses for disciplinary cases handled by the Attorney General's Office and the Office of Administrative Hearings. Expenditures then declined to about \$4.2 million in 2022–23 and \$3.9 million in 2023–24, reflecting temporary savings from staff vacancies and reduced legal and hearing expenses after completing many disciplinary cases from the prior year. The Board's expenditures increased to \$4.8 million in 2024–25 as vacant positions were filled and spending increased for sworn investigation services provided by DCA's Division of Investigation (DOI).

The Board's current estimated expenditures increase to over \$6 million in 2025–26 and 2026–27 due to projected expenses for sworn investigation services by DOI, anticipated spending for legal and hearing expenses resulting from those investigations, and the expected filling of the Board's two remaining vacancies.

10. Using Table 3, Expenditures by Program Component, describe the amounts and percentages of expenditures by program component, including the cause of fluctuations aside from increasing personnel costs. Provide a breakdown of the expenditures by the board in each program area. Expenditures by each component (except for pro rata) should be broken out by personnel expenditures and other expenditures.

The Board's expenditures during this reporting period were primarily directed to the Enforcement Program, which accounted for approximately 48 to 58 percent of total annual spending. Examination costs represented three to five percent, licensing costs were 12 to 13 percent, and administration expenses ranged from 12 to 14 percent. Additionally, 15 to 20 percent of expenditures were allocated to DCA pro rata.

While the Board's examination, licensing, and administration spending remained relatively stable, enforcement expenditures varied from \$1.8 million to \$2.6 million annually due to the timing and volume of disciplinary cases, administrative hearings, and sworn investigations.

Table 3. Expenditures by Program Component¹ (list dollars in thousands)								
	FY 2021/22		FY 2022/23		FY 2023/24		FY 2024/25	
	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E
Enforcement	\$1,042	\$1,593	\$790	\$1,084	\$685	\$1,043	\$810	\$1,675
Examination	\$104	\$45	\$79	\$84	\$69	\$104	\$81	\$120
Licensing	\$469	\$97	\$356	\$119	\$308	\$153	\$364	\$210
Administration *	\$449	\$75	\$431	\$92	\$390	\$119	\$436	\$164
DCA Pro Rata	\$0	\$675	\$0	\$670	\$0	\$699	\$0	\$715
Diversion (if applicable)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTALS	\$2,064	\$2,485	\$1,656	\$2,049	\$1,452	\$2,118	\$1,691	\$2,884
* Administration includes costs for executive staff, board, administrative support, and fiscal services.								
¹ Does not include supplemental pension payments or statewide general administrative expenses.								

11. Describe the amount the board has spent on business modernization, including contributions to the BreEZe program, which should be described separately.

The Board has spent approximately \$2 million during fiscal years 2019–20 through 2024–25 on the development, implementation, and maintenance of Connect, a modern application, licensing, and enforcement system. The annual cost of Connect maintenance, operations, and feature enhancement services is estimated to be \$138,549 for 2025–26 and 2026–27.

The Board was originally scheduled to be part of Release 3 of the BreEZe system and contributed approximately \$502,000 toward BreEZe development from fiscal years 2009–10 through 2017–18. However, when the Board and other Release 3 programs were removed from the BreEZe project, the Board was reimbursed \$148,000. In 2018, the Board joined the first cohort of DCA boards participating in the development of the Connect system.

12. Describe license renewal cycles and the history of fee changes over the last 10 years. Give the fee authority (Business and Professions Code and California Code of Regulations citations) for each fee charged by the board.

The Board issues three license/certificate types—doctor of chiropractic licenses, chiropractic corporation certificates, and satellite certificates. Doctor of chiropractic licenses and satellite certificates expire annually on the last day of the licensee's birth month, while chiropractic corporation certificates expire annually on the last day of the month in which they were originally issued.

The Legislature's authority to establish the Board's fee amounts is provided in Section 12.5 of the Chiropractic Act, and the current fee schedule is codified in BPC section 1006.5.

Over the past 10 years, the Board's fees have been adjusted three times. In 2018, the annual renewal fee for a doctor of chiropractic license—the Board's primary source of revenue—increased from \$250 to \$300 through SB 547 (Hill, Chapter 429, Statutes of 2017). Subsequently,

SB 1480 (Hill, Chapter 571, Statutes of 2018) increased the doctor of chiropractic license renewal fee from \$300 to \$313 and established fixed fee amounts for other services provided by the Board effective January 1, 2019.

Most recently, following the Board's last sunset review, SB 1434 (Roth, Chapter 623, Statutes of 2022) increased the doctor of chiropractic license renewal fee from \$313 to \$336, set a new statutory cap of \$500 for that fee type, and adjusted other fixed fee amounts based on the findings and recommendations of a 2021 fee study.

Table 4. Fee Schedule and Revenue (list revenue dollars in thousands)							
Fee	Current Fee Amount	Statutory Limit	FY 2021/22 Revenue	FY 2022/23 Revenue	FY 2023/24 Revenue	FY 2024/25 Revenue	% of Total Revenue
Doctor of Chiropractic (DC) License Renewal Fee	\$336	\$500	\$3,726	\$3,530	\$3,904	\$4,032	76.72%
DC License Application Fee	\$345	\$345	\$138	\$136	\$134	\$140	2.77%
DC Reciprocal License Application Fee	\$283	\$283	\$2	\$0	\$1	\$1	0.02%
Initial DC License Fee	\$137	\$137	\$61	\$58	\$49	\$50	1.10%
DC License Restoration Fee (Assessed in Addition to DC License Renewal Fee)	\$336	\$500	\$58	\$56	\$52	\$34	1.01%
Replacement License Fee	\$71	\$71	\$15	\$12	\$15	\$17	0.30%
Petition for Reinstatement of Revoked or Surrendered License Fee	\$4,185	\$4,185	\$3	\$9	\$17	\$17	0.23%
Petition for Reduction of Penalty Fee	\$3,195	\$3,195	\$0	\$0	\$0	\$3	0.02%
Petition for Early Termination of Probation Fee	\$3,195	\$3,195	\$0	\$0	\$3	\$3	0.03%
Preceptor Application Fee	\$72	\$72	\$21	\$19	\$17	\$26	0.42%
License Verification Fee	\$83	\$83	\$43	\$34	\$21	\$21	0.60%
Chiropractic Corporation (COR) Certificate Application Fee	\$171	\$171	\$24	\$22	\$22	\$23	0.46%
COR Certificate Renewal Fee	\$62	\$62	\$41	\$55	\$79	\$83	1.30%
COR Special Report Filing Fee	\$98	\$98	\$1	\$2	\$3	\$4	0.05%
Replacement COR Certificate Fee	\$70	\$70	\$0	\$0	\$0	\$0	0.00%
Satellite (SAT) Certificate Application Fee	\$69	\$69	\$92	\$112	\$136	\$157	2.51%
SAT Certificate Renewal Fee	\$50	\$50	\$100	\$122	\$176	\$196	3.00%
Replacement SAT Certificate Fee	\$71	\$71	\$0	\$0	\$1	\$0	0.01%
Continuing Education (CE) Provider Application Fee	\$291	\$291	\$2	\$8	\$4	\$4	0.09%
CE Provider Renewal Fee	\$118	\$118	\$2	\$7	\$4	\$7	0.10%
CE Course Application Fee	\$116 per course hour	\$116 per course hour	\$111	\$265	\$463	\$406	6.29%
Citation and Fine Revenue	Varies	\$5,000	\$37	\$50	\$44	\$8	0.70%

Table 4. Fee Schedule and Revenue (list revenue dollars in thousands)							
Fee	Current Fee Amount	Statutory Limit	FY 2021/22 Revenue	FY 2022/23 Revenue	FY 2023/24 Revenue	FY 2024/25 Revenue	% of Total Revenue
Miscellaneous Revenue	Varies	Varies	\$37	\$63	\$154	\$197	2.28%
Referral Services Application	\$279	\$279	\$0	\$0	\$0	\$0	0.00%

13. Describe Budget Change Proposals (BCPs) submitted by the board in the past four fiscal years.

The Board has not submitted any budget change proposals in the last four fiscal years.

Table 5. Budget Change Proposals (BCPs)								
BCP ID #	Fiscal Year	Description of Purpose of BCP	Personnel Services				OE&E	
			# Staff Requested (include classification)	# Staff Approved (include classification)	\$ Requested	\$ Approved	\$ Requested	\$ Approved
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Staffing Issues

14. Describe any board staffing issues/challenges, i.e., vacancy rates, efforts to reclassify positions, staff turnover, recruitment and retention efforts, succession planning.

The Board is a small organization with only 18 staff positions. This limited size inherently creates key person dependency for essential business functions, resulting in heavy workloads and broad responsibilities for each position. Additionally, when fully staffed, there are limited chances for internal promotion, which can impact retention as employees seek other opportunities for career advancement.

During this review period, the Board averaged five vacancies, primarily due to retirements and internal and external promotions. Recruiting qualified applicants for clerical, analytical, and management roles has been challenging, particularly for positions involving complex administrative projects and policy work. The Board is currently working to fill two remaining vacancies—a Lead Administrative and Policy Analyst position and an Enforcement Technician position.

The Board's succession planning efforts include personalized learning and development plans for each staff position to ensure employees can access and gain the knowledge, skills, and training needed for future promotional opportunities within the Board, DCA, or other state agencies.

15. Describe the board's staff development efforts and total spent annually on staff development. (cf., Section 11, Attachment D).

The Board is committed to fostering a culture of continuous learning and professional growth. Recognizing that well-trained employees are essential to fulfilling its mission, the Board provides staff with training and development opportunities to enhance job performance, build leadership

skills, and prepare employees for advancement within the Board and other areas of state service.

The Board primarily leverages training opportunities offered through DCA's Strategic Organization, Leadership, and Individual Development (SOLID), which offers a range of training and services, including individual, workgroup, and leadership development programs, aligned with the California Department of Human Resources' (CalHR) core competency model of collaboration, communication, customer engagement, digital fluency, diversity and inclusion, innovative mindset, interpersonal skills, and resilience.

Board staff have participated in many courses offered by SOLID, including the Analyst Certification, Skill Enhancement, and Enforcement Academy training series. Additionally, staff have also participated in leadership development offered by CalHR and accessibility training through the California Department of Rehabilitation.

Training provided by SOLID is funded through the Board's pro rata share of DCA expenditures. Over the past four fiscal years, the Board spent \$3,195 on training outside of SOLID.

Section 3 – Licensing Program

Table 6. Licensee Population

		FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25
Doctor of Chiropractic License (DC)	Active ³	11,000	10,810	10,551	10,763
	Out of State	634	542	413	405
	Out of Country	20	18	11	15
	Delinquent/Expired	1,772	1,777	1,739	1,540
	Retired Status <i>if applicable</i>	N/A	N/A	N/A	N/A
	Inactive	860	888	1,068	854
	Other ⁴	6	7	11	2
Chiropractic Corporation Certificate (COR)	Active	1,207	1,237	1,253	1,306
	Out of State	5	3	0	1
	Out of Country	0	0	0	0
	Delinquent/Expired	666	740	836	884
	Retired Status <i>if applicable</i>	N/A	N/A	N/A	N/A
	Inactive	N/A	N/A	N/A	N/A
	Other	0	0	0	0
Satellite Certificate (SAT)	Active	3,958	4,149	5,091	5,213
	Out of State	N/A	N/A	N/A	N/A
	Out of Country	N/A	N/A	N/A	N/A
	Delinquent/Expired	3,973	4,478	5,878	5,560
	Retired Status <i>if applicable</i>	N/A	N/A	N/A	N/A
	Inactive	N/A	N/A	N/A	N/A
	Other	0	0	2	0

Note: 'Out of State' and 'Out of Country' are two mutually exclusive categories. A licensee should not be counted in both.

16. What are the board's performance targets/expectations for its licensing⁵ program? Is the board meeting those expectations? If not, what is the board doing to improve performance?

The Board established a performance target of 14 days to process complete applications for the issuance or renewal of its three license types—doctor of chiropractic license, chiropractic corporation certificate, and satellite certificate. The Board is pleased to report that its Licensing Program has been consistently meeting or exceeding these performance expectations throughout this reporting period.

17. Using Table 7a, Licensing Data by Type, describe any increase or decrease in the board's average time to process applications, administer exams and/or issue licenses. Have pending applications grown at a rate that exceeds completed applications? If so, what has been done by the board to address them? What are the performance barriers and what improvement plans are in place? What has the board done and what is the board going to do to address any performance issues, i.e., process efficiencies, regulations, BCP, legislation?

Throughout this reporting period, the Board did not experience licensing delays. The average time to process applications and issue licenses improved due to proactive workflow enhancements, including cross-training staff to ensure flexibility and responsiveness during peak

³ Active status is defined as able to practice. This includes licensees that are renewed, current, and active.

⁴ Other is defined as a status type that does not allow practice in California, other than retired or inactive.

periods and leveraging the Connect system to allow faster submission and processing of applications. For complete online applications, staff can now process them on the same day they are received, and in many cases, licenses can be issued within hours of an applicant passing the California Chiropractic Law Examination and paying the initial license fee. Further, the Board's efforts to streamline workflows and implement same-day processing for complete applications have kept pending application volumes low and manageable.

The primary barrier to timely processing continues to be incomplete applications, which require additional communication and follow-up with applicants and licensees. These delays are outside of the Board's control but remain an area of focus for improvement.

Table 7a. Licensing Data by Type – Doctor of Chiropractic License (DC)

		Received	Approved /Issued	Closed	Pending Applications			Application Process Times		
					Total (Close of FY)	Complete (within Board control)*	Incomplete (outside Board control)*	Complete Apps*	Incomplete Apps*	Total (Close of FY)
FY 2021/22	(Exam)	362	342	8	42	-	-	9 days	44 days	32 days
	(License)	362	332	14	57	-	-	6 days	29 days	12 days
	(Renewal)	11,905	11,714	0	249	-	-	-	-	8 days
FY 2022/23	(Exam)	384	367	8	51	-	-	9 days	36 days	30 days
	(License)	384	370	22	49	-	-	8 days	24 days	13 days
	(Renewal)	11,534	11,703	0	80	-	-	-	-	10 days
FY 2023/24	(Exam)	387	381	11	46	-	-	9 days	43 days	37 days
	(License)	387	363	10	63	-	-	5 days	21 days	11 days
	(Renewal)	11,618	11,562	0	136	-	-	-	-	7 days
FY 2024/25	(Exam)	408	422	5	27	-	-	8 days	39 days	28 days
	(License)	408	375	3	93	-	-	2 days	70 days	6 days
	(Renewal)	11,999	11,627	0	508	-	-	-	-	6 days

* Optional. List if tracked by the board.

Table 7a. Licensing Data by Type – Chiropractic Corporation Certificate (COR)

		Received	Approved /Issued	Closed	Pending Applications			Application Process Times		
					Total (Close of FY)	Complete (within Board control)*	Incomplete (outside Board control)*	Complete Apps*	Incomplete Apps*	Total (Close of FY)
FY 2021/22	(Exam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	(License)	129	102	5	36	-	-	14 days	24 days	16 days
	(Renewal)	1,312	1,245	0	79	-	-	-	-	10 days
FY 2022/23	(Exam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	(License)	129	113	12	40	-	-	14 days	118 days	34 days
	(Renewal)	1,269	1,213	0	135	-	-	-	-	9 days
FY 2023/24	(Exam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	(License)	112	118	13	21	-	-	14 days	74 days	32 days
	(Renewal)	1,280	1,323	0	92	-	-	-	-	9 days
FY 2024/25	(Exam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	(License)	131	117	11	24	-	-	12 days	83 days	21 days
	(Renewal)	1,340	1,308	0	124	-	-	-	-	8 days

* Optional. List if tracked by the board.

Table 7a. Licensing Data by Type – Satellite Certificate (SAT)

		Received	Approved /Issued	Closed	Pending Applications			Application Process Times		
					Total (Close of FY)	Complete (within Board control)*	Incomplete (outside Board control)*	Complete Apps*	Incomplete Apps*	Total (Close of FY))
FY 2021/22	(Exam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	(License)	1,479	1,270	51	359	-	-	8 days	-	8 days
	(Renewal)	3,220	3,141	0	124	-	-	-	-	9 days
FY 2022/23	(Exam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	(License)	1,736	1,637	77	381	-	-	13 days	-	13 days
	(Renewal)	3,382	3,152	0	354	-	-	-	-	9 days
FY 2023/24	(Exam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	(License)	1,753	1,811	58	265	-	-	14 days	104 days	14 days
	(Renewal)	3,517	3,634	0	237	-	-	-	-	7 days
FY 2024/25	(Exam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	(License)	1,980	2,107	62	76	-	-	10 days	56 days	10 days
	(Renewal)	3,910	3,955	0	192	-	-	-	-	6 days

* Optional. List if tracked by the board.

Table 7b. License Denial

	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25
License Applications Denied (no hearing requested)	0	0	1	0
SOIs Filed	0	1	0	1
Average Days to File SOI (from request for hearing to SOI filed)	N/A	112 days	N/A	43 days
SOIs Declined	0	0	0	0
SOIs Withdrawn	0	0	0	0
SOIs Dismissed (license granted)	0	0	0	0
SOIs Granted (license denied)	0	0	1	0
License Issued with Probation / Probationary License Issued	0	0	0	1
Average Days to Complete (from SOI filing to outcome)	N/A	N/A	304 days	244 days

18. How many licenses or registrations has the board denied over the past four years based on criminal history that is determined to be substantially related to the qualifications, functions, or duties of the profession, pursuant to BPC § 480? Please provide a breakdown of each instance of denial and the acts the board determined were substantially related.

The Board denied one doctor of chiropractic license application based on criminal history that was determined to be substantially related to the qualifications, functions, or duties of the chiropractic profession. In that instance, the applicant had been convicted of battery on a person 65 years of age or older, a felony, within the previous year preceding their application.

19. How does the board verify information provided by the applicant?

The Board requires primary source verification of an applicant's education, examination results, licensure, disciplinary actions, and criminal history.

To verify chiropractic education, Board staff carefully evaluate an applicant's transcript and the accompanying chiropractic education certificate provided by the chiropractic program.

National examination scores are obtained directly from NBCE's database to ensure accuracy and authenticity.

The Board also verifies an applicant's license history through primary source verification and obtains certified copies of any disciplinary or criminal history records directly from the issuing agency or court to confirm their validity and completeness.

- **What process does the board use to check prior criminal history information, prior disciplinary actions, or other unlawful acts of the applicant? Has the board denied any licenses over the last four years based on the applicant's failure to disclose information on the application, including failure to self-disclose criminal history? If so, how many times and for what types of crimes (please be specific)?**

The Board verifies an applicant's criminal and disciplinary history through multiple primary sources. State and federal criminal background checks are conducted using fingerprinting, which is processed through the California Department of Justice (DOJ) and the Federal Bureau of Investigation. Disciplinary history is reviewed through license verifications and national databases, including the National Practitioner Data Bank (NPDB) and FCLB's Chiropractic Information Network / Board Action Databank (CIN-BAD).

In the past four years, the Board has not denied any licenses based on an applicant's failure to disclose information on an application. Additionally, the Board does not have statutory authority to require applicants to self-disclose any criminal history information during the application process.

- **Does the board fingerprint all applicants?**

Yes.

- **Have all current licensees been fingerprinted? If not, explain.**

Yes.

- **Is there a national databank relating to disciplinary actions? Does the board check the national databank prior to issuing a license? Renewing a license?**

Yes, NPDB collects and releases information on disciplinary actions and medical malpractice payments involving U.S. healthcare practitioners. Additionally, FCLB maintains CIN-BAD, a database that tracks and centralizes disciplinary actions taken against doctors of chiropractic throughout the U.S. and Canada.

The Board checks NPDB and CIN-BAD for any disciplinary actions before issuing or restoring a doctor of chiropractic license.

- **Does the board require primary source documentation?**

Yes, the Board requires primary source verification of an applicant's chiropractic education, national examination scores, state and federal criminal background, and license and disciplinary history.

- **Does the board send No Longer Interested notifications to DOJ on a regular and ongoing basis? Is this done electronically? Is there a backlog? If so, describe the extent and efforts to address the backlog.**

Yes, the Board sends No Longer Interested (NLI) notifications electronically to DOJ through an online access portal. There is no backlog in the NLI process.

20. Describe the board's legal requirement and process for out-of-state and out-of-country applicants to obtain licensure.

Through the Chiropractic Act and Board regulations, the Board offers a reciprocal licensure pathway to qualified applicants licensed in other states. To be eligible, applicants must have graduated from a Board-approved chiropractic program, completed the minimum number of hours and subjects as were required by California law at the time their license was issued in another state, and have passed an equivalent examination in each of the subjects examined in California in the same year as they were issued a license in the state from which they are applying. Additionally, applicants must have five years of chiropractic practice and hold a valid license from the state from which they are reciprocating and that state must offer reciprocal licensure to California licensees.

The Board does not have the authority to grant reciprocal licensure to applicants who are licensed in another country.

21. Describe the board's process, if any, for considering military education, training, and experience for purposes of licensing or credentialing requirements, including college credit equivalency.

The U.S. military does not currently offer any education, training, or experience in the practice of chiropractic.

- **How many applicants offered military education, training or experience towards meeting licensing or credentialing requirements, and how many applicants had such education, training or experience accepted by the board?**

None.

- **How many licensees has the board waived fees or requirements for pursuant to BPC § 114.3, and what has the impact been on board revenues?**

None.

- **How many applications has the board expedited pursuant to BPC § 115.5?**

The Board has expedited and waived the application fees for three applications filed by applicants who are married to, or in a domestic partnership or other legal union with, an active duty member of the U.S. Armed Forces.

Examinations

22. Describe the examinations required for licensure. Is a national examination used? Is a California specific examination required? Are examinations offered in a language other than English?

Six examinations are required for licensure as a doctor of chiropractic—five national examinations and a California-specific law and ethics examination. These examinations are only offered in English.

The Board requires applicants to pass the following national chiropractic examinations administered by NBCE:

- Part I: Basic Sciences, a computer-based examination consisting of 255 questions across six domains—general anatomy, spinal anatomy, physiology, chemistry, pathology, and microbiology
- Part II: Clinical Sciences, a computer-based examination consisting of 255 questions across six domains—general diagnosis, neuromusculoskeletal diagnosis, diagnostic imaging, principles of chiropractic, chiropractic practice, and associated clinical sciences
- Part III: Clinical Competency, a computer-based examination consisting of 80 questions, 20 cases, and 30 imaging sets covering case history, physical examination, neuromusculoskeletal examination, diagnostic imaging, clinical laboratory and special studies, diagnosis or clinical impression, chiropractic techniques, supportive interventions, and case management
- Part IV: Chiropractic Technique and Case Management, a practical examination that covers history taking, physical examination, orthopedic and neurologic examinations, and cervical, thoracic, lumbar, pelvic/sacral, and extremity adjusting
- Physiotherapy, a computer-based examination consisting of 90 questions on thermotherapy, electrotherapy, mechanotherapy, phototherapy, functional assessment, exercise physiology, endurance training, muscle rehabilitation, neuromuscular rehabilitation, and disorder-specific rehabilitation

Additionally, all applicants must pass the California Chiropractic Law Examination (CCLE), a computer-based examination consisting of 50 questions on California chiropractic law and ethics, administered by the Board.

23. What are pass rates for first time vs. retakes in the past 4 fiscal years? Please include pass rates for all examinations offered, including examinations offered in a language other than English. Include a separate data table for each language offered.

In the past four years, the average pass rates for the national chiropractic examinations were:

- Part I (Basic Sciences) – 84 percent
- Part II (Clinical Sciences) – 88 percent
- Part III (Clinical Competency) – 79 percent
- Part IV (Chiropractic Technique and Case Management) – 90 percent
- Physiotherapy – 90 percent

NBCE does not publish specific, separate national pass rates for retake candidates.

During this timeframe, 70 percent of applicants passed the CCLE on their first attempt and 86 percent passed a reexamination.

As noted above, these six examinations are currently only offered in English.

Table 8(a). Examination Data⁶		
California Examination		
License Type		Doctor of Chiropractic (DC)
Exam Title		California Chiropractic Law Examination (CCLE)
FY 2021/22	Number of Candidates	379
	Overall Pass %	77%
	Overall Fail %	23%
FY 2022/23	Number of Candidates	451
	Overall Pass %	84%
	Overall Fail %	16%
FY 2023/24	Number of Candidates	367
	Overall Pass %	90%
	Overall Fail %	10%
FY 2024/25	Number of Candidates	502
	Overall Pass %	76%
	Overall Fail %	24%
Date of Last OA		2024
Name of OA Developer		DCA Office of Professional Examination Services (OPES)
Target OA Date		2029

⁶ This table includes all exams for all license types as well as the pass/fail rate. Include as many examination types as necessary to cover all exams for all license types.

Table 8(b). National Examination.						
License Type		Doctor of Chiropractic (DC)				
Exam Title		National Board of Chiropractic Examiners (NBCE) Examination				
Exam		Part I	Part II	Part III	Part IV	Physiotherapy
FY 2021/22	Number of Candidates	2,958	2,811	3,149	2,694	2,662
	Overall Pass %	83%	86%	74%	92%	91%
	Overall Fail %	17%	14%	26%	8%	9%
FY 2022/23	Number of Candidates	2,780	2,596	2,650	2,670	2,628
	Overall Pass %	84%	87%	79%	89%	89%
	Overall Fail %	16%	13%	21%	11%	11%
FY 2023/24	Number of Candidates	3,053	2,740	2,571	2,630	2,616
	Overall Pass %	86%	91%	81%	90%	90%
	Overall Fail %	14%	9%	19%	10%	10%
FY 2024/25	Number of Candidates	2,835	2,906	2,708	2,737	2,605
	Overall Pass %	84%	89%	82%	90%	90%
	Overall Fail %	16%	11%	18%	10%	10%
Date of Last OA		2025				
Name of OA Developer		NBCE				
Target OA Date		2030				

24. Is the board using computer based testing? If so, for which tests? Describe how it works. Where is it available? How often are tests administered?

Yes, the Board uses computer-based testing for the CCLE, which is offered continuously at secure, proctored testing centers throughout the United States.

When an applicant is deemed eligible to take the CCLE, they receive detailed instructions for registering and scheduling their examination directly through the test vendor's secure online portal. Applicants have one year from the initial date of examination eligibility to pass the CCLE before their application is considered abandoned. If an applicant does not pass an examination attempt, they must wait at least 30 days before retaking the examination.

25. Are there existing statutes that hinder the efficient and effective processing of applications and/or examinations? If so, please describe. Has the Board approved any amendments, or is the Board considering amendments to address the hindrances presented by these statutes?

No. The Board is not aware of any existing statutes that hinder the efficient and effective processing of applications and/or examinations.

26. When did the Board last conduct an occupational analysis that validated the requirement for a California-specific examination? When does the Board plan to revisit this issue? Has the Board identified any reason to update, revise, or eliminate its current California-specific examination?

The Board completed its most recent occupational analysis (OA) of the chiropractic profession in collaboration with DCA's Office of Professional Examination Services in August 2024. The OA report provides a current description of practice for the chiropractic profession structured into four content areas—patient intake and history, examination and assessment, treatment and case management, and laws and ethics—that the Board used to construct a valid and legally defensible California Chiropractic Law Examination (CCLE).

The Board has briefly discussed updating the CCLE to potentially include new practice-based questions and scenarios that reflect the unique needs of California's diverse patient population. The Board plans to revisit this topic during its next strategic planning session scheduled for April 2026.

School Approvals

27. Describe legal requirements regarding school approval. Who approves your schools? What role does BPPE have in approving schools? How does the board work with BPPE in the school approval process?

The Board establishes minimum standards for the approval of chiropractic educational programs through its regulations. To be considered for approval, a chiropractic program must be both institutionally and programmatically accredited and offer a Doctor of Chiropractic (D.C.) degree program that meets the Board's curriculum and clinical training requirements.

The Bureau for Private Postsecondary Education (BPPE) does not participate in the Board's approval process for chiropractic programs. The Board independently evaluates and approves chiropractic programs based on its own regulatory criteria and does not coordinate with BPPE in this process.

28. How many schools are approved by the board? How often are approved schools reviewed? Can the board remove its approval of a school?

There are 20 chiropractic programs throughout the United States and Canada that are approved by the Board, including two programs in California—Life Chiropractic College West in Hayward and Southern California University of Health Sciences in Whittier.

Board-approved chiropractic programs are reviewed in alignment with the eight-year accreditation cycle established by the Council on Chiropractic Education (CCE), the recognized programmatic accreditor. This cycle includes interim site visits and periodic program reports to CCE. Programs that receive warnings or are placed on probation due to noncompliance with accreditation standards are subject to more frequent reviews, including progress reports and focused site visits. CCE convenes twice per year, and the Board's Licensing Committee actively monitors the accreditation decisions and actions taken by CCE during these meetings.

Through its regulations, the Board has authority to revoke approval of any chiropractic program that fails to meet the Board's standards or if the quality of instruction does not satisfy the objectives outlined in the Chiropractic Act and the Board's regulations.

29. What are the board's legal requirements regarding approval of international schools?

The Board cannot approve an international chiropractic program until it has been in operation for at least two years, has met institutional and programmatic accreditation standards, and has demonstrated its compliance with the Board's regulations.

Currently, there is only one international chiropractic program that has been approved by the Board—Canadian Memorial Chiropractic College in Toronto, Ontario.

Continuing Education/Competency Requirements

30. Describe the board's continuing education/competency requirements, if any. Describe any changes made by the board since the last review.

The Board's continuing education requirements are specified in CCR, title 16, section 361. To renew an active doctor of chiropractic license, licensees must complete 24 hours of continuing education annually. This includes a minimum of two hours in ethics and law and a minimum of four hours in history taking and physical examination procedures, chiropractic adjustive or manipulation techniques, or proper and ethical billing and coding. The remaining 18 hours may be completed through any continuing education courses that have been approved by the Board, the Department of Industrial Relations, Division of Workers' Compensation, or another DCA healing arts board. Additionally, no more than 12 hours may be completed through distance learning.

Since the last review, the Board developed two regulatory proposals to make comprehensive updates to the continuing education requirements to ensure they remain relevant, rigorous, and aligned with current standards. The first proposal narrows the definition of distance learning to asynchronous coursework, allowing synchronous online courses to receive the same credit as traditional, in-person classes. It also requires licensees to pass an interactive test or self-assessment of the subject matter as a condition for successful completion of asynchronous courses. This regulatory package was submitted to the Office of Administrative Law (OAL) for review on November 20, 2025.

The Board also developed a broader proposal that would replace the current continuing education subject areas with five course competency categories, increase the mandatory hours to 12 across four competencies, revise the course review and approval process, create a re-approval process for previously approved courses, and update the continuing education requirements for petitions for reinstatement of revoked or surrendered licenses. This regulatory proposal is expected to be published in the OAL Notice Register and released for a 45-day public comment period in early 2026.

Continuing Education			
Type	Frequency of Renewal	Number of CE Hours Required Each Cycle	Percentage of Licensees Audited
Doctor of Chiropractic (DC) License	Annual	24	10%

- **How does the board verify CE or other competency requirements? Has the Board worked with the Department to receive primary source verification of CE completion through the Department's cloud?**

The Board currently verifies completion of continuing education through random audits of license renewal applications.

To improve efficiency, the Board is working toward implementing primary source verification of continuing education completion and automated auditing of continuing education records. The Board has engaged in preliminary discussions with DCA's Office of Information Services to define the technical requirements for developing and deploying this functionality. The Board's goal is to leverage the Connect system and/or other DCA reporting resources to automate the integration and auditing of those records. The Board plans to replace its manual, paper-based continuing education audits with an automated auditing process by the end of fiscal year 2026–27.

- **Does the board conduct CE audits of licensees? Describe the board's policy on CE audits.**

Yes, the Board conducts random audits of at least 10 percent of license renewal applications to verify licensees' compliance with the annual continuing education requirements. Licensees are required to retain their certificates of completion for four years from their last renewal and forward the documents to the Board for auditing upon request. Licensees who fail to comply with the continuing education requirements or respond to an audit are referred to the Board's Enforcement Program for appropriate action.

- **What are consequences for failing a CE audit?**

The Board's Enforcement Program typically issues citations and fines or letters of admonishment to licensees who fail continuing education audits. However, egregious cases, such as those involving the falsification of documents or repeat offenses, are referred to the Attorney General's Office for formal disciplinary action.

- **How many CE audits were conducted in the past four fiscal years? How many fails? What is the percentage of CE failure?**

The Board is in the process of conducting and finalizing more than 4,500 audits of license renewal applications from the past four fiscal years. Final results will be available upon completion of this review.

- **Who approves CE courses? What is the board's course approval policy?**

The Board approves continuing education courses taken by its licensees. The Board's regulations require a Board-approved continuing education provider to pay an application fee and provide an hourly breakdown of the course, a final copy of the syllabus, a copy of any promotional material to be used, and a current curriculum vitae for each instructor. Staff reviews the course application and documentation for compliance with the regulations and issues a decision approving or denying the course. Providers may appeal the denial of a course to an office conference with the Board's executive officer and to a formal hearing before the Board.

- **Who approves CE providers? If the board approves them, what is the board's application review process?**

The Board reviews and approves new continuing education provider applications at its quarterly meetings. Once approved, providers must renew their status every two years and pay the required renewal fee. Providers who fail to renew are removed from the Board's list of approved providers.

- **How many applications for CE providers and CE courses were received? How many were approved?**

During the past four fiscal years, the Board received and approved 66 continuing education provider applications. In addition, the Board reviewed and approved over 6,000 continuing education courses, including over 26,500 hours of course content.

- **Does the board audit CE providers? If so, describe the board's policy and process.**

Yes, the Board randomly selects continuing education providers and courses for audits and also conducts audits of specific courses in response to complaints. As part of the audit process, a subject matter expert or Board designee inspects and audits continuing education provider and course documentation, attends and observes the course, and prepares a report detailing their findings. If any violations are found through the audit, the Board takes appropriate action against the continuing education provider, such as educating them on the requirements or, when warranted, withdrawing their course or provider approval.

- **Describe the board's effort, if any, to review its CE policy for purpose of moving toward performance based assessments of the licensee's continuing competence.**

The Board has not yet adopted performance-based assessments as a substitute for continuing education requirements but recognizes their potential value in evaluating clinical proficiency. While such assessments could enhance public protection, they require careful consideration of feasibility, cost, standardization, and regulatory changes. The Board plans to explore this concept further during its upcoming strategic planning session in April 2026.

Section 4 – Enforcement Program

31. What are the board's performance targets/expectations for its enforcement program? Is the board meeting those expectations? If not, what is the board doing to improve performance?

The Board established the following performance targets for its Enforcement Program:

- Complaint intake: 10 days from receipt of a complaint to assignment for investigation or closure at intake
- Investigations: 120 days from receipt of a complaint to completion of an investigation
- Formal Discipline: 540 days from receipt of a complaint to the effective date of the disciplinary action

The Board consistently exceeds its complaint intake target, averaging five days to complete the intake process during this review period. However, the Board was unable to meet its performance targets for investigations and formal discipline. Several factors contributed to these delays, some of which were outside of the Board's control. These included tracking licensee arrests through the prosecution process, delays in obtaining documents and evidence from licensees, limited cooperation from complainants and witnesses, hearing availability with the Office of Administrative Hearings, and licensee requests for continuances.

To address the need for internal improvements, the Board implemented a series of measures to enhance efficiency and reduce timeframes for desk and non-sworn investigations. These actions included hiring additional special investigators and providing enforcement analysts with training in chiropractic practice, interviewing techniques, and report writing. The Board also established a Case Management Section to handle arrests, convictions, citations, disciplinary cases, probation monitoring, and policy recommendations, while creating a dedicated Investigations Section focused solely on conducting desk investigations.

As a result of these efforts, the Board significantly reduced the volume of pending investigations during this review period. The Board anticipates further reductions in case processing timeframes as older cases that have already aged beyond these targets are closed.

32. Explain trends in enforcement data and the board's efforts to address any increase in volume, timeframes, ratio of closure to pending cases, or other challenges. What are the performance barriers? What improvement plans are in place? What has the board done and what is the board going to do to address these issues, i.e., process efficiencies, regulations, BCP, legislation?

Since the last review, the Board has continued to receive and investigate a comparable number of consumer complaints. The Board implemented improvements to its complaint intake process and now refers complaints directly to the appropriate level of investigation from intake. Previously, all complaints were first assigned to an analyst who would then determine whether the complaint was appropriate for a desk investigation or should be referred to a special investigator or DCA's Division of Investigation. This process change helped the Board reduce its average cycle time for complaint intake from nine to five days.

The Board has also achieved a substantial reduction in its pending investigation caseload, decreasing from a high of 594 cases to 213 as of June 30, 2025. To build on this progress, the Board has set a goal of reducing the pending caseload below 175 by June 30, 2026.

Despite these improvements, the Board has not yet achieved its internal goal of closing investigations within 120 days and completing disciplinary actions within DCA's standard of 540 days. To address this, the Board has implemented technological and organizational enhancements. In July 2021, the Board transitioned all complaints and investigations to the Connect system, which integrates complaint intake, investigations, citations, discipline, and probation monitoring into a single platform. Additionally, the Board adopted videoconferencing technology to conduct interviews, reducing staff time and travel costs. The Board is also working to refine the Connect system's reporting tools to provide comprehensive data for monitoring case progression, identifying delays, and distinguishing between active investigation phases and periods of inactivity.

Also, as described above, the Board reorganized its Enforcement Unit to improve operational efficiency. Enforcement analysts have been assigned specialized roles, with some focusing on desk investigations while others manage citations and disciplinary cases. Through these combined efforts, the Board expects to be able to achieve its goal of completing internal desk and non-sworn investigations within 120 days by fiscal year 2027–28.

Table 9. Enforcement Statistics				
	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25
COMPLAINTS				
Intake				
Received	456	434	457	446
Closed without Referral for Investigation	36	78	101	116
Referred to INV	417	350	360	329
Pending (close of FY)	5	6	2	3
Conviction / Arrest				
CONV Received	51	52	56	79
CONV Closed Without Referral for Investigation	0	2	8	13
CONV Referred to INV	51	50	48	66
CONV Pending (close of FY)	0	0	0	0
Source of Complaint ⁷				
Public	266	245	253	244
Licensee/Professional Groups	15	22	14	9
Governmental Agencies	17	8	12	15
Internal	116	124	128	125
Other	0	0	0	0
Anonymous	93	87	106	132
Average Time to Refer for Investigation (from receipt of complaint / conviction to referral for investigation)	9	5	4	4
Average Time to Closure (from receipt of complaint / conviction to closure at intake)	7	4	3	4
Average Time at Intake (from receipt of complaint / conviction to closure or referral for investigation)	9	5	4	4

⁷ Source of complaint refers to complaints and convictions received. The summation of intake and convictions should match the total of source of complaint.

INVESTIGATION				
Desk Investigations				
Opened	379	335	347	276
Closed	450	232	457	371
Average days to close (from assignment to investigation closure)	284	254	364	305
Pending (close of FY)	198	301	191	127
Non-Sworn Investigation				
Opened	62	38	45	116
Closed	115	76	87	104
Average days to close (from assignment to investigation closure)	667	554	676	324
Pending (close of FY)	194	156	114	72
Sworn Investigation				
Opened	27	27	16	3
Closed	12	9	28	38
Average days to close (from assignment to investigation closure)	1,137	687	699	972
Pending (close of FY)	20	38	26	14
All investigations ⁸				
Opened	468	400	408	395
Closed	577	317	572	513
Average days for all investigation outcomes (from start investigation to investigation closure or referral for prosecution)	378	338	428	358
Average days for investigation closures (from start investigation to investigation closure)	369	323	427	350
Average days for investigation when referring for prosecution (from start investigation to referral for prosecution)	463	584	439	509
Average days from receipt of complaint to investigation closure	387	343	432	362
Pending (close of FY)	412	495	331	213
CITATION AND FINE				
Citations Issued	37	10	33	18
Average Days to Complete (from complaint receipt / inspection conducted to citation issued)	816	743	685	478
Amount of Fines Assessed	\$58,500	\$21,000	\$58,750	\$36,000
Amount of Fines Reduced, Withdrawn, Dismissed	\$12,000	\$7,000	\$14,500	\$0
Amount Collected	\$37,126	\$49,594	\$43,608	\$11,000
CRIMINAL ACTION				
Referred for Criminal Prosecution	0	8	10	2
ACCUSATION				
Accusations Filed	53	22	13	24
Accusations Declined	0	3	4	1
Accusations Withdrawn	4	3	2	1
Accusations Dismissed	1	0	0	0
Average Days from Referral to Accusations Filed (from AG referral to Accusation filed)	101	99	142	116

⁸ The summation of desk, non-sworn, and sworn investigations should match the total of all investigations.

INTERIM ACTION				
ISO & TRO Issued	1	0	0	1
PC 23 Orders Issued	1	2	2	0
Other Suspension/Restriction Orders Issued	0	0	0	1
Referred for Diversion	N/A	N/A	N/A	N/A
Petition to Compel Examination Ordered	1	0	1	1
DISCIPLINE				
AG Cases Initiated (cases referred to the AG in that year)	58	18	28	25
AG Cases Pending Pre-Accusation (close of FY)	64	34	46	26
AG Cases Pending Post-Accusation (close of FY)	43	27	11	21
DISCIPLINARY OUTCOMES				
Revocation	14	5	5	5
Surrender	13	7	10	3
Suspension only	0	0	0	0
Probation with Suspension	0	2	0	0
Probation only	13	22	8	6
Public Reprimand / Public Reprimand / Public Letter of Reprimand	1	1	2	0
Other	7	0	0	1
DISCIPLINARY ACTIONS				
Proposed Decision	8	3	4	2
Default Decision	11	5	3	4
Stipulations	22	29	18	8
Average Days to Complete After Accusation (from Accusation filed to imposing formal discipline)	327	331	389	362
Average Days from Closure of Investigation to Imposing Formal Discipline	467	493	755	499
Average Days to Impose Discipline (from complaint receipt to imposing formal discipline)	965	1,034	1,357	1,046
PROBATION				
Probations Completed	9	7	13	7
Probationers Pending (close of FY)	64	73	70	70
Probationers Told *	14	17	20	24
Petitions to Revoke Probation / Accusation and Petition to Revoke Probation Filed	3	2	0	0
SUBSEQUENT DISCIPLINE⁹				
Probations Revoked	1	1	0	0
Probationers License Surrendered	2	2	1	1
Additional Probation Only	0	1	1	0
Suspension Only Added	0	0	0	0
Other Conditions Added Only	0	0	0	0
Other Probation Outcome	1	0	0	0
SUBSTANCE ABUSING LICENSEES **				
Probationers Subject to Drug Testing	7	10	8	9
Drug Tests Ordered	148	185	178	223
Positive Drug Tests	1	1	0	0
PETITIONS				
Petition for Termination or Modification Granted	0	2	0	0
Petition for Termination or Modification Denied	4	1	1	1
Petition for Reinstatement Granted	1	2	2	2
Petition for Reinstatement Denied	7	6	0	3

⁹ Do not include these numbers in the Disciplinary Outcomes section above.

DIVERSION **				
New Participants	N/A	N/A	N/A	N/A
Successful Completions	N/A	N/A	N/A	N/A
Participants (close of FY)	N/A	N/A	N/A	N/A
Terminations	N/A	N/A	N/A	N/A
Terminations for Public Threat	N/A	N/A	N/A	N/A
Drug Tests Ordered	N/A	N/A	N/A	N/A
Positive Drug Tests	N/A	N/A	N/A	N/A

Table 10. Enforcement Aging						
	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25	Cases Closed	Average %
Investigations (Average %)						
Closed Within:						
90 Days	152	75	114	143	484	24.5%
91 - 180 Days	73	59	74	57	263	13.3%
181 - 1 Year	99	53	113	115	380	19.2%
1 - 2 Years	146	97	167	124	534	27.0%
2 - 3 Years	85	21	63	51	220	11.1%
Over 3 Years	22	12	41	23	98	4.9%
Total Investigation Cases Closed	577	317	572	513	1,979	100%
Attorney General Cases (Average %)						
Closed Within:						
0 - 1 Year	5	7	8	1	21	13.6%
1 - 2 Years	7	4	10	3	24	15.6%
2 - 3 Years	19	7	14	6	46	29.9%
3 - 4 Years	11	13	1	6	31	20.1%
Over 4 Years	6	6	3	17	32	20.8%
Total Attorney General Cases Closed	48	37	36	33	154	100%

33. What do overall statistics show as to increases or decreases in disciplinary action since last review?

Since the last review, the number of disciplinary actions taken against licensees increased by approximately 27 percent. This increase is primarily attributable to the Board's adjudication of a significant volume of complex cases that were referred to the Attorney General's Office during fiscal years 2020–21 and 2021–22. Pandemic-related delays in scheduling hearings and negotiating stipulated settlements with respondents further contributed to the higher volume of disciplinary actions during this period.

After clearing these cases, the Board reduced its pending disciplinary caseload from 107 to 47, returning to its historical average.

34. How are cases prioritized? What is the board's complaint prioritization policy?

The Board's complaint prioritization policy is consistent with DCA's *Complaint Prioritization and Referral Guidelines for Healing Arts Boards*, revised in March 2024.

To ensure consistency and efficiency in triaging complaints and conducting investigations, the Board recently implemented a new complaint prioritization matrix. This tool evaluates each case using two factors: urgency and complexity.

Urgency reflects the potential risk to public safety and is categorized as critical, high, standard, or routine. Critical and high priority cases include allegations of serious patient harm or injury, licensee impairment, sexual misconduct, gross negligence, incompetence, fraud, substantially related criminal convictions, and unlicensed practice. Standard priority cases involve records or billing disputes, communication issues, false advertising, discipline by another jurisdiction, and practice with an expired license. Routine cases include failed continuing education audits and non-jurisdictional complaints.

Complexity is rated on a five-point scale based on the anticipated effort and resources needed to complete the investigation. The Board considers the following factors to determine the complexity of a case:

- The nature and severity of the allegations
- The number of witnesses involved
- The type and volume of evidence to be gathered
- Whether the case relies primarily on physical evidence or witness testimony
- The need for an expert opinion
- The extent of any investigation or coordination with outside agencies

By combining these two scales, the matrix helps staff determine the appropriate level of investigation—desk, non-sworn, or sworn—and ensures that cases are prioritized objectively while also considering workload and resource allocation.

- **Please provide a brief summary of the Board's formal disciplinary process.**

The Board's disciplinary process is initiated upon receipt of a complaint or notification of an arrest, conviction, or disciplinary action by another agency that is substantially related to the practice of chiropractic. Complaints are typically investigated by the Board's special investigators and enforcement analysts, with support from contracted chiropractic expert consultants who evaluate whether the licensee met the applicable standard of care. If the investigation substantiates serious violations such as gross negligence, insurance fraud, sexual misconduct, or a criminal conviction, the matter is referred to the Attorney General's Office for formal disciplinary action.

Upon referral, a deputy attorney general reviews the evidence before preparing an accusation. The accusation is filed by the Board's executive officer and served on the licensee, who must file a notice of defense within 15 days to avoid a default decision revoking their license. If a notice of defense is filed, the deputy attorney general may work with the Board's executive officer to negotiate a stipulated settlement or license surrender, subject to Board approval. If settlement efforts are unsuccessful, the matter proceeds to an administrative hearing before an administrative law judge, where the deputy attorney general prosecutes the case. Following the hearing, the administrative law judge issues a

proposed decision for the Board to adopt, modify, or reject. Once the Board issues its final decision, it is served on the licensee, and the disciplinary action generally becomes effective 30 days thereafter.

35. Are there mandatory reporting requirements? For example, requiring local officials or organizations, or other professionals to report violations, or for civil courts to report to the board actions taken against a licensee. Are there problems with the board receiving the required reports? If so, what could be done to correct the problems?

Yes, mandatory reporting requirements are specified in BPC sections 801, 802, and 803, and CCR, title 16, sections 314 and 371.

BPC section 801 requires every insurer providing professional liability insurance to licensees to send a complete report to the Board within 30 days regarding any settlement or arbitration award over \$3,000 for a claim or action for damages for death or personal injury caused by the licensee's negligence, error, or omission in practice, or by the licensee's rendering of unauthorized professional services.

Similarly, BPC section 802 requires licensees who do not possess professional liability insurance to send a complete report to the Board within 30 days regarding every settlement, judgment, or arbitration award over \$3,000 for a claim or action for damages for death or personal injury caused by negligence, error, or omission in practice, or by the unauthorized rendering of professional services.

BPC section 803 requires within 10 days after a judgment by a court of this state that a licensee has committed a crime, or is liable for any death or personal injury resulting in a judgment for an amount in excess of \$30,000 caused by the licensee's negligence, error, or omission in practice, or rendering unauthorized professional services, the clerk of the court that rendered the judgment shall report that fact to the Board.

In addition, CCR, title 16, section 314 states it is the duty of every licensee to notify the Board of any violation of the Act or Board regulations so the Board may take appropriate disciplinary action. Licensees must also notify the Board of any convictions or disciplinary actions taken against them by another regulatory agency on their annual license renewal applications pursuant to CCR, title 16, section 371.

The Board is not aware of any problems with receiving these mandated reports and notifications.

- **What is the dollar threshold for settlement reports received by the board?**

The minimum threshold for reporting settlement payments to the Board is \$3,000.

- **What is the average dollar amount of settlements reported to the board?**

The average dollar amount of settlements reported to the Board during the last four fiscal years is \$217,240.

36. Describe settlements the board, and Office of the Attorney General on behalf of the board, enter into with licensees.

In consultation with the Attorney General's Office, the Board's executive officer negotiates stipulated settlements—including stipulated surrenders—with licensees and their legal counsel, when appropriate, to protect the public by expediting disciplinary decisions and to limit the Board's prosecution costs.

All proposed stipulated settlements are presented to the Board with a memorandum from the assigned deputy attorney general outlining and explaining the background and circumstances of the case, the allegations against the respondent, any mitigating evidence, and the proposed penalty, along with a recommendation for the Board to adopt the proposed settlement. After review, the Board votes to adopt, modify, or reject the proposed settlement.

- **What is the number of cases, pre-accusation, that the board settled for the past four years, compared to the number that resulted in a hearing?**

The Board does not have statutory authority to settle disciplinary cases prior to the filing of an accusation.

- **What is the number of cases, post-accusation, that the board settled for the past four years, compared to the number that resulted in a hearing?**

During the past four years, 77 cases were settled, 17 cases resulted in an administrative hearing, and 23 default decisions were issued.

- **What is the overall percentage of cases for the past four years that have been settled rather than resulted in a hearing?**

During the past four years, the Board settled 66 percent of disciplinary cases and 14 percent of cases resulted in a hearing. In addition, the Board issued default decisions in 20 percent of cases.

37. Does the board operate with a statute of limitations? If so, please describe and provide the citation. If so, how many cases have been lost due to statute of limitations? If not, what is the board's policy on statute of limitations?

No, the Board does not have a statute of limitations. However, practical limitations exist. Under CCR, title 16, section 318(a), licensees are required to maintain chiropractic patient records for five years from the date of the last treatment. As a result, the Board's ability to investigate allegations may be significantly limited when complaints are filed more than five years after the alleged incident or conduct occurred due to the potential unavailability of critical records and documentation.

While the Board does not specifically track the number of cases impacted by the absence of records beyond the five-year retention period, it is estimated that such instances represent a very small percentage of overall cases.

38. Describe the board's efforts to address unlicensed activity and the underground economy.

The Board is committed to protecting the public from unlicensed activity and addressing the underground economy through proactive enforcement. Pursuant to Section 15 of the Chiropractic Act and CCR, title 16, sections 310.2 and 312, it is illegal for unlicensed individuals to practice chiropractic or to use protected titles such as "chiropractor" or "D.C."

The Board investigates complaints of unlicensed practice through its Enforcement Program and utilizes its citation and fine authority to address unlawful activity. In cases involving egregious or repeat violations, the Board refers cases to DCA's Division of Investigation or to local law enforcement agencies to pursue criminal action. However, the Board's success in obtaining criminal prosecution has been limited because the unlicensed practice of chiropractic is classified as a misdemeanor, not a felony. As a result, the statute of limitations for these offenses is only one year, and these cases are often deprioritized by local prosecutors due to resource constraints and case backlogs.

The Board also continues to educate the public about the risks of receiving care from unlicensed individuals and seeks to collaborate with other agencies to strengthen its enforcement efforts in this area.

Cite and Fine

39. Discuss the extent to which the board utilizes cite and fine authority. Discuss any changes from last review and describe the last time regulations were updated and any changes that were made. Has the board increased its maximum fines to the \$5,000 statutory limit? Does the board have authority to issue fines greater than \$5,000? If so, under what circumstances?

The Board has authority to issue citations containing an order of abatement and a fine ranging from \$100 to the statutory maximum of \$5,000 to licensees or unlicensed persons who are acting in the capacity of a licensee.

Since the last review, the Board has updated its citation regulations to improve procedural efficiency and for compliance with statutory requirements. Effective January 1, 2026, the Board amended CCR, title 16, sections 390.4 and 390.5 to:

- Extend the deadline to request an informal conference from 14 days after service of a citation to 30 days from the date of issuance, aligning it with the timeframe for requesting a formal administrative hearing.
- Clarify that payment of a fine does not constitute an admission of the violation charged, as required by BPC section 125.9, subdivision (b)(4).
- Add a provision requiring full amount of any unpaid fine to be added to the license renewal fee, pursuant to BPC section 125.9, subdivision (b)(5).

The Board increased its maximum fine amount to the \$5,000 statutory limit in 2008. The Board does not have authority to issue fines greater than \$5,000.

40. How is cite and fine used? What types of violations are the basis for citation and fine?

The Board's citation and fine authority provides an efficient means to address violations of the Chiropractic Act and Board regulations that do not rise to the level of formal disciplinary action. When evaluating whether a citation is appropriate, the Board considers several factors, including

the nature and severity of the violation; the time elapsed since the violation occurred; the consequences of the violation, such as potential or actual harm to consumers; and the individual's history of previous violations.

The Board commonly issues citations for record keeping deficiencies, inaccurate billing, noncompliance with continuing education requirements, unprofessional conduct, and unlicensed practice or improper use of professional titles.

41. How many informal office conferences, Disciplinary Review Committees reviews and/or Administrative Procedure Act appeals of a citation or fine in the last 4 fiscal years?

During the last four fiscal years, the Board's executive officer held 22 informal conferences for contested citations. One citation was appealed to an administrative hearing.

42. What are the five most common violations for which citations are issued?

The five most common violations for which citations are issued are:

- Failure to include the required content in chiropractic patient records or make those records available to the Board (16 CCR § 318(a).)
- Conduct that endangered the health, welfare, or safety of the public (16 CCR § 317(e).)
- Unlicensed practice or use of title by unlicensed persons (16 CCR § 310.2.)
- Failure to ensure accurate billings (16 CCR § 318(b).)
- Repeated acts of simple negligence (16 CCR § 317(b).)

43. What is average fine pre- and post- appeal?

During the past four fiscal years, the average pre-appeal fine was \$3,333 and the average post-appeal fine was \$2,833.

44. Describe the board's use of Franchise Tax Board intercepts to collect outstanding fines. If the board does not use Franchise Tax Board intercepts, describe the rationale behind that decision and steps the board has taken to increase its collection rate.

The Board uses the Franchise Tax Board (FTB) Interagency Intercept Collection Program to collect delinquent fines from licensees and unlicensed persons after sending three written notices of nonpayment. Through referral to this program, the FTB may intercept tax refunds, lottery winnings, or other state-disbursed funds to satisfy the outstanding debt.

In addition to the FTB intercept program, the Board plans to begin utilizing DCA's new collection agency contract to pursue outstanding fines.

Cost Recovery and Restitution

45. Describe the board's efforts to obtain cost recovery. Discuss any changes from the last review.

The Board consistently seeks full recovery of its investigation and prosecution costs in all disciplinary cases when possible. In cases that proceed to an administrative hearing, the proposed decision issued by an administrative law judge from the Office of Administrative Hearings may include a reduced cost recovery amount. Additionally, during settlement negotiations, the Board may agree to a reduced cost recovery amount based on demonstrated financial hardship or other mitigating circumstances.

Since the last review, the Board has enhanced its cost recovery efforts by implementing a new system to track the time enforcement analysts spend investigating and managing cases. This improvement allows the Board to pursue cost recovery for those expenses. Previously, the Board only sought reimbursement for investigation costs incurred by its special investigators or through DCA's Division of Investigation.

46. How many and how much is ordered by the board for revocations, surrenders and probationers? How much do you believe is uncollectable? Explain.

During this reporting period, the Board ordered cost recovery totaling approximately \$958,400 in 86 disciplinary cases.

Of these cases, 48 resulted in probation or public reproof, with cost recovery totaling approximately \$407,400. This amount is considered collectable because the licensees must comply with the disciplinary order and make timely payments to maintain their ability to practice and avoid further disciplinary action.

Thirty-one cases involved the surrender of a license, with cost recovery totaling approximately \$466,800. This cost recovery is not immediately due, and payment is only required if the former licensee petitions for reinstatement of their surrendered license. Based on historical trends, the Board estimates that less than 10 percent of this amount will ultimately be collected.

Seven cases resulted in license revocation, with cost recovery orders totaling approximately \$84,200. This amount is generally difficult to collect because individuals who have lost their license often lack both the financial means and the incentive to pay, given that they are no longer permitted to practice.

The Board has observed that the majority of uncollectable costs come from revocation and surrender cases. While cost recovery involving probation or public reproof is enforceable and typically collected, the lack of leverage in revocation cases and the conditional nature of cost recovery with license surrenders significantly reduces the likelihood of recovery. Overall, the Board estimates that a significant portion of the approximately \$551,000 in cost recovery associated with license revocations and surrenders over the past four fiscal years will remain uncollected.

47. Are there cases for which the board does not seek cost recovery? Why?

Yes. The Board does not seek cost recovery in statements of issues filed against applicants, default decisions, or petitions to revoke probation because the Board does not have statutory authority to recover these costs.

48. Describe the board's use of Franchise Tax Board intercepts to collect cost recovery. If the board does not use Franchise Tax Board intercepts, describe methods the board uses to collect cost recovery.

The Board uses the FTB intercept program to collect delinquent cost recovery after three written notices of nonpayment have been sent. Once referred, the FTB may intercept tax refunds, lottery winnings, or other state-disbursed funds to satisfy the outstanding debt.

In addition to the FTB intercept program, the Board plans to begin utilizing DCA's new collection agency contract to collect outstanding cost recovery payments.

Table 11. Cost Recovery¹⁰					(list dollars in thousands)
	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25	
Total Enforcement Expenditures	\$2,635	\$1,874	\$1,728	\$2,485	
Potential Cases for Recovery *	41	37	25	14	
Cases Recovery Ordered	27	28	20	11	
Amount of Cost Recovery Ordered	\$410.5	\$197.9	\$260.8	\$89.2	
Amount Collected	\$73.5	\$34.9	\$98.0	\$97.5	

* "Potential Cases for Recovery" are those cases in which disciplinary action has been taken based on violation of the license practice act.

49. Describe the board's efforts to obtain restitution for individual consumers, any formal or informal board restitution policy, and the types of restitution that the board attempts to collect, i.e., monetary, services, etc. Describe the situation in which the board may seek restitution from the licensee to a harmed consumer.

The Board's *Disciplinary Guidelines and Model Disciplinary Orders* contain an optional term of probation that allows the Board to order restitution for consumers in appropriate cases.

However, the Board's ability to pursue restitution is generally limited. Most disciplinary cases involve insurance fraud, which is typically addressed through criminal prosecution, or tort matters such as gross negligence, sexual misconduct, or malpractice, for which damages are more appropriately obtained through civil litigation. As a result, restitution is not commonly ordered in the Board's disciplinary cases.

Table 12. Restitution					(list dollars in thousands)
	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25	
Amount Ordered	\$0	\$1.5	\$0	\$0	
Amount Collected	\$0	\$1.5	\$0	\$0	

¹⁰ Cost recovery may include information from prior fiscal years.

Section 5 – Public Information Policies

50. How does the board use the internet to keep the public informed of board activities? Does the board post board-meeting materials online? When are they posted? How long do they remain on the board's website? When are draft-meeting minutes posted online? When does the board post final meeting minutes? How long do meeting minutes remain available online?

The Board uses its website, social media accounts (Facebook, Instagram, and X), and email subscriber list to keep applicants, licensees, and the public informed of the Board's activities.

The Board posts all Board and committee meeting agendas and materials on its "Board Meetings" web page. All meeting agendas are posted at least 10 days prior to any meeting and an email notification with a link to the agenda is sent to the Board's subscribers. The Board also posts meeting materials on this web page when they are available.

Draft meeting minutes for a prior Board or committee meeting can generally be found in the meeting materials for the next Board or committee meeting where they will be reviewed and approved by the Board or committee. After approval of the meeting minutes, the Board posts them on the "Board Meetings" web page for 10 years. Historical meeting minutes are also available by contacting the Board.

51. Does the board webcast its meetings? What is the board's plan to webcast future board and committee meetings? How long will archived webcast meetings remain available online?

Yes, the Board webcasts all Board meetings that are held in person. Virtual meetings can be accessed electronically through the meeting platform or by attending a physical location.

Recordings of all meetings are uploaded to DCA's YouTube channel where they remain available indefinitely. The Board also provides direct links to archived meetings for the past 10 years on its "Board Meetings" web page.

Historical meeting materials and recordings are also available by contacting the Board.

52. Does the board establish an annual meeting calendar and post it on the board's web site?

Yes, the Board typically reviews proposed quarterly meeting dates and locations for the upcoming year during its final meeting of the calendar year—typically held in October. Once approved, the meeting dates and locations are posted on the Board's website.

53. Is the board's complaint disclosure policy consistent with DCA's *Recommended Minimum Standards for Consumer Complaint Disclosure*?

Yes. The Board's complaint disclosure policy is consistent with DCA's *Recommended Minimum Standards for Consumer Complaint Disclosure*, as well as applicable provisions of the California Public Records Act and Information Practices Act.

- **Does the board post accusations and disciplinary actions consistent with BPC § 27, if applicable?**

Yes. The Board posts all accusations and disciplinary actions on licensees' profile pages on the DCA Search license information system. Additionally, the Board posts pending accusations and summaries of final disciplinary actions within the past five years on the Enforcement section of the Board's website.

- **Does the board post complaint data on its website? If so, please provide a brief description of each data point reported on the website along with any statutory or regulatory authorization.**

No. The Board does not have statutory authority to post complaint information on its website prior to the filing of an accusation or the issuance of an interim suspension order, practice restriction, or citation.

54. What information does the board provide to the public regarding its licensees (i.e., education completed, awards, certificates, certification, specialty areas, disciplinary action, etc.)?

The Board provides the following information to the public regarding its licensees:

- Licensee's name
- License number, issuance date, expiration date, and status
- Address of record
- Any citations or disciplinary actions with any public documents
- Any satellite locations
- Any chiropractic corporation certificates

The Board does not currently require licensees to provide information regarding awards, certifications, or specialty areas. However, the Board's Chiropractic Specialties Subcommittee is developing regulations regarding the recognition and advertising of chiropractic specialties. The Subcommittee is expected to provide recommendations to the Board on this issue in 2026.

55. What methods does the board use to provide consumer outreach and education?

The Board primarily uses its website and social media to provide consumer outreach and education on the chiropractic profession and relevant state laws and regulations. The Board also has an outreach program that allows individuals and organizations to request speakers to discuss consumer-oriented topics at meetings and events throughout the state.

Additionally, the Board recently amended its 2022–2026 strategic plan to include a greater emphasis on advancing equity within the chiropractic profession and reaching all Californians through enhanced communication strategies. Through this initiative, the Board is working to improve its digital presence by developing additional informative, accessible content for consumers.

56. Discuss the prevalence of online practice and whether there are issues with unlicensed activity.

Online practice in chiropractic primarily includes the provision of services through virtual care and the advertising of chiropractic treatments using social media.

Virtual care in this context refers to the comprehensive integration of digital technology to enable and support the delivery of personalized clinical and administrative health care services, patient education, and care coordination. While the Board does not currently have data on the number of licensees providing virtual care, anecdotal reports and industry trends indicate that its use is expanding. To address this emerging area, the Board's Licensing Committee is developing a regulatory proposal to protect consumers by establishing clear standards of practice for virtual care. The Committee's proposal and recommendations are expected to be presented to the Board for consideration at its April 2026 meeting.

The Board is also concerned with unlicensed activity and the growing trend of advertising chiropractic manipulation on social media. Many of these posts feature short video reels designed to attract attention, increase engagement, and monetize content rather than provide accurate health information. These videos may mislead consumers and pose safety risks, particularly when performed by individuals without proper licensure. The Board actively monitors these activities and investigates complaints involving unlicensed individuals advertising or performing chiropractic services targeting California consumers, as well as cases where licensees make false or misleading claims.

- **How does the board regulate online/internet practice?**

BPC section 2290.5 specifies the definitions and requirements related to telehealth for all licensed health care practitioners, including licensed doctors of chiropractic. This section requires a provider initiating the use of telehealth to inform the patient about the use of telehealth and obtain verbal or written consent from the patient prior to the delivery of health care via telehealth.

The Board also regulates online advertising of chiropractic services through its existing regulations that address unprofessional conduct, false advertising, and unlicensed practice.

- **How does the board regulate online/internet business practices outside of California?**

The Board's jurisdiction is limited to the provision of chiropractic services and treatments to California consumers. The Board's Enforcement Program investigates complaints involving virtual care and internet-based advertising of chiropractic services and takes appropriate action when necessary to protect consumers.

- **Does the Board need statutory authority or statutory clarification to more effectively regulate online practice, if applicable?**

The Board believes its existing statutes and regulations are sufficient to effectively regulate online practice.

Section 7 – Workforce Development and Job Creation

57. What actions has the board taken in terms of workforce development?

The Board has taken several actions to support workforce development within the chiropractic profession by focusing on improving access to education and preparing licensees for evolving healthcare practice.

To strengthen educational standards and reduce barriers, the Board recently approved proposed regulatory updates to the chiropractic education and clinical experience requirements. These updates are designed to ensure that practitioners are equipped to provide safe, competent, and responsive care to California's diverse patient population. As part of this proposal, the Board is reducing the total required hours of chiropractic education from 4,400 to 4,200, aligning with current chiropractic programmatic accreditation standards. This change helps lower the cost of chiropractic education while maintaining rigorous competency standards.

Additionally, the proposal will allow chiropractic programs to be delivered through multiple methods, including hybrid models, distance education, and direct assessment programs. These options make chiropractic education more accessible to students and support a more inclusive and representative workforce.

The Board is also preparing licensees for future practice environments by developing regulations on the responsible and ethical use of AI in practice. These regulations will require licensees to demonstrate competence in using AI tools and awareness of potential biases, thereby ensuring that technological advancements improve patient care without creating new disparities.

58. Describe any assessment the board has conducted on the impact of licensing delays.

The Board has not experienced significant licensing delays but proactively assessed its licensure process to identify opportunities for improvement. This review focused on streamlining workflows and reducing processing times for initial doctor of chiropractic license applications. As part of this effort, the Board leveraged its Connect system and partnered with the National Board of Chiropractic Examiners (NBCE) and chiropractic programs to receive applicant education and examination records electronically.

These enhancements allow staff to process complete online applications on the same day they are received. In most cases, licenses can now be issued within hours of an applicant passing the California Chiropractic Law Examination and paying the initial license fee. These improvements minimize potential delays and ensure that qualified applicants can promptly enter practice.

Looking ahead, the Board is concentrating on reducing delays caused by incomplete applications through additional process refinements and improved communication with applicants and licensees.

59. Describe the board's efforts to work with schools to inform potential licensees of the licensing requirements and licensing process.

The Board actively collaborates with chiropractic programs to ensure students and faculty are well-informed about licensing requirements and the licensing process. To promote transparency and engagement, the Board regularly holds meetings at California's two chiropractic programs, providing students and faculty the opportunity to learn about the Board's licensing and enforcement processes, stay informed about current trends, and interact directly with Board members and staff.

In addition, the Board conducts regular outreach and presentations tailored to chiropractic students. These sessions cover key topics such as the licensure process, scope of chiropractic practice, responsibilities of doctors of chiropractic as direct access providers, compliance with California law, and tips for avoiding common pitfalls in practice. Through these efforts, the Board helps prepare future licensees for professional practice and supports their transition from education to licensure.

60. Describe any barriers to licensure and/or employment the board believes exist.

The Board has identified several barriers to licensure and employment that primarily arise from broader systemic factors rather than regulatory requirements. One of the most significant challenges is the high cost of chiropractic education, which often results in substantial student loan debt for graduates. This financial burden can influence career decisions, delay entry into practice, or limit opportunities for licensees to serve in their communities.

Beyond educational expenses, many licensees operate as independent practitioners, which requires significant financial investment. Establishing and maintaining a practice involves expenses such as securing office space, purchasing specialized equipment, and covering operational costs. These financial demands can be prohibitive for some licensees, potentially discouraging the opening of new practices or leading licensees to seek employment in alternative settings.

Although these barriers are outside of the Board's direct control, they have implications for access to chiropractic care. The Board continues to monitor these issues and explore opportunities to collaborate with stakeholders and the Legislature to identify strategies that may help reduce these challenges and support broader access to chiropractic services statewide.

61. Provide any workforce development data collected by the board, such as:

a. Workforce shortages

According to the U.S. Bureau of Labor Statistics (BLS), the employment of chiropractors is expected to grow 10 percent from 2024 to 2034, which is much faster than the average for all occupations. BLS projects about 2,800 openings for chiropractors each year and many of these openings are expected to result from the need to replace workers who transfer to different occupations or exit the workforce, such as retirement.

However, despite this national growth projection, California's active doctor of chiropractic license population has been steadily declining since 2010. License renewal survey data collected by the Board and the Department of Health Care Access and Information (HCAI) reveal:

- Approximately 27 percent of active licensees are 60 years of age or older, indicating an aging workforce.
- Nearly 20 percent of active licensees plan to retire within five years, and another 20 percent within six to 10 years, which could exacerbate existing healthcare shortages.

According to the survey, active licensees spend an average of 27.1 hours per week on patient care, so any reductions in workforce size will directly impact patient access to chiropractic, particularly in rural and underserved areas of the state.

b. Successful training programs.

The Board has not collected any specific data on workforce training programs.

62. What actions has the board taken to help reduce or eliminate inequities experienced by vulnerable communities, including low- and moderate-income communities, communities of color, and other marginalized communities, or otherwise avoid harming those communities?

The Board has taken comprehensive and proactive steps to reduce inequities and ensure that all Californians receive safe, competent, and culturally responsive chiropractic care.

Recognizing the diversity and unique needs of California's patient population, the Board's Licensing Committee recently developed updated regulations for chiropractic education and clinical experience requirements. These regulations establish minimum competency standards for entry-level doctors of chiropractic that require training in professional and culturally centered patient communication and management, and the ability to expound upon the original constraints of the chiropractic program to safeguard the delivery of competent and ethical care.

To improve access to chiropractic education, the new regulations will allow chiropractic programs to be delivered through any method accepted by programmatic or institutional accreditors or industry standards, including traditional on-campus instruction, hybrid models, distance education, and direct assessment programs. By embracing these flexible learning pathways, the Board is removing barriers for students who may face challenges attending traditional, full-time programs, broadening access to the chiropractic profession, and helping ensure California's chiropractic workforce reflects the communities it serves.

The Board's Licensing Committee is also developing regulations to guide the responsible and ethical use of AI in chiropractic practice. These regulations will ensure that technological advancements enhance patient care rather than exacerbate existing health disparities by requiring licensees to demonstrate competence in the use of any AI tools integrated into practice and recognize potential biases that may impact patient care. This approach is intended to support better patient outcomes without creating new disparities or risks.

Additionally, the Board has promoted opportunities for licensees to provide care to underserved populations through federally qualified health centers (FQHCs). Licensees serving in FQHCs help expand access to non-pharmacological treatment and pain management options for individuals who might otherwise be unable to access affordable care. Licensees in these settings also support care coordination, reduce strain on other primary care providers, and address critical gaps in healthcare delivery for rural and underserved communities.

The Board also improved access to its Enforcement Program for all Californians by making the complaint process more inclusive, responsive, and user-friendly. The Board launched a fully integrated online complaint form that is mobile-friendly and can be easily translated into multiple languages. To further reduce barriers, the Board replaced correspondence-based desk investigations—which often required lengthy written narratives—with live interviews conducted by staff who have been trained in plain language standards, the use of translation services, and effective interviewing techniques to better assist complainants and ensure a more approachable investigation process.

63. Describe how the board is participating in development of online application and payment capability and any other secondary IT issues affecting the board.

The Board collaborated with DCA's 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 phased software releases, the Board implemented online license applications and renewals, address changes, cancellation of satellite certificates, online payment and submission of paper applications, a new online complaint form, and enforcement workflows including complaint intake, investigation, cite and fine, formal discipline, and probation monitoring.

Future project phases will be focused on expanding the system functionality to include continuing education application, approval, and audit processes and additional enhancements to the user experience for consumers, applicants, and licensees.

- **Is the board utilizing BreEZe? What Release was the board included in? What is the status of the board's change requests?**

No. The Board was originally included in Release 3 of the BreEZe project but was removed from the project.

- **If the board is not utilizing BreEZe, what is the board's plan for future IT needs? What discussions has the board had with DCA about IT needs and options? Is the board currently using a bridge or workaround system?**

The Board expects the Connect platform will continue to support its future IT needs for licensing, continuing education, and enforcement functions. The Board does not rely on a bridge or workaround system.

The Board also maintains regular, collaborative discussions with DCA's Office of Information Services about potential opportunities to further leverage technology to reduce operational expenses and enhance program delivery.

Section 9 – Board Action and Response to Prior Sunset Issues

Include the following:

- Background information concerning the issue as it pertains to the board.
- Short discussion of recommendations made by the Committees during prior sunset review.
- What action the board took in response to the recommendation or findings made under prior sunset review.
- Any recommendations the board has for dealing with the issue, if appropriate.

Issue #1: (Board Composition) Does BCE's composition need to be updated to include additional members of the public or non-chiropractic medical professionals?

Committee Staff Recommendation: The Committees should discuss whether a proposal to alter the BCE's composition may be beneficial to the Board, patients, and the public.

BCE Response – March 2022: The Board's mission is to protect the health, welfare, and safety of the public through licensure, education, and enforcement in chiropractic care. The seven Board member positions, including two public members, are appointed by the Governor and are held accountable by the Governor's administration. The Board conducts its business transparently through open public meetings consistent with its duty to protect and serve the public, not the chiropractic profession.

During prior sunset reviews, the Board expressed its receptivity to the idea of increasing public representation on the Board, as the Board recognizes the beneficial perspectives gained by public members on the issues that face consumers and the profession. However, the fiscal concerns related to amending the Chiropractic Initiative Act through the ballot initiative process remain a deterrent to updating the composition of the Board.

The current Board has not discussed and does not have an official position on the issue of adding non-chiropractic medical professionals to the Board. The Board plans to consider this recommendation during the strategic planning session in August 2022.

Update: The Board has discussed this issue and believes the existing structure provides an appropriate balance between public representation and the technical and clinical expertise necessary to fulfill its consumer protection mandate. With two public members appointed by the Governor, the Board benefits from diverse perspectives that help inform policy decisions and regulatory oversight.

Additionally, the Board operates under the active supervision of DCA, which provides further accountability and ensures alignment with consumer protection priorities. This oversight, combined with the Board's commitment to transparency through open public meetings and stakeholder engagement, reinforces its focus on serving the public interest.

While the Board remains open to future discussions about expanding its composition, the Board has not identified a compelling need for structural changes at this time. The fiscal and procedural challenges with amending the Chiropractic Act through a ballot initiative also remain a significant consideration.

Issue #2: (Regulations) What is the current timeframe for BCE regulatory packages to be approved and finalized?

Committee Staff Recommendation: BCE should provide the Committees with an update on pending regulations and the current timeframes for regulatory packages. In addition, the BCE should inform the Committees of any achieved efficiencies in promulgating regulations in recent years.

BCE Response – March 2022: BCE is pleased to report that the creation of the new Regulations Unit within the DCA Office of Legal Affairs has reduced the timeframes for reviewing regulatory packages and provides valuable support to BCE in developing and promulgating regulations. During this reporting period, BCE's average timeframe for completing the entire regulatory process was about two years, and through collaboration with DCA's Regulations Unit, BCE plans to achieve further efficiencies in completing its regulatory workload during the next reporting period.

The primary issue facing BCE's regulatory program is the workload that remains in the concept development phase prior to the formal departmental and agency regulatory review process. Below is the status of BCE's pending regulations:

- **Approval of Chiropractic Schools and Educational Requirements (California Code of Regulations [CCR], 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 (CCE), as well as eliminate any unduly prescriptive content that could be restrictive to the evolving nature of higher education. This rulemaking file is currently being developed by staff and is planned to be noticed in fiscal year 2022-23.
- **Chiropractic Records Retention/Disposition of Patient Records Upon Closure of Practice or Death/Incapacity of Licensee:** This regulatory proposal will amend BCE's minimum record keeping requirements to specify the retention period and disposition of patient records. This proposal is being developed by staff for review and discussion by the Board's Enforcement Committee.
- **Consumer Protection Enforcement Initiative (CPEI):** This regulatory proposal will add or amend 12 sections of BCE's regulations to establish stricter reporting and disclosure requirements for licensees and applicants and increase BCE's enforcement authority. BCE staff has been working on the CPEI regulation package and determined that additional changes are necessary prior to proceeding with the regulatory process. To expeditiously move this proposal forward, BCE divided it into six smaller regulation packages grouped by general topic. BCE staff is working with DCA Regulations Unit legal counsel to develop and update proposed language for each of the regulation packages and will present them to the Enforcement Committee, and ultimately the Board, for review and discussion at future meetings in 2022.
- **Continuing Education Requirements and Mandatory Cardiopulmonary Resuscitation (CPR) Certification for All Licensees (CCR, Title 16, Sections 361-366):** This regulatory proposal will establish minimum requirements for continuing education providers, establish parameters for continuing education course approvals, and mandate CPR certification for all licensees. The goal is to protect patients by expanding the background check for continuing education providers and by aligning the mandatory course categories with the core competencies necessary for a doctor of chiropractic to safely practice in California. This proposal is currently being developed by the Board's Licensing & Continuing Education Committee.

- **Delegation of Authority to the Assistant Executive Officer and Citation Program (CCR, Title 16, Sections 306, 389, 390, 390.3, 390.4, and 390.5):** This regulatory proposal will delegate to the Assistant Executive Officer the authority to expedite enforcement and administrative functions on behalf of the Executive Officer. Additionally, this proposal will ensure consistency with Business and Professions Code section 125.9 regarding BCE's citation program and criteria established for evaluating compliance with a citation and order of abatement. BCE plans to notice this package in fiscal year 2022-23.
- **Disciplinary Guidelines and Uniform Standards for Substance Abusing Licensees (CCR, Title 16, Section 384):** BCE staff has been developing a regulatory proposal to update the Disciplinary Guidelines and Model Disciplinary Orders and implement the Uniform Standards for Substance Abusing Licensees, and has determined that additional changes are necessary prior to proceeding with the regulatory process. Through collaboration with DCA regulatory legal counsel, staff is making necessary updates and revisions to BCE's Disciplinary Guidelines and will present proposed language to amend CCR, title 16, section 384, incorporate the revised Disciplinary Guidelines by reference, and implement the Uniform Standards, to the Enforcement Committee, and ultimately the Board, for review and discussion at future meetings in 2022.
- **Record Keeping Requirements for Chiropractic Patient Records (CCR, Title 16, Section 318):** This proposal will update the record keeping requirements to specify the necessary documentation for the patient history, complaint, diagnosis/analysis, and treatment and to differentiate between an initial patient encounter and an established patient visit. BCE staff will work with DCA regulatory legal counsel on proposed language to amend this regulation and will present it to the Board's Enforcement Committee for review at a future meeting.

Currently, BCE has only one staff position dedicated to completing regulatory and policy work for the Board, and due to staff vacancies, this position is often redirected to assist with performing BCE's essential business functions, such as licensing and enforcement work. BCE management has made these pending regulatory proposals the top priority for this year and is actively working to move these concepts forward. To make that happen, and as part of a broader effort to make BCE's internal operations more efficient, BCE management is working closely with DCA's Office of Human Resources on a reorganization plan to separate the existing "Administrative/Licensing Unit" into two distinct units and reclassify and redirect an existing vacant position to the Administrative Unit to assist with BCE's regulatory workload.

Update: The Board has made significant progress in improving the efficiency of its regulatory proposal development and approval processes. As part of its broader business modernization efforts, the Board successfully completed a reorganization of its internal operations that has allowed for more focused attention on regulations and policy development.

To further support this work, all Board management and lead analysts have completed formal rulemaking training provided by OAL. This training has strengthened the Board's internal capacity to draft, process, and manage regulatory packages in alignment with statutory requirements and procedural best practices.

As a result of these efforts, the Board has made substantial progress in clearing its backlog of pending regulatory proposals. Several packages that were previously in the concept development phase have now advanced and are on track for completion. The Board anticipates finalizing its remaining slate of regulatory proposals in 2026, including comprehensive updates to its chiropractic educational program standards, continuing education requirements, and disciplinary guidelines.

The Board continues to work closely with DCA's Regulations Unit to ensure the timely review and submission of regulatory packages. This collaboration has been instrumental in reducing overall timeframes and enhancing the quality and clarity of proposed regulations.

Issue #3: (Strategic Plan) What is the status of BCE's strategic plan? In addition, what will be the priorities for upcoming strategic planning sessions?

Committee Staff Recommendation: BCE should provide the Committees with an update on the status of upcoming meetings for the BCE strategic plan. The Board should also inform the Committees the Board's priorities for the strategic plan.

BCE Response – March 2022: The Board is currently working with DCA's SOLID Training and Planning Solutions (SOLID) to develop its next strategic plan. This process began in January 2022 with preliminary work by BCE staff and SOLID to establish a timeline and plan for the activities needed to create the next strategic plan. On March 1, 2022, BCE distributed a survey to its external stakeholders to gather important input and perspectives on how the Board is doing by identifying strengths, weaknesses, opportunities, and threats for the future direction of the Board. In addition, SOLID conducted staff focus groups and interviewed Board members and leadership to help shape the framework and agenda for the Board's strategic planning session. In spring 2022, SOLID will compile and analyze the results from the survey, focus groups, and interviews into an environmental scan document to be discussed during strategic planning.

During the Board's all-day strategic planning session on August 18, 2022, the Board will focus on the trends identified through the environmental scan, as well as this sunset review, and develop objectives for the new strategic plan in the areas of licensing and professional qualifications, enforcement, public relations and outreach, laws and regulations, and organizational development. SOLID will then use the information gathered at the planning session to draft BCE's next strategic plan for review and approval by the Board during the October 27, 2022 meeting. After the strategic plan has been adopted by the Board, SOLID will develop a comprehensive action plan for BCE to guide the completion of the strategic plan objectives by identifying major tasks, assigning responsible parties, and establishing due dates.

Update: The Board adopted a new strategic plan for 2022–2026 in October 2022. This new plan focuses on protecting consumers through improvements to the Board's continuing education and enforcement regulations, minimizing barriers to licensure by reviewing reciprocity requirements, ensuring the Board's long-term financial stability, and increasing efficiency in the Board's rulemaking processes. The strategic plan also supports the Board's ongoing efforts to collaborate with consumers, licensees, other agencies, and stakeholders; modernize its licensing and enforcement processes; and maintain an effective organization through the professional development of staff, efficient utilization of resources, and exemplary public service.

In October 2024, the Board adopted an amended 2022–2026 strategic plan with a greater emphasis on advancing equity within the chiropractic profession and reaching all Californians through enhanced communication strategies. Key initiatives include increasing stakeholder engagement in Board activities, recruiting a diverse pool of subject matter experts to support the Board's Enforcement Program, and improving the Board's digital presence by developing informative, accessible content for consumers and licensees across its website and social media platforms.

Looking ahead, the Board has initiated development of its 2027–2030 Strategic Plan with SOLID. A stakeholder survey is scheduled for release in January 2026 to gather input from consumers, licensees, and other stakeholders. The results will inform an environmental scan and analysis in March 2026 and guide the Board's strategic planning session in April 2026.

Issue #4: (Fund Condition and Fees) BCE states the need for a statutory fee increase based on the result of a recent fee audit. Does the Board anticipate the need to further increase fees proposed by the fee study? What is causing the need for multiple fee increases over such a short period of time?

Committee Staff Recommendation: BCE should provide an update on the status of discussions with licensees and the Department of Finance to assist the Legislature in charting a course forward that allows BCE to have the resources to conduct its important work. This should include discussions of cost-saving measures, fee increases, and long-term plans to bolster the reserve balance to sustainable levels.

BCE Response – March 2022: As a special fund entity, BCE's annual budget is funded exclusively by the chiropractic profession through licensing and other regulatory fees. Despite ongoing efforts to closely monitor and limit BCE's expenses, increasing operating and enforcement costs continue to outpace the annual revenue received through licensing and regulatory fees. Without an increase in revenue, BCE's fund is projected to become insolvent by fiscal year 2023-24.

In order to determine the level to set its fees, BCE contracted with Matrix Consulting Group to conduct a fee analysis, assess the current fees charged, and determine what the fees should be based on actual workload and expenditures. As a result of this analysis, Matrix Consulting Group concluded BCE is under-recovering its costs by approximately \$1.4 million and the majority of these costs relate to BCE's Continuing Education (CE) Program.

BCE is seeking to realign its fees with the actual costs associated with providing specific services, and is working with DCA's Budget Office to develop a final proposed fee schedule that will equitably distribute BCE's operational costs between applicants, licensees, and CE providers based on their utilization of BCE's services and provide long-term stability for BCE's fund. The Board will review and discuss the final fee proposal during its April 22, 2022 meeting.

The prior fee study that provided the basis for the last fee increase by BCE did not account for costs associated with the Business Modernization IT Project, repayment of the \$2.689 million loan obtained from the Bureau of Automotive Repair (BAR), or the unanticipated and substantial rate increase for legal services provided to the Board by the Attorney General's Office. The current fee study by Matrix Consulting Group takes these factors into account, along with a future growth factor to rebuild six months of reserves within five years.

Despite BCE's efforts to control costs and delay purchases, the increases in state employee compensation and the Attorney General's Office billing rates, along with the factors that were not considered during the prior fee study, have created the need for an additional fee increase for BCE to avoid insolvency, as there are currently no alternative mechanisms to fund BCE's administrative and enforcement expenses.

The Board expects to achieve some savings in its operational expenses through increased use of the new Connect system to automate licensing functions and reduced travel costs with the use of videoconferencing technology to conduct meetings and interviews. In addition, after BCE has repaid the BAR loan, the Board will reassess its fund condition to determine if a portion of its fees can be reduced.

Update: The Board continues to face significant fiscal challenges due to rising operational and enforcement costs that have outpaced initial projections. While the fee adjustments recommended in the Board's 2021 fee study were intended to stabilize its fund, the results have not yielded the anticipated financial sustainability.

Through this review process, the Board is seeking to collaborate with the Legislature to establish statutory fee ranges that provide the flexibility needed to respond to future cost increases and maintain the Board's fiscal health. Additional information on the issues with the Board's current fee structure is included in Section 10 – New Issues.

Issue #5: (Fee Increases and Barriers to Chiropractic Professionals) With the need for statutory fee increases, has BCE considered how to minimize the impact of these fee increases on early-career chiropractic professionals or on underrepresented chiropractic professionals?

Committee Staff Recommendation: BCE should update the Committees on the impacts of proposed fee increases on current and future licensees.

BCE Response – March 2022: BCE used a prior fee study as the basis for setting the initial license application fees that are currently being charged to applicants. The latest fee study conducted by Matrix Consulting Group revealed how efficiencies gained in the initial license process through increased use of BCE's new Connect system have reduced the overall costs for obtaining initial licensure as a doctor of chiropractic in California.

Through BCE's new fee proposal, the Board is seeking to realign its fees with the actual cost of providing those fee-based services and will reduce the initial cost of licensure for new applicants from \$557 to \$482.

Although the National Board of Chiropractic Examiners' Practice Analysis of Chiropractic 2020 indicates diversity is increasing in the chiropractic profession, the Board recognizes women and racial minorities are underrepresented in the chiropractic community. The Board notes that the proposed increase of in the annual license renewal fee is marginal compared to the other significant barriers facing new graduates and those who may be interested in entering the chiropractic profession, such as the cost of a chiropractic education program, including student loan debt payments, and the expenses incurred while establishing a new chiropractic practice. Although doctors of chiropractic are increasingly working in integrated health care settings, the majority of licensees still practice independently in solo practice or with associate licensees in the same office. Licensees are primarily self-employed and in addition to patient care, they face the challenges of managing their own practice – starting a small business, acquiring and maintaining the physical space and equipment needed to practice, and supervising office and support staff.

The Board has not formally studied the impacts of licensing fees or these other challenges on early-career or underrepresented professionals and plans to discuss this topic during the strategic planning session for inclusion in the Board's next strategic plan.

Update: The Board recognizes the importance of understanding and addressing the financial challenges faced by early-career and underrepresented doctors of chiropractic. In an effort to reduce barriers to entry into the profession, the Board has taken proactive steps to lower the initial licensure fees from \$557 to \$482 and to reduce the required hours of chiropractic education from 4,400 to 4,200, aligning with current programmatic accreditation standards.

While these changes help ease the initial financial burden associated with obtaining licensure, the Board acknowledges that early-career and underrepresented professionals are more significantly impacted by broader systemic costs—particularly the high cost of chiropractic education, student loan debt, and the substantial expenses involved in establishing a new practice, such as securing office space, purchasing equipment, and managing operations.

Issue #6: (Reciprocal License Requirements) BCE requires applicants that hold active licenses from other states and are seeking license reciprocity in California to have completed training and evaluation equivalent to California requirements. How do California licensing requirements compare to other states? Has the BCE considered revising license reciprocity requirements for candidates holding chiropractic licenses in other states or allow reciprocity with candidates who are licensed in other countries?

Committee Staff Recommendation: BCE should provide the Committees with information about reciprocity requirements and whether statutory updates are necessary.

BCE Response – March 2022: To be eligible for licensure as a doctor of chiropractic in California through interstate reciprocity, an applicant must:

- Have graduated from a Board-approved chiropractic college and completed the minimum number of hours and subjects as were required by California law at the time the applicant's license was issued.
- Completed equivalent successful examination in each of the subjects examined in California in the same year as the applicant was issued a license in the state from which they are applying.
- Hold a valid and up-to-date license in the state from which they are reciprocating and that state must reciprocate with California.
- Have five years of chiropractic practice.
- Take and pass the California Chiropractic Law Examination.
- Pay the non-refundable application fee and initial license fee, if licensure is granted.

If an applicant is unable to meet these requirements, they must apply through the standard initial license application process. Currently, the processes and requirements for both pathways to licensure in California are very similar, except reciprocity allows for licensure under prior formats of the national examination and requires at least five years of licensure in another state.

California's licensing requirements are generally comparable to other states, as applicants must complete pre-chiropractic education, graduate from an approved chiropractic college, submit fingerprints for a background check, and pass a national examination and state-specific jurisprudence examination.

The Board shares the Committees' interest in developing efficient pathways to licensure as a doctor of chiropractic in California through interstate and international reciprocity and plans to consider this issue during its strategic planning session in August 2022.

Update: The Board has carefully considered the issue of license reciprocity and recognizes the importance of creating pathways that support workforce mobility while maintaining California's high standards for chiropractic care. During recent discussions, the Board reaffirmed its commitment to ensuring that all licensees—regardless of their pathway to licensure—are prepared to meet the unique needs of California's diverse patient population.

Rather than revising the existing reciprocity requirements, the Board has focused on developing a temporary licensure process tailored to qualified out-of-state applicants. This process is modeled after

the temporary practice provisions currently available to military spouses and domestic partners and is designed to facilitate timely entry into California practice while maintaining appropriate safeguards for public protection. The proposed temporary license would include practice restrictions and a patient notification requirement, ensuring transparency and accountability during the temporary practice period.

The Board's Licensing Committee has developed a proposal outlining the structure and criteria for this temporary licensure pathway, which aims to balance access to care with the Board's responsibility to uphold professional standards. The Board is scheduled to consider the Committee's recommendation during its January 2026 meeting.

At this time, the Board has not pursued a pathway to international reciprocity due to significant variations in educational and regulatory standards across countries. However, the Board remains open to further exploration of this issue.

Issue #7: (CE) What accountability metrics are in place to ensure CE earned through distance learning is appropriate? Are licensees complying with CE requirements, as demonstrated in ongoing audits BCE staff conducts to determine CE was actually completed?

Committee Staff Recommendation: BCE should address how it will ensure that chiropractors across the state can continue to access required CE training, the accountability for those courses, and the status of CE evaluation and discussions.

BCE Response – March 2022: BCE ensures the quality of CE instruction by conducting a thorough review and approval of CE providers and the courses they offer to California licensees to fulfill the annual CE requirement. In addition to providing the course content, instructor's background, and advertisements for BCE review, providers of CE courses offered through distance learning must also: explain the appropriate level of technology required for a licensee to successfully participate in the course; make technical assistance available to participants; include security measures to protect the participant's identity and course content from unauthorized access; and establish a deadline for completion of the course. BCE holds CE providers accountable for their courses through random audits of course content and attendance records.

The Board's Licensing & Continuing Education Committee is developing comprehensive changes to BCE's CE requirements to expand the background check and minimum requirements for CE providers and to align the course categories with the core competencies necessary for licensees to safely practice in California. The Committee recognizes the benefits of live, interactive online learning, including the accessibility it provides to licensees located in remote areas of the state. In response to the expiration of the CE waivers, the Committee made a motion to move forward with a regulatory proposal to narrow the definition of distance learning to asynchronous coursework, thereby giving coursework completed via live, interactive videoconferencing platforms the same standing as the traditional in-person classroom learning environment, with the exception of chiropractic adjustive technique courses, which must be held in-person due to the hands-on nature of the instruction on this subject matter. This proposal would also provide the Board with the authority to grant exemptions to the continuing education requirements in cases where licensees have been affected by a state of emergency, such as a pandemic or wildfire. The Board is scheduled to consider this proposal during its April 22, 2022 meeting.

As noted in the Board's report, in fiscal years 2017-18 through 2019-20, BCE audited CE records of 3,456 licensees and found 531 cases, or 15.4%, where licensees had failed to comply with the annual CE requirement. Of the 531 failed audits, BCE found 101 cases (2.9%) where licensees had failed to take any CE during the license renewal period which was audited, 107 cases (3.1%) where licensees

failed to respond to BCE's audit notices, and 323 cases (9.4%) where licensees completed CE but were missing some of the required hours or mandatory topic areas. BCE took appropriate enforcement action against these licensees by issuing letters of admonishment or citations and fines for these failed audits.

Beginning in fiscal year 2020-21, BCE temporarily paused the CE audits due to the waivers issued by DCA that allowed licensees additional time to comply with the CE requirement. BCE is preparing to resume the CE audits in May 2022 at an initial rate of 10% and will be closely monitoring the results of the audits to ensure licensees are complying with the annual CE requirement.

Also, through BCE's Business Modernization IT Project, BCE is working with DCA's Office of Information Services and the software vendor to implement CE provider and course applications and records in the Connect system. As part of this project, BCE is planning to integrate primary source verification of CE records by Board-approved CE providers and incorporate that data into licensees' records in the system with a goal of achieving 100% licensee compliance with the Board's CE requirements at the time of license renewal.

Update: As part of its ongoing business modernization efforts, the Board has continued to develop the requirements to implement continuing education provider and course applications within the Connect system. A key component of this effort is the planned integration of primary source verification, which will enable Board-approved providers to submit completion records directly into the system. Once fully implemented, this feature will allow the Board to automatically verify continuing education completion and sync records with individual licensee profiles, supporting the Board's long-term goal of achieving 100 percent compliance with continuing education requirements at the time of renewal.

The Board is also interested in exploring opportunities to use AI technologies to enhance its continuing education audit processes. Leveraging AI could allow for more efficient identification of patterns of noncompliance and potential fraud, thereby improving the effectiveness and reach of the Board's enforcement efforts.

The Board resumed continuing education audits at an initial rate of 10 percent and continues to monitor audit outcomes to assess licensee compliance. These audits remain a critical tool in identifying deficiencies and ensuring that licensees meet the annual continuing education requirements, including completion of the mandatory subject areas.

In addition, the Board is advancing regulatory proposals to update its continuing education requirements. One proposal related to distance learning introduces a new requirement for licensees to pass an interactive or graded test of the subject matter as a condition for successful completion of the course. This change is intended to ensure licensees can demonstrate both comprehension and practical application of the material. The Board is also pursuing broader updates to the continuing education requirements and the approval processes for providers and courses.

Through these combined efforts—enhanced technology, targeted audits, regulatory updates, and future innovations—the Board is committed to maintaining high standards for chiropractic continuing education in California.

Issue #8: (Performance-Based Assessment of Licensee Competency) Has the Board considered adding performance-based assessment of licensee competency in addition to or in lieu of CE coursework?

Committee Staff Recommendation: The Board should provide information about the positive and negative impacts that could arise from utilizing performance-based assessment of licensee competency, either in addition to or in lieu of CE coursework, and whether the BCE has considered this possibility for the future.

BCE Response – March 2022: The Board has not discussed utilizing performance-based assessments of licensee competency in lieu of, or in addition to, the annual CE requirement for license renewal. The Board plans to discuss this issue during the strategic planning session in August 2022.

However, the Board's Licensing & Continuing Education Committee has discussed requiring examinations and course evaluations in Board-approved CE courses as part of the comprehensive updates to the Board's CE requirements. In addition, concerns regarding a licensee's competency are often brought to the Board's attention through the complaint, investigation, and disciplinary process. The Board is committed to consumer protection and safety, and routinely orders ethics and boundaries assessments, post-licensure examinations for assessing clinical competency, and mental and physical evaluations in cases where the Board questions a licensee's continued ability and fitness to practice chiropractic.

Update: The Board has not yet adopted performance-based assessments of licensee competency as a substitute for continuing education requirements, but the Board recognizes the value of such tools in evaluating clinical proficiency. The Board continues to rely on its enforcement processes to assess licensee competency when concerns arise, including the use of ethics and boundaries assessments, post-licensure clinical competency examinations, and physical or mental evaluations when warranted.

The Board acknowledges that implementing performance-based assessments could offer benefits such as more targeted evaluation of clinical skills and enhanced public protection. However, such an approach would also require careful consideration of feasibility, cost, standardization, and regulatory changes. The Board plans to explore this concept further during its upcoming strategic planning session in April 2026.

Issue #9: (Enforcement Timeframes) Since the last sunset review, the BCE has reduced the time required to complete formal discipline, but it still has not been able to meet the target timeframes set by the BCE and DCA. Has the Board considered implementing additional measures to reduce enforcement timeframes?

Committee Staff Recommendation: The BCE should provide an update on enforcement timeframes and efforts for efficiency and swift resolution of disciplinary cases.

BCE Response – March 2022: BCE is committed to protecting consumers through its robust Enforcement Program and previously set an aggressive goal of closing investigations within an average of 120 days, as well as imposing discipline within the DCA-wide standard timeframe of 540 days. By leveraging technology and reorganizing existing staff duties, BCE expects to achieve these targets within the next few years.

Technological Changes

BCE has been collaborating with DCA's Office of Information Services and three other programs to develop and implement a new application, licensing, and enforcement system known as "Connect." Through this effort, BCE created a system-integrated complaint form for the public and transitioned all new complaints and investigations to the Connect system effective July 1, 2021, to streamline the complaint intake and investigation process. In November 2021, BCE added its remaining enforcement processes – citation and fine, discipline, and probation monitoring – to the Connect system.

In addition, as a direct result of the COVID-19 pandemic, BCE's enforcement staff began using remote videoconferencing technology to conduct interviews of complainants, licensees, other witnesses, and probationers, which resulted in a significant reduction in staff time and travel expenses.

BCE is currently working on refinements to the Connect system to enhance the reporting tools and provide more comprehensive data to allow the Board to identify and track emerging and trending consumer protection issues, as well as measure effects of the Board's policy and regulatory changes on enforcement cases. Also, as noted in BCE's report, some contributing factors to case aging that are outside of BCE's control include the amount of time it takes for licensee arrests to eventually result in convictions, hearing scheduling with the Office of Administrative Hearings, licensee requests for hearing continuances, and witness availability for hearings. BCE is seeking the ability to use data from the Connect system to differentiate between the "active" investigation and "inactive" waiting phases of its enforcement cases to better identify specific areas where BCE can improve its enforcement processes.

Reorganization of BCE's Enforcement Unit

In addition to technological improvements, BCE has also been focusing on a reorganization of its staff to achieve further efficiencies in its internal operations. In January 2022, BCE added a clerical position to the Enforcement Unit to perform complaint intake activities, provide general information to the public, and support the existing analyst and investigator positions. BCE is also working with DCA's Office of Human Resources to separate the duties of the analysts within the Enforcement Unit. Currently, these analysts are responsible for cases from receipt through closure, including the disciplinary process. BCE is planning to designate a few staff positions to primarily perform desk investigations of complaints received while other staff focus on case management activities, such as mediating minor complaints, tracking arrest and conviction cases, issuing citations and fines, carrying out the discipline process, and monitoring licensees placed on probation. Through this increased specialization of duties performed by the enforcement analysts, BCE expects to reduce overall timeframes for its investigations and disciplinary cases.

Update: The Board remains committed to enhancing enforcement efficiency and reducing case completion timeframes to protect California consumers. Since the last sunset review, the Board has made measurable progress—most notably through the implementation of the Connect system and a comprehensive reorganization of its Enforcement Unit. These efforts support the Board's ongoing work to meet its internal goal of resolving investigations within 120 days and achieving formal discipline within DCA's standard of 540 days.

To further streamline enforcement processes, the Board continues to refine the Connect system's reporting tools to enable more precise tracking of case progress and to identify delays. These enhancements will help distinguish between active investigation phases and periods of inactivity caused by external factors such as court proceedings, hearing scheduling, and witness availability.

The Board also completed a reorganization of its Enforcement Unit to improve its workflow and reduce processing times. Enforcement analysts have been assigned to specialized roles—either desk investigations or case management—to promote efficiency and subject matter expertise in handling complaints and disciplinary matters.

Analysts assigned to desk investigations are now responsible for thoroughly reviewing assigned complaints; developing detailed investigation plans; interviewing complainants, subjects, and witnesses; gathering and analyzing evidence; and preparing investigation reports. To support this transition, these analysts have received targeted training in areas such as case analysis, investigative planning, effective interviewing techniques, evidence collection, and report writing. This training ensures that investigations are conducted efficiently and meet the Board's standards for quality and thoroughness. Meanwhile, analysts focused on case management oversee the progression of cases through the enforcement process, including mediating minor complaints, tracking the status of licensee arrests and convictions, issuing citations and fines, coordinating disciplinary actions, and monitoring licensees on probation.

The Board continues to monitor the impact of these changes and is committed to identifying additional opportunities to enhance its enforcement timeframes, such as those discussed in Section 10 – New Issues.

Issue #10: (Practice Violations) Has the Board sought additional enforcement measures to curb the spread of medical misinformation within the chiropractic community?

Committee Staff Recommendation: BCE should provide an update on efforts to prevent the spread of medical misinformation within the chiropractic community, particularly in regard to the COVID-19 pandemic. In addition, BCE should describe how it plans to address unlicensed activity and professional conduct violations in regard to chiropractors providing services or medical advice beyond the scope of their training or legal practice.

BCE Response – March 2022: Consistent with the Board's mission to protect the health, welfare, and safety of the public, the Board has urged licensees to follow all public health guidelines issued by the Centers for Disease Control and Prevention and the California Department of Public Health.

Since March 2020, BCE has received a total of 132 complaints against licensees regarding the content of their advertising or the spread of misinformation about the ongoing COVID-19 pandemic. BCE was unable to substantiate the allegations or meet its burden of proof to be able to take action in 82 (62.1%) of those cases, as many of the complaints were filed anonymously or with limited information on the alleged violation.

BCE found 33 cases (25%) where licensees were advertising or inferring that chiropractic care and/or nutritional supplements could help patients reduce their risk of COVID-19 infection. In many cases, BCE found misleading information on licensees' websites with claims about the "immune boosting" effects of chiropractic along with general health, nutritional, and wellness advice. BCE took an educational approach to these investigations by notifying the licensees of the complaints, reviewing their responses, and closing the cases after the questionable or unsupported claims were removed from the licensees' websites or other advertisements. BCE also issued two citations and referred one egregious case for disciplinary action, and 14 complaints remain under investigation at this time.

The Board continues to encourage licensees and the public to report any misinformation within the chiropractic profession so BCE's Enforcement Unit can investigate and take appropriate action.

Update: The Board is committed to protecting public health and safety by addressing unprofessional conduct by its licensees, including the dissemination of medical misinformation. The Board believes its current statutes and regulations related to false advertising and unprofessional conduct are sufficient to address this issue.

The Board continues to investigate and discipline licensees who use social media and other platforms to spread misinformation that may endanger consumers. The Board also plans to discuss developing regulations and/or guidance regarding the use of social media by licensees at a future meeting in 2026.

Issue #11: (Enforcement Disclosures) The Patient's Right to Know Act requires BCE licensees to disclose probationary status to patients. The BCE recommended in their report that two exemptions be removed from this Act (BPC § 1007 subdivision (c)) to strengthen consumer protection. Are there any additional measures that can be taken to ensure consumers are aware of the probationary status of licensees?

Committee Staff Recommendation: BCE should provide information on the impacts of amending the Patient's Right to Know Act.

BCE Response – March 2022: Business and Professions Code (BPC) section 1007 requires licensees placed on probation on or after July 1, 2019, to provide a separate disclosure that includes the licensee's probation status, the length of the probation, the probation end date, all practice restrictions placed on the licensee by the Board, the Board's telephone number, and an explanation of how the patient can find further information on the licensee's probation on the licensee's profile page on the Board's online license information website, and obtain a signed copy of that disclosure from the patient, or the patient's guardian or health care surrogate, except under the conditions specified in subdivision (c).

BCE's Enforcement Unit conducts detailed intake interview sessions with each licensee placed on probation to ensure they understand and will comply with the terms and conditions of their probation. Since this notification requirement became effective, BCE staff has been consistently receiving questions from probationers related to the exemptions specified in BPC section 1007, subdivision (c), for "unscheduled visits" and when "the licensee is not known to the patient until immediately prior to the start of the visit," presumably in an attempt to find an avenue to circumvent this important patient notification requirement.

The Board finds this troubling as these two scenarios – unplanned visits and an unknown licensee providing treatment – illustrate situations where it is imperative that patients be informed of the licensee's probationary status by the licensee, as the patients may not have had the opportunity to independently research the licensee's background using BCE's license search system prior to the visit.

Removing these two exemptions from BPC section 1007, subdivision (c), will protect the health, welfare, and safety of California chiropractic patients by ensuring they are properly notified of a licensee's probationary status and can make informed decisions prior to receiving chiropractic care. These proposed amendments to this statute may negatively impact licensees placed on probation by the Board, particularly those who currently may be using these exemptions to avoid notifying their patients of their probationary status, but the Board believes the increased consumer protection provided through these proposed changes outweighs any potential negative impact to licensees who have been disciplined and placed on probation by the Board.

As an additional measure to ensure consumers are aware of the probationary status of licensees, BCE will continue to emphasize the importance for the public to use BCE's online license search system to

check the license status, background, and disciplinary records of a doctor of chiropractic prior to seeking care from that provider. This valuable online search tool allows the public to directly access up-to-date information regarding citations, accusations, and disciplinary actions against BCE licensees from their smartphone, tablet, or computer.

Update: The Board thanks the Legislature for including this important patient notification provision in the Board's last sunset bill, SB 1434 (Roth, Chapter 623, Statutes of 2022).

To further ensure consumers are aware of a licensee's probationary status, the Board created a new dedicated web page that centrally lists all licensees currently on probation. This resource includes key details such as the terms of probation, current status, estimated completion date, and any applicable practice restrictions. Each listing also includes a direct link to the licensee's public profile on the DCA Search license information system where consumers can access the disciplinary documents associated with their disciplinary history.

Issue #12: (Impacts of the COVID-19 Pandemic) Since March 2020, there have been a number of waivers issued through Executive Orders that impact BCE operations, BCE licensees, providers, and patients throughout the state. Do any of these waivers warrant an extension or statutory changes? How has the BCE addressed issues resulting from the pandemic and how does the Board aim to continue to address these issues as the pandemic endures?

Committee Staff Recommendation: BCE should update the Committees on the impact to licensees and patients stemming from the pandemic and potential challenges for future doctors of chiropractic. BCE should discuss any statutory changes that are warranted as a result of the pandemic.

BCE Response – March 2022: As portal-of-entry health care providers, doctors of chiropractic are members of the essential workforce and have continued to provide direct patient care and treatment throughout the COVID-19 pandemic.

The Board has not formally studied the impacts of the ongoing pandemic on licensees and chiropractic patients but plans to consider this issue during its upcoming strategic planning session in August 2022. The Board is aware that many doctors of chiropractic in California have experienced revenue losses due to decreased patient visits and higher costs to maintain their practices.

The Board also continues to monitor the increased use of telehealth in the chiropractic profession and will discuss any potential need for statutory or regulatory changes during its strategic planning session. Licensees who currently utilize telehealth in their practices must comply with existing laws and regulations relating to chiropractic care and BCE has not observed an increase in complaints relating to telehealth visits.

In response to the expiration of the waivers that were issued by the DCA Director, the Board is pursuing regulatory changes to provide permanent solutions to address the underlying need for the waivers. For example, BCE has developed a regulatory proposal to amend CCR, title 16, sections 330 through 331.16 (Approval of Chiropractic Schools and Educational Requirements) to align the curriculum standards for chiropractic colleges with the metrics identified by the accrediting body, the Council on Chiropractic Education (CCE), and eliminate any unduly prescriptive content that could be restrictive to the evolving nature of higher education. BCE plans to notice this package in fiscal year 2022-23.

In addition, as noted in response to Issue #7, the Board's Licensing & Continuing Education Committee recently voted to move forward with a regulatory proposal to narrow the definition of

distance learning to asynchronous coursework, thereby giving coursework completed via live, interactive videoconferencing platforms the same standing as the traditional in-person classroom learning environment, with the exception of chiropractic adjustive technique courses, which must be held in-person due to the hands-on nature of the instruction on this subject matter. This proposal would also provide the Board with the authority to grant exemptions to the continuing education requirements in cases where licensees have been affected by a state of emergency, such as a pandemic or wildfire. The Board is scheduled to consider this proposal during its April 22, 2022 meeting.

BCE continues to support telework opportunities for its employees and recently upgraded its telephone and fax services to allow staff to utilize those services while they are teleworking or in the office. BCE has also increased its use of teleconferencing and collaboration tools and has been developing its new licensing and enforcement processes in the Connect system to support both office and remote work environments. However, BCE's current fund condition has prevented BCE from being able to purchase the necessary IT equipment to allow staff to effectively telework in a remote-centered environment on a full-time basis. As a result, BCE currently offers up to two days per week of remote work for its analytical staff and clerical support staff must perform their duties in the office.

Update: Following the last sunset review, the Board's Licensing Committee developed a comprehensive regulatory proposal to modernize the Board's regulations regarding the approval of chiropractic programs and educational standards. This proposal is designed to provide greater flexibility in the format and delivery of chiropractic education, thereby expanding access for students, while preserving rigorous curriculum and clinical training requirements. These standards ensure that graduates possess the necessary knowledge, skills, and abilities to practice within the chiropractic scope and deliver competent, safe, and ethical chiropractic care to California consumers. The Board approved the proposal at its August 2025 meeting, and it is anticipated to be submitted to the Office of Administrative Law (OAL) for publication in the Notice Register and released for a 45-day public comment period in early 2026.

In addition, the Board developed a regulatory proposal to narrow the Board's definition of distance learning to asynchronous coursework, thereby allowing courses delivered through synchronous online learning platforms to qualify for the same live credit as in-person courses. This proposal promotes equitable and inclusive access to a broad range of continuing education courses for all actively licensed doctors of chiropractic by bridging the existing access gap for in-person continuing education that disproportionately impacts licensees who are located in remote or rural areas of the state, live in another state or country, or cannot participate in in-person learning due to a temporary or permanent medical condition or disability. The Board submitted the final regulatory package for this proposal to OAL for review and approval on November 20, 2025.

The Board's Licensing Committee is also developing a new regulatory proposal to establish standards of practice for the delivery of chiropractic services through virtual care. The Committee plans to present this proposal to the Board for consideration at its April 2026 meeting.

Issue #13: (Technical Changes May Improve Effectiveness of BCE Operations) There are amendments to BCE's Practice Act that are technical in nature but may improve BCE operations and the enforcement of the Act.

Committee Staff Recommendation: The Committees may wish to amend the Act to include technical clarifications.

BCE Response – March 2022: At this time, the Board does not have any recommended revisions to the Chiropractic Initiative Act. The Board plans to discuss this issue, including potential challenges with amending the Act, during its strategic planning session in August 2022 for consideration as a possible objective in BCE's next strategic plan.

Update: SB 1434 (Roth, Chapter 623, Statutes of 2022) included all technical amendments requested during the Board's last sunset review. New legislative requests are discussed in Section 10 – New Issues.

Issue #14: (Regulatory Review) Review of the regulatory functions of the BCE.

Committee Staff Recommendation: BCE should be reviewed again on a future date to be determined.

BCE Response – March 2022: The Board agrees with the recommendation and thanks the Committees for this review.

Update: The Board thanks the Legislature for extending the review for four years.

Section 10 – New Issues

This is the opportunity for the board to inform the Committees of solutions to issues identified by the board and by the Committees. Provide a short discussion of each of the outstanding issues, and the board's recommendation for action that could be taken by the board, by DCA or by the Legislature to resolve these issues (i.e., policy direction, budget changes, and legislative changes) for each of the following:

- Issues raised under prior Sunset Review that have not been addressed.
- New issues identified by the board in this report.
- New issues not previously discussed in this report.
- New issues raised by the Committees.

1. Board's Budget and Fund Condition

Background: The Board's annual budget is funded exclusively by the chiropractic profession through licensing and other regulatory fees. Although SB 1434 (Roth, Chapter 623, Statutes of 2022) recently amended the Board's fee structure and cost-saving measures have been implemented, the Board continues to face a structural imbalance in its fund due to operational costs that are outpacing revenue received from fees. Without an increase in revenue, the Board faces a significant risk of insolvency in fiscal year 2027–28.

The Board's last fee study by an outside consultant in 2021 estimated that \$6 million in annual revenue was necessary to fund the Board's operations, rebuild a six-month reserve, and repay the outstanding balance of the loan from the Bureau of Automotive Repair. However, there were two key issues with that prior fee study:

- 1) The report failed to account for the price elasticity of the continuing education course application fee and the resulting market response to the significant fee increase. As a result, the Board's annual revenue from CE course application fees has only reached approximately \$400,000, not the \$1.1 million originally projected.
- 2) The report did not accurately forecast the Board's future expenditure levels, which are now estimated to reach \$6.175 million by fiscal year 2026–27, compared to only \$4.9 million in projected revenue.

To address these challenges, the Board is requesting to establish new statutory fee ranges and caps as part of the current sunset review process. This would provide the Board with the flexibility needed to implement fee adjustments that reflect the actual costs of services, ensure long-term fund stability, and avoid disruptions to licensing and enforcement operations.

Legislative Request: The Board respectfully requests consideration of additional amendments to the Board's fee schedule codified in BPC section 1006.5. A detailed report containing the Board's recommendations for addressing its license fee structure, as mandated by BPC section 1006, will be submitted in early 2026.

2. Fee Authority for New License Type – Chiropractic Facility Permit

Background: The Board currently requires licensees to provide their practice addresses and obtain a satellite certificate for each additional practice location beyond their primary address of record. While this system ensures that the Board has a record of where chiropractic services are being provided, it has significant limitations.

First, the requirement only captures the physical address, not the name of the practice. This makes it difficult for the Board to quickly identify and verify practice locations, and it prevents the public from being able to search for chiropractic practices by business name through the Board's online license information system.

Second, the satellite certificate requirement creates administrative burdens, particularly for large businesses that employ multiple licensees across several locations. For example, a company operating five locations and rotating 20 licensees would need to manage up to 100 satellite certificates—one for each licensee at each location. This process is cumbersome, costly, and inefficient. Additionally, the Board's current system cannot easily associate multiple licensees with a single practice location, further complicating oversight and transparency.

To address these challenges, the Board's Licensing Committee has been exploring the creation of a new location-based chiropractic facility permit for fixed places of practice, such as traditional chiropractic offices and integrated healthcare settings. This permit would include the business name and physical address of the practice, along with the name and license number of each doctor of chiropractic associated with that facility.

Under this new system, the Board would phase out the use of satellite certificates, reserving them only for sole practitioners who maintain multiple office locations. This approach would streamline compliance for businesses and improve the Board's ability to monitor practice locations. For example, under the proposed model, the company mentioned above would only need to manage five chiropractic facility permits—one for each location—rather than 100 individual satellite certificates.

This change would significantly enhance transparency and public access to information. Consumers would be able to search for chiropractic practices by business name or by individual licensee through the Board's online license information system. The Board would also gain a clearer, more accurate picture of practice locations and associated licenses, improving oversight and enforcement capabilities.

However, the Board cannot implement this new chiropractic facility permit through the regulatory process without statutory authority to establish fees to cover the costs of issuing and renewing the facility permits.

Legislative Request: The Board respectfully requests consideration of codifying two new fees for the issuance and renewal of a chiropractic facility permit in BPC section 1006.5.

3. Denial of Licensure for Formal Discipline Involving Sexual Abuse or Misconduct

Background: BPC section 480, subdivision (a) outlines the grounds upon which the Board may deny a license to practice chiropractic to an applicant who has been convicted of a crime or subjected to formal discipline by another licensing board.

Subdivision (a)(2) authorizes the Board to deny a license when an applicant has been formally disciplined by a licensing board in California or another jurisdiction within the preceding seven years from the date of the application based on professional misconduct that would have been cause for discipline before the Board and that is substantially related to the qualifications, functions, or duties of the chiropractic profession, unless the discipline was based on a conviction that has been dismissed or expunged.

Subdivision (a)(2) also allows for the denial of a license based on formal discipline that occurred earlier than seven years preceding the date of the application only if the formal discipline was for conduct that, if committed in this state by a physician and surgeon, would have constituted an act of sexual abuse, misconduct, or relations with a patient pursuant to BPC section 726 or sexual exploitation as defined in BPC section 729, subdivision (a).

Currently, this exception to the seven-year limitation applies only to physicians and surgeons. The same standard should apply to doctors of chiropractic. Chiropractic is a hands-on profession that requires direct physical contact between the doctor and the patient during nearly every treatment session. Primary chiropractic interventions such as spinal and extremity manipulation and soft tissue therapies necessitate close proximity and physical touch, often involving sensitive areas of the body. Due to this level of physical contact, any history of sexual abuse or misconduct by a doctor of chiropractic poses a significant risk to public safety.

Sexual abuse or misconduct is not a minor lapse in judgment—it is a serious ethical violation that breaches the doctor–patient relationship and exploits a fundamental power imbalance. The mere passage of seven years does not guarantee that the individual has changed or is currently fit to practice chiropractic safely and ethically. Rehabilitation, by contrast, is an active and measurable process that reflects personal accountability, behavioral change, and professional growth.

The Board's primary mandate is public protection. Sexual abuse or misconduct represents a profound violation of professional ethics and trust, often rooted in underlying behavioral or psychological issues. Time alone does not demonstrate rehabilitation or reduce the risk of re-offense—it merely shows that the individual waited. By allowing the Board to consider any formal discipline involving sexual abuse or misconduct, regardless of when it occurred, the Board can fully assess whether an applicant poses a current risk to the public.

Legislative Request: The Board respectfully requests an amendment to BPC section 480, subdivision (a)(2) to include doctors of chiropractic in the exception to the seven-year limitation on considering prior discipline when that discipline was for conduct that would have constituted an act of sexual abuse, misconduct, or relations with a patient pursuant to BPC section 726.

4. Enforcement Program Enhancements

Background: As outlined in Section 4 of the report, the Board has implemented significant structural changes to its Enforcement Program to strengthen public protection. Through this sunset review, the Board seeks to build upon those efforts by pursuing statutory authority that enhances its efficiency and further safeguards the public.

Automatic License Revocation for Second Insurance Fraud Conviction

Currently, BPC section 1003, subdivision (b) mandates a minimum 10-year license revocation upon a second conviction for insurance fraud. However, the Board must still initiate and complete the standard disciplinary process—including filing an accusation and scheduling an administrative hearing—to enforce this mandatory revocation. During this lengthy process, which can take one to two years, the licensee may continue practicing, undermining the intent of the law and exposing the public to additional financial harm.

Instead, the Board is seeking statutory authority to automatically revoke a license for a minimum of 10 years upon a second insurance fraud conviction as defined in BPC section 1003. Granting this authority would allow the Board to immediately implement the penalty required by law, protect the public, and significantly reduce the legal expenses associated with carrying out this mandatory disciplinary action.

Automatic License Revocation for Sex Offense Conviction

Chiropractic is an inherently hands-on profession that requires close physical contact, often involving sensitive areas of the body. The public reasonably expects that licensees convicted of sex offenses are immediately removed from practice to ensure patient safety and maintain trust in the Board's oversight of the profession. However, the current disciplinary process does not allow for swift action in these cases, creating a critical gap in public protection.

To address this concern, the Board is requesting statutory authority to automatically revoke a license upon a conviction that requires registration as a sex offender, consistent with the authority already granted to the Medical Board of California under BPC section 2232.

Automatic License Suspension for Conviction of Serious Felony

A conviction of a serious felony, as defined in Penal Code section 1192.7, represents an immediate and significant threat to public safety. Allowing licensees convicted of such crimes to continue practicing during the lengthy disciplinary process exposes patients and the public to unacceptable risk and is inconsistent with the public's expectation that these individuals are immediately removed from practice without delay.

Currently, the Board must initiate and complete the full administrative process—including filing an accusation and conducting a hearing—before imposing discipline. This process can take one to two years, leaving a dangerous gap in public protection. While interim suspension orders (ISOs) are available, they are costly, time consuming, and require additional legal resources and expenses.

To close this gap in the disciplinary process and eliminate the need for costly interim suspension procedures, the Board is seeking statutory authority to automatically suspend a license upon a conviction of a serious felony until a final disciplinary decision is imposed.

Automatic Imposition of Chaperone Requirement for Pending Criminal or Administrative Proceedings Involving Sex Offense or Sexual Misconduct

To protect patients during pending proceedings involving allegations of sexual abuse or misconduct, the Board is requesting statutory authority to automatically impose a chaperone requirement when a licensee has been criminally charged with a sex offense or when the Board has filed an accusation against a licensee alleging sexual abuse, misconduct, or relations with a patient in violation of BPC section 726.

The ISO process under BPC section 494 is the primary mechanism for restricting practice during pending proceedings, but it presents significant challenges in sexual misconduct cases:

- **Accelerated Timelines:** Once an ISO is granted, the Board must file a formal accusation within 15 days, conduct an administrative hearing within 30 days of receipt of a notice of defense, and render a decision within 30 days of submission of the matter.
- **Evidentiary Complexity:** Sexual misconduct cases rely heavily, or even solely, on witness credibility and testimony. Victims often require time to process trauma before they can testify effectively. Compressing these proceedings under the ISO process risks retraumatizing victims, undermining evidence and testimony, and jeopardizing the Board's ability to prove its case.
- **Conflict with Criminal Proceedings:** In cases involving criminal charges, pursuing an ISO can compromise the prosecution because the Board must disclose sensitive evidence, such as police reports and witness statements, before the criminal discovery phase. Further, any inconsistencies during an ISO hearing may irreparably damage the criminal case.

Additionally, obtaining immediate court-ordered practice restrictions under Penal Code section 23 has been increasingly difficult for the Board, particularly for misdemeanor offenses where preliminary hearings do not occur.

An automatic chaperone requirement provides a layer of consumer protection in all pending administrative or criminal proceedings involving sexual misconduct or sex offenses, ensuring licensees cannot engage in unchaperoned clinical encounters while their case is pending. This safeguard significantly strengthens consumer protection while preserving a licensee's due process and avoiding the risks associated with the existing ISO process.

Legislative Request: The Board respectfully requests statutory authority to:

- 1) Automatically revoke a license upon a second insurance fraud conviction or upon a conviction that requires registration as a sex offender;
- 2) Automatically suspend a license upon conviction of a serious felony, as defined in Penal Code section 1192.7; and
- 3) Automatically impose a chaperone requirement during pending proceedings involving a licensee who has been criminally charged with a sex offense or when the Board has filed an accusation against a licensee alleging sexual abuse, misconduct, or relations with a patient in violation of BPC section 726.

5. Explicit Statutory Authority to Conduct State and Federal Background Checks

Background: The Federal Bureau of Investigation (FBI) is working to implement federal “rap back” service for federal criminal history information relating to California license applicants and licensees. The service is the federal equivalent of the California Department of Justice’s subsequent arrest and disposition notification for applicants and licensees. To enroll in that federal service, state fingerprinting authorization statutes must meet specific federal criteria per Public Law 92-544 and FBI guidance:

- The statute must exist as a result of a legislative enactment.
- It must require the fingerprinting of applicants who are to be subjected to a national criminal history background check.
- It must, expressly or by implication, authorize the use of FBI records for the screening of applicants.
- It must identify the specific category of licensees falling within its purview, thereby avoiding overbreadth.
- It must not be against public policy.
- It may not authorize the receipt of criminal history record information by a private entity.

Through SB 160 (Committee on Budget and Fiscal Review, Chapter 113, Statutes of 2025), the Legislature made the necessary statutory changes for the Medical Board of California, Osteopathic Medical Board of California, Board of Psychology, Board of Behavioral Sciences, and other DCA programs to meet these criteria. The Board is requesting that similar statutory authority be included in its sunset bill.

Legislative Request: The Board respectfully requests to add explicit statutory authority to Chapter 2 (commencing with Section 1000) of the BPC to require doctor of chiropractic applicants and licensees to undergo a fingerprint-based state and national criminal history background check.

This will ensure that the Board continues receiving federal criminal history information in the future and can enroll in the federal “rap back” service once it is available.

Section 11

Attachments

Please provide the following attachments:

- A. Board's administrative manual.
- B. Current organizational chart showing relationship of committees to the board and membership of each committee (cf., Section 1, Question 1).
- C. Major studies, if any (cf., Section 1, Question 4).
 - 1. *Occupational Analysis of the Chiropractic Profession*, Department of Consumer Affairs, Office of Professional Examination Services, August 2024
 - 2. *Review of the National Board of Chiropractic Examiners Examinations*, Department of Consumer Affairs, Office of Professional Examination Services, June 2025
- D. Year-end organization charts for last four fiscal years. Each chart should include number of staff by classifications assigned to each major program area (licensing, enforcement, administration, etc.) (cf., Section 3, Question 15).

ATTACHMENT A

BOARD'S ADMINISTRATIVE MANUAL



State of California

BOARD OF CHIROPRACTIC EXAMINERS

BOARD MEMBER ADMINISTRATIVE PROCEDURE MANUAL

Adopted October 2007
Revised November 2025



Gavin Newsom, Governor
State of California

MISSION STATEMENT

To protect the health, welfare, and safety of the public through licensure, education, engagement, and enforcement in chiropractic care.

BOARD MEMBER ADMINISTRATIVE PROCEDURE MANUAL

Members of the Board

Laurence Adams, D.C., Chair
Pamela Daniels, D.C., Vice Chair
Janette N.V. Cruz, Secretary
Sergio Azzolino, D.C.
David Paris, D.C.
Rafael Sweet

Executive Officer

Kristin Walker

This procedure manual is a general reference including a review of some important laws, regulations, and these basic Board policies in order to guide the actions of the Board Members and ensure Board effectiveness and efficiency. The Chiropractic Initiative Act of California (the Act) will be referenced and summarized throughout this procedure manual.

This Administrative Procedure Manual, regarding Board Policy, can be amended by four affirmative votes of any current or future Board.

BOARD MEMBER ADMINISTRATIVE PROCEDURE MANUAL

TABLE OF CONTENTS

CHAPTER 1. Introduction	<u>Page</u>
Overview.....	5
State of California Acronyms.....	5
General Rules of Conduct.....	6-7
 CHAPTER 2. Board Members & Meeting Procedures	
Membership.....	8
Role of Board Officers.....	8-9
Board Meetings and Offices.....	9
Quorum.....	9
Board Member Attendance at Board and Committee Meetings.....	10
Public Attendance at Board Meetings.....	10
Agenda Items.....	10
Notice of Meetings.....	10
Notice of Meetings Posted on the Internet.....	11
Board Meeting Locations.....	11
E-Mail Ballots.....	11
Holding Disciplinary Cases for Board Meetings.....	11-12
Record of Meetings.....	12
Meeting Rules.....	12
Public Comment.....	13
 CHAPTER 3. Travel & Salary Policies & Procedures	
Travel Approval.....	14
Travel Arrangements.....	14
Out-of-State Travel.....	14
Travel Claims.....	14-15
Salary Per Diem.....	15
 CHAPTER 4. Board Officers & Committees	
Officers of the Board.....	16
Nomination of Officers.....	16
Election of Officers.....	16
Officer Vacancies.....	16
Communication Between Officers.....	16
Committee Appointments.....	17
Standing Committees.....	17
Committee Meetings.....	17-18
Attendance at Committee Meetings.....	18

BOARD MEMBER ADMINISTRATIVE PROCEDURE MANUAL

CHAPTER 5. General Operation Procedures

Board Member Addresses	19
Board Member Written Correspondence & Mailings	19
Communication with other Organizations & Individuals	19
Press Statements and Contacts	19
Business Cards	20
BCE Identification Cards	20

CHAPTER 6. Board Administration & Staff

Executive Officer	21
Executive Officer Evaluation	21
Board Administration	21
Board Staff	21
Board Budget	22
Strategic Planning	22
Periodic Fee Analysis	22

CHAPTER 7. Other Policies & Procedures

Various Other Tasks & Responsibilities	23
Board Member Disciplinary Actions	23
Terms and Removal of Board Members	23
Resignation of Board Members	23-24
Conflict of Interest	24
Contact with Licensees and Applicants	24
Contact with Respondents	24
Service of Legal Documents	25
Serving as an Expert Witness	25
Gifts from Licensees and Applicants	25
Ex Parte Communications	25-26
The Honoraria Prohibition	26
Board Member Orientation	27
Ethics Training	27
Sexual Harassment Prevention Training	27
Board Member Onboarding and Orientation	27
Injury to a Board Member	28

BOARD MEMBER ADMINISTRATIVE PROCEDURE MANUAL

CHAPTER 1. Introduction

Overview

The Board of Chiropractic Examiners (Board) was created on December 21, 1922, through an initiative measure approved by the electors of California on November 7, 1922.

The Act states it is... “An act prescribing the terms upon which licenses may be issued to practitioners of chiropractic, creating the State Board of Chiropractic Examiners and declaring its powers and duties, prescribing penalties for violation hereof, and repealing all acts and parts of acts inconsistent herewith...”

The powers and authority of the Board are specifically defined in Section 4 of the Act. In general, the board is a policy-making and administrative review body comprised pursuant to the provisions of Section 1 to 20 of the Act. The Board, when full, is comprised of seven Members, five professional and two public, each appointed by the Governor. The Board’s paramount purpose is to protect California consumers through the enforcement of the Act, other applicable laws and the California Code of Regulations related to the practice of chiropractic, identified herein as the Board’s regulations. The Board is also mandated by the Initiative to supervise licensees, chiropractic colleges, and continuing education for relicensing.

State of California Acronyms

ALJ	Administrative Law Judge
AG	Office of the Attorney General
APA	Administrative Procedure Act
BCE	Board of Chiropractic Examiners
B&P	Business and Professions
CalHR	California Department of Human Resources
CCR	California Code of Regulations
CE	Continuing Education
CLEAR	Council on Licensure Enforcement & Regulations
DAG	Deputy Attorney General
DCA	Department of Consumer Affairs
DOF	Department of Finance
DWC	Division of Workers Compensation
EO	Executive Officer
FCLB	Federation of Chiropractic Licensing Boards
NBCE	National Board of Chiropractic Examiners
OAH	Office of Administrative Hearings
OAL	Office of Administrative Law
SAM	State Administrative Manual

BOARD MEMBER ADMINISTRATIVE PROCEDURE MANUAL

General Rules of Conduct

All Board Members shall act in accordance with their oath of office, and shall conduct themselves in a courteous, professional and ethical manner at all times. Board Members serve at the pleasure of the governor, and shall conduct their business in an open manner, so the public they serve shall be both informed and involved, consistent with the provisions of the Bagley-Keene Open Meeting Act and all other governmental and civil codes applicable to similar boards within the State of California.

- ❖ Board Members are part of a state regulatory board and their individual rights to make independent public comments or statements takes a second place to supporting a uniform public presentation of a cohesive board.
- ❖ Board Members shall comply with all provisions of the Bagley-Keene Open Meeting Act and other applicable rules, regulations, codes and laws governing public employees.
- ❖ Board Members shall not speak or act for the Board without proper preauthorization from the Chair and/or Executive Officer (EO) prior to making any statement or press release. When possible, the Board Chair, in consultation with the Vice Chair and EO, shall determine which Board members have expertise in respective areas to act as spokesperson for the Board.
- ❖ Board Members shall not privately or publicly lobby for, publicly endorse, or otherwise engage in any personal efforts that would tend to promote their own personal or political views or goals, as it pertains to issues related to jurisdiction of the Board, when those views or goals contradict an official position adopted by the Board.
- ❖ Board Members shall not accept gifts from applicants, licensees, or members of the profession while serving on the Board. All Fair Political Practices Act Rules shall be followed.
- ❖ Board Members shall maintain the confidentiality of confidential documents and information related to Board business. Always confirm with the EO whether information is public and may be disclosed. The public's access should be from a source other than a Board Member.
- ❖ Board Members should avoid discussion of confidential Board business with petitioners, licensees or persons not authorized to receive confidential and restricted enforcement information. Failure to do so may result in the Board Member having to recuse him/herself due to conflict of interest issues. All consumers, applicants and licensees with enforcement related questions, concerns or complaints should be referred to the EO.

BOARD MEMBER ADMINISTRATIVE PROCEDURE MANUAL

- ❖ Board Members shall commit adequate time to prepare for their Board responsibilities including the reviewing of Board meeting notes, administrative cases to be reviewed and discussed, and the review of any other materials provided to the Board Members by staff, related to official Board business.
- ❖ Submission of votes have time requirements that are critical to meeting legal timeframe constraints. Board members shall make every attempt to meet the deadlines identified by Board staff and meet the vote submission requirement established by the Board.
- ❖ Board Members shall submit reimbursement records each month to facilitate timely reimbursement.
- ❖ All travel for Board related business, other than routine Board meetings and Committee Meetings, must be submitted in writing and preapproved by the Chair and EO before travel.
- ❖ Board Members shall recognize the equal role and responsibilities of all other Board Members and interact with one another in a polite and professional manner.
- ❖ Board Members shall act fairly, be nonpartisan, impartial, and unbiased in their role of protecting the public and enforcing the Chiropractic Initiative Act.
- ❖ Board Members shall uphold the principle that the Board's primary mission is to protect the public.
- ❖ Board Members shall follow the guidelines set forth in Executive Order 66-2.
- ❖ Board Members shall comply with all State, Department, and Board required trainings.

BOARD MEMBER ADMINISTRATIVE PROCEDURE MANUAL

CHAPTER 2. Board Members & Meeting Procedures

Membership (§1 Initiative Act)

Board Members are appointed and serve in accordance with Section 1 of the Initiative Act.

Role of Board Officers (Board Policy)

Board Chair

- The Chair may consult with the Vice Chair **or** Secretary **or** another Board Member and the EO. However, all conversations must be consistent with Bagley Keene Open Meeting Act restrictions, which mandate that no more than two Members can actively discuss Board business.
- Determines, in consultation with the Vice Chair and EO, which Board Members have expertise in respective areas to act as spokesperson for the Board of Chiropractic Examiners (e.g., attend legislative hearings and testify on behalf of the Board, attend meetings with stakeholders and Legislators on behalf of Board, talk to the media on behalf of the Board). Assigns the most qualified Board Member the task at hand.
- Signs letters on behalf of the Board.
- Meets and/or communicates with the EO and the Vice Chair on a regular basis.
- Provides oversight to the EO in performance of the EO's duties.
- Verifies accuracy and approves timesheets, approves travel and signs travel expense claims for the EO and Board Members.
- In consultation with the Vice Chair and EO, establishes committees including, but not limited to, two-person committees/subcommittees and/or task forces to research policy questions when necessary.
- The composition and chairs of the committees shall be determined by the Board Chair.
- Communicates with other Board Members for Board business in compliance with the Open Meeting Act.
- In consultation with the Vice Chair and EO, approves Board Meeting agendas.
- Chairs and facilitates Board Meetings.
- Signs specified full board enforcement approval orders.

Vice Chair

- Is back-up for the above-referenced duties in the Chair's absence.
- Coordinates, in consultation with DCA's Office of Human Resources, the EO Annual Performance Appraisal Process.

BOARD MEMBER ADMINISTRATIVE PROCEDURE MANUAL

- In consultation with the Chair and EO, establishes committees, including, but not limited to, two-person committees/subcommittees and/or task forces to research policy questions when necessary.
- In consultation with the Chair, oversees assignment of Board Members to serve as liaison to the organizations listed in Ch. 7. Other Policies & Procedures.

Secretary

- Calls the roll at each Board meeting and reports that a quorum has been established.
- Calls the roll for each action item.
- In consultation with the Chair and EO, approves Board meeting agendas.

Committee Chair

- Approves Committee agendas.
- Chairs and facilitates Committee meetings.
- Reports the activities of the Committee to the full Board.

Board Meetings and Offices **(§6 Initiative Act)**

Board meetings must be consistent with the Initiative Act and follow the terms and provisions of the Bagley-Keene Open Meeting Act.

The Board complies with the provisions of the Government Code Section 11120, et seq., commonly referred to as the Bagley-Keene Open Meeting Act and Robert's Rules of Order, as long as there is no conflict with any superseding codes, laws or regulations.

All Meetings shall follow the provisions of the Bagley-Keene Open Meeting Act.

Any meetings deviating from a standard public meeting may be called, when required, in accordance with the Bagley-Keene Open Meeting Act, Government Code Section 11125.4.

Whenever practical and appropriate, the Board should utilize available technology to conduct meetings to minimize the time and expenditures associated with staff and Board Member travel as well as the cost of renting meeting space.

Quorum **(§3 Initiative Act)**

A majority of the Board (four Members) is required to constitute a quorum. The Board shall follow the provisions of §3 of the Initiative Act requiring a quorum of four (4) Members to carry any motion or resolution, to adopt any rule or disciplinary action, or to authorize the issuance of any license provided for within the Act.

BOARD MEMBER ADMINISTRATIVE PROCEDURE MANUAL

Board Member Attendance at Board and Committee Meetings (Board Policy)

Being a Member of the Board is a serious commitment of time and effort to the Governor, and the people of the State of California. Board Members shall attend a minimum of 75% of all scheduled committee meetings and scheduled Board meetings. In extraordinary circumstances, the Chair may excuse a Board Member from this obligation. If a Member is unable to attend a Board Meeting, they must contact the Board Chair or EO, and provide a verbal notice followed by a written explanation of their absence as soon as possible thereafter.

Public Attendance at Board Meetings (Government Code Section 11120 et seq.)

Meetings are subject to all provisions of the Bagley-Keene Open Meeting Act. This Act governs meetings of the state regulatory Boards and meetings of committees of those Boards where the committee consists of more than two Members. It specifies meeting notice, agenda requirements, and prohibits discussing or taking action on matters not included on the agenda. If the agenda contains matters that are appropriate for closed session, the agenda shall cite the particular statutory section and subdivision authorizing the closed session.

Agenda Items (Board Policy)

Board Members may submit agenda items for a future Board meeting during the "Future Agenda Items" section of a Board meeting, or directly to the EO, 21 days prior to a Board meeting.

Agenda item requests shall be placed on the Board or Committee meeting agenda within two meetings from receipt of the original request.

In the event of a conflict in scheduling an agenda topic, the Board Secretary will discuss the proposed agenda item with the Board Chair, and the Board Chair shall make the final decision to schedule the item at the upcoming or following Board Meeting.

Notice of Meetings (Government Code Section 11120 et seq.)

Meeting notices, including agendas, for Board meetings will be sent to persons on the Board's mailing list at least 10 calendar days in advance, as specified in the Bagley-Keene Open Meeting Act. The notice shall include a staff person's name, work address, and work telephone number who can provide further information prior to the meeting.

BOARD MEMBER ADMINISTRATIVE PROCEDURE MANUAL

Notice of Meetings Posted on the Internet (Government Code Section 11125 et seq.)

Meeting notices shall be posted on the Board's website at least 10 days in advance of the meeting, and include the name, address, and telephone number of a staff person who can provide further information prior to the meeting.

Board Meeting Locations (Board Policy)

The Board holds meetings at various geographic locations throughout the state to increase accessibility. It is recommended that at least one meeting per year is held in Sacramento, one in Southern California, and one at a California Chiropractic College. All meeting locations will be scheduled subject to available space and budget limitations.

E-Mail Ballots (Government Code Section 11526 and Board Policy)

The Board must approve any proposed decision or stipulation before the formal discipline becomes final and the penalty can take effect.

Proposed stipulations and decisions are e-mailed to each Board Member for their vote. For stipulations, a background memorandum from the assigned deputy attorney general accompanies the e-mail ballot. A two-week deadline generally is given for the e-mail ballots for stipulations and proposed decisions to be completed and returned to the Board's office.

Board Members are required to submit a vote on no less than 75% of proposed stipulations and decisions provided for review. If a Board Member is unable to meet this minimum requirement, the Board Member may be subject to a conversation from the Board Chair or Vice Chair.

Holding Disciplinary Cases for Board Meetings (Board Policy)

When voting on e-mail ballots for proposed disciplinary decisions or stipulations, a Board Member may wish to discuss a particular aspect of the decision or stipulation before voting. If this is the case, the ballot must be marked "hold for discussion," and the reason for the hold must be provided on the mail e-ballot. This allows staff the opportunity to prepare information being requested.

If one vote is cast to hold a case for discussion, the case is set aside and not processed (even if four votes have been cast on a decision). Instead, the case is scheduled for a discussion during closed session at the next Board meeting.

BOARD MEMBER ADMINISTRATIVE PROCEDURE MANUAL

If the matter is held for discussion, staff counsel will preside over the closed session to assure compliance with the Administrative Procedure Act and Open Meeting Act.

If the Board Member is comfortable voting on the matter but wishes to discuss the policy behind the decision or case, the ballot should be marked "Policy Issue for Discussion. I have voted above. Issue: _____." The EO will respond directly to the Member. If still unresolved or if the matter is to be referred to the Board, the policy issue will be placed on the agenda for discussion at the next Enforcement Committee Meeting.

Any time a Member votes to "hold for discussion" the Chair, EO and Legal Counsel will discuss the Member's concern(s) for educational purposes and to evaluate if any administrative policy modifications should be proposed.

Record of Meetings

(Board Policy and Government Code Section 11124.1(b))

Board minutes must be approved or disapproved at the next scheduled meeting of the Board. When approved, the minutes shall serve as the official record of the meeting. The minutes of each Board meeting shall be maintained for 50 years per the Board's records retention schedule.

The meeting may be audio and video recorded by the public or any other entity in accordance with the Bagley-Keene Open Meeting Act, the members of the public may record a meeting unless they are disruptive to the meeting and the Chair has specifically warned them of their being disruptive, then the Chair may order that their activities be ceased.

All original video and audio recordings are to be maintained per the Board's records retention schedule. The typed minutes are only a summary, not a transcript, of each Board meeting. They shall be prepared by Board staff and submitted for review by Board Members before the next Board meeting.

The Board may place audio and video recorded public board meetings on its web site at www.chiro.ca.gov.

Meeting Rules

(Board Policy)

The Board will use Robert's Rules of Order, to the extent that it does not conflict with state law (e.g., Bagley-Keene Open Meeting Act or other state laws or regulations), as a guide when conducting the meetings. Questions of order are clarified by the Board's legal counsel.

BOARD MEMBER ADMINISTRATIVE PROCEDURE MANUAL

Public Comment (Board Policy)

Public comment is always encouraged and allowed, however, if time constraints mandate, time limits may be imposed at the discretion of the Chair. Due to the need for the Board to maintain fairness and neutrality when performing its adjudicative function, the Board shall not receive any information from a member of the public regarding matters that are currently under or subject to investigation, or involve a pending or criminal administrative action.

1. If, during a Board meeting, a person attempts to provide the Board with any information regarding matters that are currently under or subject to investigation or involve a pending administrative or criminal action, the person shall be advised that the Board cannot properly consider or hear such substantive information and the person must be instructed to refrain from making such comments.
2. If, during a Board meeting, a person wishes to address the Board concerning alleged errors of procedure or protocol or staff misconduct involving matters that are currently under or subject to investigation or involve a pending administrative or criminal action, the Board will address the matter as follows:
 - a. Where the allegation involves errors of procedure or protocol, the Board may designate either its EO or a Board employee to review whether the proper procedure or protocol was followed and to report back to the Board.
 - b. Where the allegation involves significant staff misconduct, the Board shall direct the EO to review the allegation and to report back to the Board.
3. The Board may deny a person the right to address the Board and have the person removed if such person becomes disruptive at the Board meeting. The Board accepts the conditions established in the Bagley-Keene Open Meeting Act and appreciates that at times the public may disapprove, reprimand, or otherwise present an emotional presentation to the Board, and it is the Board's duty and obligation to allow that public comment, as provided by law.

BOARD MEMBER ADMINISTRATIVE PROCEDURE MANUAL

CHAPTER 3. Travel & Salary Policies & Procedures

Board related travel incurs additional expenses and potential liabilities. The State incurs liability risk any time a Board member travels to represent the Board, regardless of whether the Board member pays for their own travel expenses. Board Members must complete the appropriate paperwork and follow established policies and procedures for timely reimbursement of travel claims.

Travel Approval (Board Policy)

Travel arrangements for regularly scheduled Board meetings and committee meetings do not require prior approval. Any other Board related travel requires preapproval by the Board Chair and EO. Expenses and per diem reimbursement are provided to Board Members in accordance with established State travel reimbursement rules.

Travel Arrangements (Board Policy)

All travel arrangements shall be made in accordance with DCA Travel Guidelines. Board Members who prefer to make their own travel arrangements are encouraged to coordinate with the Staff Travel Liaison on lodging accommodations. Always seek hotels that charge the state rate. Preauthorization is required if the state rate is to be exceeded.

Out-of-State Travel (SAM Section 700 et seq.)

Out-of-state travel for all persons representing the state of California is controlled and must be approved by the Governor's Office. Permission for out-of-state travel must be obtained through the EO. Individual Board Members can not authorize out-of-state travel. Board Members will be reimbursed for actual lodging expenses, supported by vouchers, and will be reimbursed for meal and supplemental expenses. Keep all original receipts and submit with your travel expense claim.

Travel Claims (SAM Section 700 et seq.)

Rules governing reimbursement of travel expenses for Board Members are the same as for management-level state staff. All expenses shall be claimed on the appropriate travel expense claim forms. The Board Member Liaison maintains these forms and completes them as needed.

The EO's travel and per diem reimbursement claims shall be submitted to the Board Chair for approval.

BOARD MEMBER ADMINISTRATIVE PROCEDURE MANUAL

Board Members shall submit their travel expense forms as soon as possible after returning from a trip and not later than thirty days following the trip.

Salary Per Diem

(§1 Initiative Act and B&P Code Section 103 and Board Policy)

Compensation in the form of salary per diem and reimbursement of travel and other related expenses for Board Members is regulated by the B&P Code Section 103. Board Members are paid out of the funds of the Board, as provided for within the Chiropractic Initiative Act.

Accordingly, the following general guidelines shall be adhered to in the payment of salary per diem or reimbursement for travel:

1. A salary per diem or reimbursement for travel-related expenses shall be paid to Board Members for attendance at official Board or committee meetings.

Attendance at gatherings, events, hearings, conferences or meetings other than official Board or committee meetings shall be approved by the Board Chair & EO prior to the Board Member's travel and attendance.

The term "day actually spent in the discharge of official duties" shall mean such time as is expended from the commencement of a Board or committee meeting until that meeting is adjourned.

2. For Board-specified work, Board Members will be compensated for actual time spent performing work authorized by the Board Chair. This may also include, but is not limited to, authorized attendance at other gatherings, events, meetings, hearings, or conferences, such as the FCLB, NBCE, CE, Ambassador at Large, Lectures, etc. Work also includes preparation time for Board or committee meetings and reading and deliberating mail ballots for disciplinary actions.
3. Reimbursable work does not include miscellaneous reading and information gathering unrelated to Board business and not related to any meeting, preparation time for a presentation and participation at meetings not related to official participation of the Members duties with the Board.
4. Board Members may participate on their own (i.e., as a citizen or professional) at an event or meeting but not as an official Board representative unless approved in writing by the Chair. Requests must be submitted in writing to the Chair for approval and a copy provided to the EO. However, Board Members should recognize that even when representing themselves as "individuals," their positions might be misconstrued as that of the Board and a Board Member must use their best effort to continue to clarify this separation.

BOARD MEMBER ADMINISTRATIVE PROCEDURE MANUAL

CHAPTER 4. Board Officers & Committees

Officers of the Board

(§3 Initiative Act)

The Board shall elect at the first meeting of each year a Chair, Vice Chair and Secretary from the Members of the Board as specified in the Initiative Act.

Nomination of Officers

(Board Policy)

The Board shall nominate officers at the last meeting of the year. Nominations shall occur by roll call order, with the Chair announcing his/her nomination last. Board Members may self-nominate or nominate other Members. Nominees shall provide their statement of qualifications to the Board at the first meeting of the year, in which elections shall take place.

Election of Officers

(Board Policy)

The election of officers shall occur in the following order: a) Chair, b) Vice Chair, and c) Secretary. Voting shall be held in alphabetical roll call order, with the Chair voting last.

Officer Vacancies

(Board Policy)

The chain of administrative protocol starts with the Chair. If unavailable or recused, the Vice Chair shall take over the duties of the Chair until the Chair returns. If the Vice Chair is unavailable, the Secretary shall take over the duties of the Chair until the Vice Chair or Chair returns.

If the Chair becomes unable to fulfill their duties, the Vice Chair will become the Chair until the next scheduled election. The new Chair may appoint his or her choice of Vice Chair. The Secretary will remain the same. If any other officer (Vice Chair or Secretary) becomes unavailable, the Chair shall appoint a replacement until the next general election.

Communication Between Officers

(Board Policy)

The Chair, Vice Chair and Secretary must have timely and effective communication for the efficient operation of the Board. Failure to respond to email correspondences or failing to address specific topics is inconsistent with professionalism and if a repetitive failure to communicate persists, this will be discussed in a meeting with that officer the Chair and EO to resolve the concern. If all parties agree that communication cannot be resolved, any Board Member may agendize the ongoing concern for the next full Board Meeting and notify the Board's appointing authority when necessary.

BOARD MEMBER ADMINISTRATIVE PROCEDURE MANUAL

Committee Appointments (Board Policy)

The composition and chairs of the committees shall be determined by the Board Chair in consultation with the Vice Chair and the EO. The Chair should attempt to refrain from serving on multiple committees unless no other Board Member is available to serve.

All conversations must be consistent with Bagley Keene Open Meeting Act restrictions which mandate that no more than two Board Members can actively discuss Board business.

Standing Committees (Board Policy)

The Board has four standing committees:

1. Continuing Education Committee

The Committee proposes regulations, policies, and standards regarding continuing education providers and courses, oversees staff's auditing of annual continuing education, and monitors and assesses the continuing education requirements to ensure they reflect the current knowledge and skills necessary for competent practice of the chiropractic profession.

2. Enforcement Committee

The Committee proposes regulations, policies, and standards to protect the health, welfare, and safety of the public and continuously seeks ways to improve the Board's enforcement activities and ensure public safety.

3. Government and Public Affairs Committee

The Committee proposes and reviews policies and procedures to address sunset review issues, monitors the Board's budget, reviews and recommends positions on legislative bills, develops strategies to communicate with the public through various forms of media, oversees all administrative issues regarding the Board's operations, and monitors the Board's progress in achieving strategic plan goals and objectives.

4. Licensing Committee

The Committee proposes regulations, policies, and standards regarding chiropractic colleges, the licensure of doctors of chiropractic, and the registration of satellite offices and chiropractic corporations.

Committee Meetings (Board Policy)

Each of these committees is comprised of at least two Board Members. Staff provides technical and administrative input and support. The committees are an important venue for ensuring that staff and Board Members share information and perspectives in crafting and implementing the Board's objectives and goals.

BOARD MEMBER ADMINISTRATIVE PROCEDURE MANUAL

The Board's committees allow Board Members, the public, stakeholders and staff to discuss and conduct problem solving on issues related to the Board's objective and goals.

The committees are charged with coordinating Board efforts to reach the Board's objective and goals and achieving positive results on its performance measures.

The committee Chair will work with the staff liaison and EO to set the committee's goals and meeting agendas. The committee Chair coordinates the committee's work, ensures progress toward the Board's priorities, and presents reports at each Board Meeting.

During any public committee meeting, comments from the public are encouraged, and the meetings themselves are frequently public forums on specific issues before a committee. Committees shall comply with the Bagley-Keene Open Meeting Act.

Attendance at Committee Meetings

(Board Policy and Government Code Section 11122.5 et seq.)

If a Board Member wishes to attend a meeting of a committee of which he or she is not a member, the Board Member must notify the committee chair, EO and Board Chair.

Board Members, who are not members of the committee holding a meeting, cannot sit at the dais, make any comment, or ask or answer any questions. Only committee members may vote during the committee meeting.

The Board's legal counsel works with the EO to ensure all meetings meet the requirements for a public meeting and are properly noticed.

Whenever possible, the Board's legal counsel shall attend committee meetings.

BOARD MEMBER ADMINISTRATIVE PROCEDURE MANUAL

CHAPTER 5. General Operating Procedures

Board Member Addresses

(Board Policy)

Board Member home addresses and personal telephone numbers are considered confidential. However, this information may have to be disclosed in response to a subpoena or records request. A roster of Board Members is maintained for public distribution on the Board's web site using the Board's address and telephone number.

Board Member Written Correspondence and Mailings

(Board Policy)

All correspondence, press releases, articles, memoranda or any other communication written by any Board Member in his or her official capacity must be approved by the Board Chair and EO. The EO will reproduce and distribute the document to Board Members and save a copy in a chronological file.

Communications with Other Organizations & Individuals

(Board Policy)

All communications relating to any Board action or policy to any individual or organization shall be made only by the Chair of the Board, the Vice Chair, or the EO.

The Board has an "Ambassador at Large" program allowing Board Members to speak at public or private functions.

Any Board Member who is contacted by any of the above should inform the Board Chair or EO of the contact immediately.

All correspondence shall be issued on the Board's standard letterhead and will be disseminated by the EO.

Press Statements and Contacts

(Board Policy)

Board Members shall not speak or act for the Board without proper preauthorization from the Chair and/or EO prior to making any statement or press release. When possible, the Board Chair, in consultation with the Vice Chair and EO, shall determine which Board Members have expertise in respective areas to act as spokesperson for the Board.

BOARD MEMBER ADMINISTRATIVE PROCEDURE MANUAL

Business Cards

(Board Policy)

Business cards will be provided to each Board Member with the Board Member's name and official Board e-mail address. The business cards will provide the Board office address, telephone and fax numbers, and website address.

Board Members' personal business cards shall not reference or list their appointment as a Board Member.

BCE Identification Cards

(Board Policy)

Board Members shall be issued an identification card from the Board that states they are appointed, commissioned and duly sworn, and if an officer of the Board, that shall be stated.

BOARD MEMBER ADMINISTRATIVE PROCEDURE MANUAL

CHAPTER 6. Board Administration & Staff

Executive Officer (§3 Initiative Act)

The Board employs an EO and establishes his/her salary in accordance with State law.

The EO is responsible for the financial operations and integrity of the Board and is the official custodian of records. The EO is an “exempt” employee, who serves at the pleasure of the Board, and may be terminated, in accordance with the provisions of the Bagley-Keene Open Meeting Act.

Executive Officer Evaluation (Board Policy)

At the last Board meeting of each calendar year or at any time as determined by the Board, the Performance Appraisal of the EO is presented by the Board Chair, or Vice-Chair, during a closed session. The EO performance evaluation shall be conducted in consultation with DCA’s Office of Human Resources, and in accordance with the Annual Executive Officer Performance Appraisal Process.

Board Administration (Board Policy)

Strategies for the day-to-day management of programs and staff shall be the responsibility of the EO as an agent of the Board. The EO supervises and administers the staff. Board Members shall not directly discipline, reprimand, or otherwise supervise staff.

Board Staff (§4 Initiative Act)

Employees of the Board, with the exception of the EO, are civil service employees. Their employment, pay, benefits, discipline, termination, and conditions of employment are governed by myriad civil service laws and regulations and often by collective bargaining labor agreements.

Because of this complexity, the Board delegates this authority and responsibility for management of the civil service staff to the EO as an agent of the Board.

Board Members may express any staff concerns to the EO but shall refrain from involvement in any civil service matters. Board Members shall not become involved in the personnel issues of any state employee.

BOARD MEMBER ADMINISTRATIVE PROCEDURE MANUAL

Board Budget (Board Policy)

One member of the Board, designated by the Board Chair, and the EO or the Assistant Executive Officer will attend and testify at legislative budget hearings to communicate all budget issues to the Administration and Legislature. The EO or the Assistant Executive Officer shall communicate regularly with DCA's Budget Office and report all issues to the Board.

Strategic Planning (Board Policy)

The Board must develop a strategic plan in the year of the Joint Sunset Review Oversight Hearings. The Government & Public Affairs Committee shall have overall responsibility for the Board's strategic planning process and shall assist staff in the monitoring and reporting of the strategic plan to the Board.

Periodic Fee Analysis (Board Policy)

The Board shall periodically conduct a fee analysis to determine if the revenue earned from current fees is sufficient to maintain the Board's reserve and solvency into the future. The Board shall conduct the fee analysis every three to five years. The results of the fee analysis shall be provided to the Board for review at the Board meeting following the completion of the report.

BOARD MEMBER ADMINISTRATIVE PROCEDURE MANUAL

CHAPTER 7. Other Policies & Procedures

Various Other Tasks and Responsibilities

(Board Policy)

Promotion of public safety is enhanced with goal orientation and focus. The Board shall also assign Board Members and/or staff to serve as liaison to the following:

- FCLB
- NBCE
- Ambassador at Large Presentations
- Lectures
- Attend Meetings of Other Regulatory Boards
- Meetings with Colleges and State Associations

This process shall be overseen by the Vice Chair in consultation with the Chair and EO.

Board Member Disciplinary Actions

(Board Policy)

If a Board Member violates any provision of the Administrative Procedure Manual, the Chair will either telephone or write to that Member identifying the concern. If the matter is not resolved, any Board Member may agendize the matter for discussion at the next Board meeting and notify the Board's appointing authority when necessary.

If the violation concerns the Chair's conduct, the Vice Chair will handle the matter until it is resolved.

Terms and Removal of Board Members

(§2 Initiative Act)

The Governor shall appoint the Members of the Board. Each appointment shall be for the term of four years, except that an appointment to fill a vacancy shall be for the unexpired term only. Each Member shall serve until his successor has been appointed and qualified or until one year has elapsed since the expiration of his term whichever first occurs.

No person shall serve more than two consecutive terms on the Board nor be eligible for appointment thereafter until the expiration of four years from the expiration of such second consecutive term. The Governor may remove a Member from the Board after receiving sufficient proof of the inability or misconduct of said Member.

Resignation of Board Members

(Government Code Section 1750 (b))

In the event that a Board Member chooses to resign, a letter shall be sent to the Governor's Office with the effective date of the resignation. Written notification is

BOARD MEMBER ADMINISTRATIVE PROCEDURE MANUAL

required by state law. A copy of this letter shall also be sent to the Board Chair and the EO.

Resignation of Board Members (Board Policy)

In the event that a Board Member chooses to resign, the Board Member and the EO should notify the Governor's Office of Appointments.

Conflict of Interest (Government Code Section 87100)

Board Members are responsible for complying with the California Political Reform Act (Government Code Sections 81000-91014).

Board Members must file a Statement of Economic Interest (Form 700) upon appointment to office, upon leaving office, and on an annual basis in between.

No Board Member may make, participate in making, or in any way attempt to use his or her official position to influence a governmental decision in which he or she knows or has reason to know he or she has a financial interest.

Any Board Member who has a financial interest shall disqualify him or herself from making or attempting to use his or her official position to influence the decision.

Any Board Member who feels he or she is entering a situation where there is a potential for a conflict of interest should immediately consult the EO or the Board's legal counsel.

Contact with Licensees and Applicants (Board Policy)

Board Members shall not intervene on behalf of a licensee or applicant for licensure for any reason. They should forward all correspondence, contacts or inquiries to the Executive Officer.

Contact with Respondents (Board Policy)

Board Members shall not directly participate in complaint handling and resolution or investigations. To do so would subject the Board Member to disqualification in any future disciplinary action against the licensee.

Board Members shall not discuss pending disciplinary matters with any parties to such matters, including the respondent, his/her attorney, Board enforcement staff, and DAGs. If a Board Member is contacted by a party regarding a disciplinary matter, the Board Member shall refer the individual to the EO. When in doubt, the Board Member shall seek advice from the EO or the Board's Legal Counsel.

BOARD MEMBER ADMINISTRATIVE PROCEDURE MANUAL

Service of Legal Documents (Board Policy)

If a Board Member is personally served, as a party in any legal proceeding related to his or her capacity as a Board Member, he or she must contact the EO immediately.

Serving as an Expert Witness (Executive Order 66.2)

Pursuant to Executive Order 66-2, no employment, activity, or enterprise shall be engaged in by any gubernatorial appointee which might result in, or create the appearance of resulting in any of the following:

1. Using the prestige or influence of a State office for the appointee's private gain or advantage.
2. Using state time, facilities, equipment, or supplies for the appointee's private gain or advantage, or the private gain or advantage of another.
3. Using confidential information acquired by virtue of State involvement for the appointee's private gain or advantage, or the private gain or advantage of another.
4. Receiving or accepting money or any other consideration from anyone other than the State for the performance of an act which the appointee would be required or expected to render in the regular course of hours of his or her State employment or as a part of the appointee's duties as a State officer.

Gifts from Licensees and Applicants (Board Policy)

Gifts of any kind create potential obligations or conflicts of interest and should therefore be declined or reported pursuant to the California Political Reform Act.

Ex Parte Communications (Government Code Section 11430.10 et seq.)

The Government Code contains provisions prohibiting ex parte communications. An "ex parte" communication is a communication to the decision-maker made by one party to an enforcement action without participation by the other party. While there are specified exceptions to the general prohibition, the key provision is found in subdivision (a) of section 11430.10, which states:

"While the proceeding is pending, there shall be no communication, direct or indirect, regarding any issue in the proceeding to the presiding officer from an employee or representative of an agency that is a party or from an interested person outside the agency, without notice and an opportunity for all parties to participate in the communication."

BOARD MEMBER ADMINISTRATIVE PROCEDURE MANUAL

Board Members are prohibited from an ex parte communication with Board enforcement staff, a licensee or a respondent while a proceeding is pending.

Occasionally, an applicant who is being formally denied licensure, or a licensee against whom disciplinary action is being taken, will attempt to directly contact Board Members. If the communication is written, the person should read only far enough to determine the nature of the communication. Once he or she realizes it is from a person against whom an action is pending, they shall reseal the documents and send them to the EO.

If a Board Member receives a telephone call from an applicant under any circumstances or licensee against whom an action is pending, he or she shall immediately inform the caller that communication on this matter is prohibited by law and notify the EO and the Board's Legal Counsel.

If the person insists on discussing the case, he or she shall be informed that the Board Member will be required to recuse him or herself from any participation in the matter. Therefore, continued discussion is of no benefit to the applicant or licensee.

If a Board Member believes that he or she has received an unlawful ex parte communication, he or she should contact the EO and the Board's Legal Counsel.

The Honoraria Prohibition (Government Code Section 89502) (FPPC Regulations, Title 2, Division 6)

As a general rule, Members of the Board should decline honoraria for speaking at, or otherwise participating in, professional association conferences and meetings. A Member of a state Board is precluded from accepting an honorarium from any source, if the Member would be required to report the receipt of income or gifts from that source on his or her statement of economic interest.

Board Members are required to report income from, among other entities, professional associations and continuing education providers. Therefore, a Board Member should decline all offers for honoraria for speaking or appearing before such entities.

There are limited exceptions to the honoraria prohibition. The acceptance of an honorarium is not prohibited under the following circumstances: (1) when a honorarium is returned to the donor (unused) within 30 days; (2) when an honorarium is delivered to the State Controller within thirty days for donation to the General Fund (for which a tax deduction is not claimed); and (3) when an honorarium is not delivered to the Board Member, but is donated directly to a bona fide charitable, educational, civic, religious, or similar tax exempt, non-profit organization.

In light of this prohibition, Board Members should report all offers of honoraria to the Board Chair so that he or she, in consultation with the EO and The Board's Legal Counsel, may determine whether the potential for conflict of interest exists.

BOARD MEMBER ADMINISTRATIVE PROCEDURE MANUAL

Board Member Orientation

(Business & Professions Code Section 453 and Board Policy)

B&P Section 453 requires every newly appointed Board Member, within one year of assuming office, to complete a training and orientation program offered by DCA regarding, among other things, his or her functions, responsibilities, and obligations as a Member of a Board.

Per DCA Legal Opinion, Board Member Orientation Training is required for newly appointed Board Members and reappointed Board Members as every appointment is considered a new appointment.

It is the Board's policy that new Board Members shall, to the extent possible complete the orientation training within six months of assuming office. Additional training shall be provided at the request of the Board or individual Board Members.

Ethics Training

(Government Code Section 11146)

California law requires all appointees to take an ethics orientation within the first six months of their appointment and to repeat this ethics orientation every two years throughout their term.

Sexual Harassment Prevention Training

(Government Code Section 12950.1)

Board Members are required to undergo sexual harassment prevention training and education once every two years. Staff will coordinate the training.

Board Member Onboarding and Orientation

(Board Policy - 2013 BCE Strategic Plan)

Within six months of initial appointment, each new Board Member shall travel to the Board office in Sacramento for orientation and onboarding meetings with the EO and one Board Member (as assigned by the Board Chair). Prior to the orientation, the new Board Member shall review their Board Member binder (provided by Board staff) and prepare questions for discussion. Items to be covered in this meeting include introductions to Board staff, review of staff roles and responsibilities, administrative processes, historical information about the Board, collaboration between staff and Board Members and overall expectations. The EO shall notify the Board Chair once the meeting has occurred.

BOARD MEMBER ADMINISTRATIVE PROCEDURE MANUAL

Injury to a Board Member

If you are or believe you may have been injured, notify the EO. Injuries are required to be reported and this assists the EO in remaining compliant with DCA's policy for reporting injuries.

If you have additional questions, ask the EO or Staff Counsel.

ATTACHMENT B

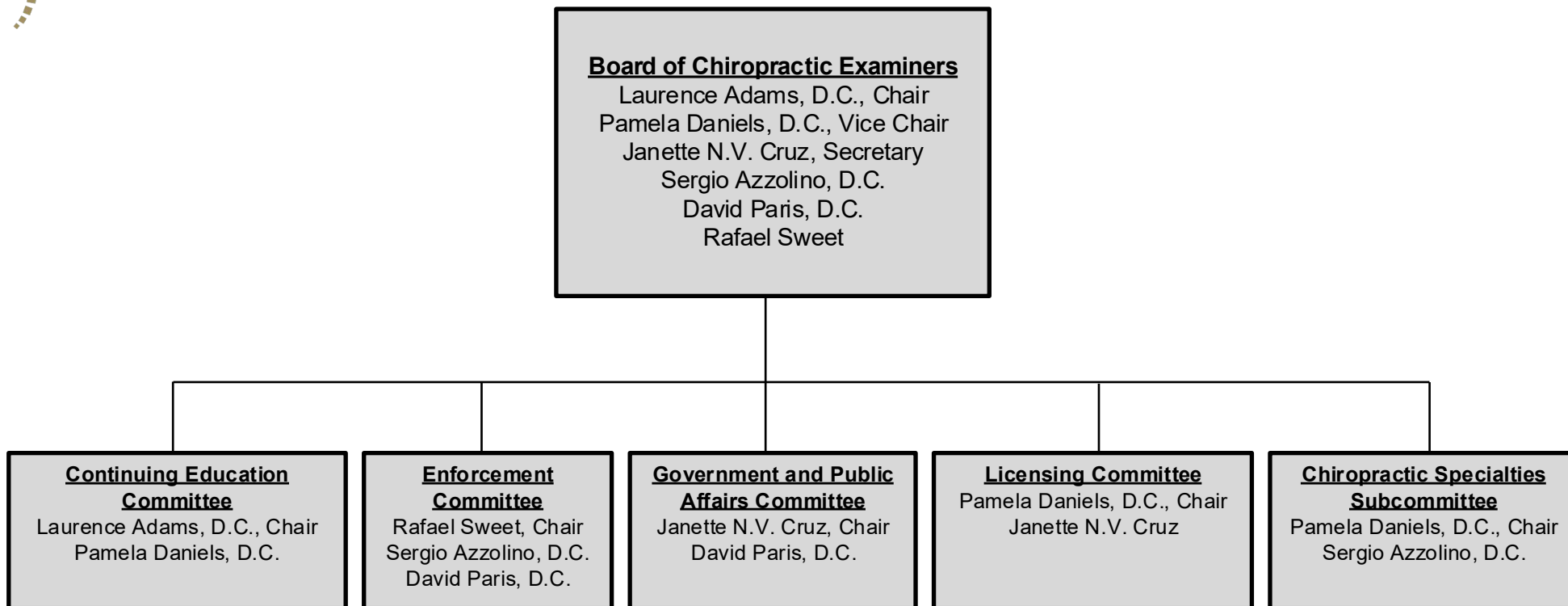
CURRENT ORGANIZATIONAL CHART WITH COMMITTEES





Current Organizational Chart with Committee Assignments

July 1, 2025



ATTACHMENT C1

OCCUPATIONAL ANALYSIS OF THE CHIROPRACTIC PROFESSION, AUGUST 2024





OCCUPATIONAL ANALYSIS OF THE CHIROPRACTOR PROFESSION



OCCUPATIONAL ANALYSIS OF THE CHIROPRACTOR PROFESSION



August 2024



OFFICE OF PROFESSIONAL EXAMINATION SERVICES

Ganesh Kumar, MS, Research Data Analyst II
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This occupational analysis report is mandated by California Business and Professions Code § 139 and by DCA *OPES 22-01 Licensure Examination Validation Policy*.

EXECUTIVE SUMMARY

The Board of Chiropractic Examiners (Board) requested that the Department of Consumer Affairs' Office of Professional Examination Services (OPES) conduct an occupational analysis (OA) as part of the Board's comprehensive review of the chiropractor profession in California. The purpose of the OA is to identify critical activities performed by chiropractors in California. The results of this OA provide a description of practice for the chiropractor profession that can then be used to review the national chiropractic examination developed by the National Board of Chiropractic Examiners (NBCE) and to provide a basis for constructing a valid and legally defensible California Chiropractic Law Examination (CCLE).

OPES test specialists began by researching the profession and conducting telephone interviews with licensed chiropractors working throughout California. The purpose of these interviews was to identify the tasks performed by chiropractors and to determine the knowledge required to perform those tasks safely and competently. Using the information gathered from the research and the interviews, OPES test specialists developed a preliminary list of tasks performed by chiropractors in their profession, along with statements representing the knowledge needed to perform those tasks.

In May 2023, OPES test specialists convened a workshop to review and refine the preliminary lists of tasks and knowledge statements describing chiropractor practice in California. Chiropractors participated in the workshops as subject matter experts (SMEs). The SMEs were from diverse backgrounds in the profession (e.g., work setting, geographic location of practice, years licensed).

After the workshop, OPES test specialists developed a two-part OA questionnaire and convened a second workshop in June 2023 to review and refine the questionnaire. SMEs also linked each task with the knowledge required to perform that task and reviewed demographic questions to be used on the OA questionnaire.

Development of the OA questionnaire included a pilot study that was conducted with a group of SMEs who had participated in either the interviews or the May 2023 or June 2023 workshops. The pilot study participants' feedback was incorporated into the final questionnaire, which was administered in January 2024.

In the first part of the OA questionnaire, chiropractors were asked to provide demographic information related to their practice and work settings. In the second part, chiropractors were asked to rate how often they perform each task in their current practice (Frequency) and how important the task is to effective performance of their current practice (Importance).

In January 2024, on behalf of the Board, OPES sent an email to 776 licensed chiropractors and mailed postcards to 9,549 licensed chiropractors, inviting them to complete the online OA questionnaire.

A total of 1,382 chiropractors, or approximately 13.38% of the chiropractors who received the invitation, responded to the OA questionnaire. The final number of respondents included in the data analysis was 1,299 (12.58%) for the demographic response data and 1,090 (10.55%) for the task response data. This response rate reflects two adjustments. First, OPES excluded data from respondents who indicated they were not currently licensed and working as a chiropractor in California. Second, OPES excluded questionnaires containing a large portion of incomplete responses.

OPES test specialists then performed data analyses on the task ratings obtained from the questionnaire respondents. The task importance and frequency ratings were combined to derive an overall criticality index for each task statement.

After the data were analyzed, OPES test specialists conducted an additional workshop with SMEs in April 2024. The SMEs evaluated the criticality indices and determined whether any tasks or knowledge statements should be eliminated. The SMEs in this group also established the final linkage between tasks and knowledge statements, reviewed the task and knowledge statement content areas, and defined those content areas. The SMEs then evaluated the preliminary content area weights and determined the final weights for the new California chiropractor description of practice and for the CCLE outline.

The description of practice is structured into four content areas weighted relative to the other content areas. The new description of practice identifies the tasks and knowledge critical to competent chiropractor practice in California at the time of licensure.

After the description of practice content areas were finalized, the examination outline used to develop the CCLE was discussed. The SMEs evaluated the task

and knowledge statements from Content Area 4, Laws and Ethics, in the description of practice to determine the CCLE outline. The SMEs then evaluated the preliminary content area weights and determined the final weights for the CCLE outline.

The CCLE outline includes five content areas weighted by criticality relative to the other content areas. The CCLE outline identifies the California-specific tasks and knowledge statements critical to the laws, regulations, and ethics of chiropractic practice in California at the time of licensure.

OVERVIEW OF THE CALIFORNIA CHIROPRACTOR DESCRIPTION OF PRACTICE

Content Area		Content Area Description	Percent Weight
1.	Patient Intake History	This area assesses the candidate's knowledge of obtaining and evaluating patient history, including presenting symptoms, risk factors, comorbidities, functionality, and mobility.	30
2.	Examination and Assessment	This area assesses the candidate's knowledge of performing physical examinations and assessments to identify and respond to patient emergency situations, develop diagnosis, apply integrative clinical practice, and provide referrals.	30
3.	Treatment and Case Management	This area assesses the candidate's knowledge of evaluating assessment findings to develop a diagnosis and treatment plan with short- and long-term goals for chiropractic treatments including the use of physiotherapy modalities and healthy lifestyle counseling. This area also evaluates the candidate's knowledge of monitoring and evaluating patient response to treatment at follow-up visits and modifying treatment plans based on evaluation results.	20
4.	Laws and Ethics	This area assesses the candidate's knowledge of laws and ethics pertaining to patient records, billing, and safety. This area also assesses the candidate's knowledge regarding licensing requirements, scope of practice, professional conduct, and responsibilities.	20
Total			100

TABLE OF CONTENTS

EXECUTIVE SUMMARY	III
CHAPTER 1 INTRODUCTION	1
PURPOSE OF THE OCCUPATIONAL ANALYSIS	1
PARTICIPATION OF SUBJECT MATTER EXPERTS	1
ADHERENCE TO LEGAL STANDARDS AND GUIDELINES	2
DESCRIPTION OF OCCUPATION	2
CHAPTER 2 OCCUPATIONAL ANALYSIS QUESTIONNAIRE	5
SUBJECT MATTER EXPERT INTERVIEWS	5
TASKS AND KNOWLEDGE STATEMENTS	5
QUESTIONNAIRE DEVELOPMENT	6
PILOT STUDY	6
CHAPTER 3 RESPONSE RATE AND DEMOGRAPHICS	7
SAMPLING STRATEGY AND RESPONSE RATE	7
DEMOGRAPHIC SUMMARY	7
CHAPTER 4 DATA ANALYSIS AND RESULTS	23
RELIABILITY OF RATINGS	23
TASK CRITICALITY INDICES	23
CHAPTER 5 DESCRIPTION OF PRACTICE	25
TASK-KNOWLEDGE LINKAGE	25
CONTENT AREAS AND WEIGHTS	25
CHAPTER 6 CALIFORNIA CHIROPRACTIC LAW EXAMINATION (CCLE) OUTLINE ..	53
CONTENT AREAS AND WEIGHTS	53
CHAPTER 7 CONCLUSION	63

LIST OF TABLES

TABLE 1 – NUMBER OF YEARS PRACTICING AS A CHIROPRACTOR IN CALIFORNIA.....	9
TABLE 2 - PRIMARY PRACTICE LOCATION TYPE	10
TABLE 3 – NUMBER OF PRACTICE LOCATIONS	11
TABLE 4 – PRIMARY PRACTICE SETTING	12
TABLE 5 – OTHER PRACTITIONERS AND EMPLOYEES AT PRACTICE.....	14
TABLE 6 – HOURS PER WEEK WORKING AS A LICENSED CHIROPRACTOR.....	15
TABLE 7 – ADDITIONAL DIPLOMAS OR CERTIFICATIONS HELD	16
TABLE 8 – TREATMENT CATEGORY THAT BEST DESCRIBES PRIMARY PRACTICE FOCUS	18
TABLE 9 – OTHER PROFESSIONAL CALIFORNIA LICENSES OR CERTIFICATIONS HELD .	20
TABLE 10 – RESPONDENTS BY REGION	21
TABLE 11 – TASK SCALE RELIABILITY.....	23
TABLE 12 – DESCRIPTION OF PRACTICE CONTENT AREA WEIGHTS.....	26
TABLE 13 – DESCRIPTION OF PRACTICE CONTENT AREA AND SUBAREA WEIGHTS	27
TABLE 14 – CALIFORNIA CHIROPRACTOR DESCRIPTION OF PRACTICE	28
TABLE 15 – CALIFORNIA CHIROPRACTIC LAW EXAMINATION CONTENT AREA AND SUBAREA WEIGHTS	54
TABLE 16 – CALIFORNIA CHIROPRACTIC LAW EXAMINATION OUTLINE	55
TABLE 17 – PRIMARY WAY PATIENTS PAY FOR SERVICES.....	114
TABLE 18 – CHIROPRACTIC TRAINING PROGRAM PREPARATION FOR FIRST YEAR IN PRACTICE	114
TABLE 19 – SUBJECTS THAT WOULD HAVE BEEN BENEFICIAL FOR ADEQUATE PREPARATION FOR FIRST YEAR IN PRACTICE.....	115

LIST OF FIGURES

FIGURE 1 – NUMBER OF YEARS PRACTICING AS A CHIROPRACTOR IN CALIFORNIA	9
FIGURE 2 - PRIMARY PRACTICE LOCATION TYPE.....	10
FIGURE 3 – NUMBER OF PRACTICE LOCATIONS	11
FIGURE 4 – PRIMARY PRACTICE SETTING.....	13
FIGURE 5 – OTHER PRACTITIONERS AND EMPLOYEES AT PRACTICE	14
FIGURE 6 – HOURS PER WEEK WORKING AS A LICENSED CHIROPRACTOR	15
FIGURE 7 – ADDITIONAL DIPLOMAS OR CERTIFICATIONS HELD	17
FIGURE 8 – TREATMENT CATEGORY THAT BEST DESCRIBES PRIMARY PRACTICE FOCUS	19
FIGURE 9 – OTHER PROFESSIONAL CALIFORNIA LICENSES OR CERTIFICATIONS HELD	20

LIST OF APPENDICES

APPENDIX A RESPONDENTS BY REGION	65
APPENDIX B CRITICALITY INDICES FOR ALL TASKS BY CONTENT AREA IN DESCENDING ORDER	71
APPENDIX C QUESTIONNAIRE EMAIL INVITATION	87
APPENDIX D QUESTIONNAIRE POSTCARD INVITATION	89
APPENDIX E QUESTIONNAIRE.....	91
APPENDIX F ADDITIONAL SURVEY ITEMS	113
APPENDIX G TASKS RENUMBERED FOR CALIFORNIA CHIROPRACTIC LAW EXAMINATION	117
APPENDIX H KNOWLEDGE STATEMENTS RENUMBERED FOR CALIFORNIA CHIROPRACTIC LAW EXAMINATION.....	119

CHAPTER 1 | INTRODUCTION

PURPOSE OF THE OCCUPATIONAL ANALYSIS

The Board of Chiropractic Examiners (Board) requested that the Department of Consumer Affairs' Office of Professional Examination Services (OPES) conduct an occupational analysis (OA) as part of the Board's comprehensive review of the chiropractor profession in California. The purpose of the OA is to identify critical activities performed by chiropractors in California. The results of this OA provide a description of practice for the chiropractor profession that can then be used to review the national chiropractic examination developed by the National Board of Chiropractic Examiners (NBCE) and to provide a basis for constructing a valid and legally defensible California Chiropractic Law Examination (CCLE).

At this time, California licensure as a chiropractor is granted by meeting the educational and experience requirements, by passing the NBCE Parts I, II, III, IV, and Physiotherapy, and by passing the CCLE.

PARTICIPATION OF SUBJECT MATTER EXPERTS

California chiropractors participated as subject matter experts (SMEs) during the OA to ensure that the description of practice directly reflects current chiropractor practice in California. These SMEs represented the profession in terms of work setting, geographic location of practice, and years licensed. The SMEs provided technical expertise and information regarding different aspects of practice through interviews and workshops. During interviews, the SMEs provided information about the tasks involved in practice and the knowledge required to perform those tasks safely and competently. During workshops, the SMEs developed and reviewed the tasks and knowledge statements describing chiropractic practice, organized the tasks and knowledge statements into content areas, evaluated the results of the OA, and developed the description of practice and examination outline.

ADHERENCE TO LEGAL STANDARDS AND GUIDELINES

Licensure, certification, and registration programs in the State of California adhere strictly to federal and state laws and regulations, as well as to professional guidelines and technical standards. For the purposes of OAs, the following laws and guidelines are authoritative:

- California Business and Professions Code (BPC) § 139.
- 29 Code of Federal Regulations Part 1607 – Uniform Guidelines on Employee Selection Procedures (1978).
- California Fair Employment and Housing Act, Government Code § 12944.
- *Principles for the Validation and Use of Personnel Selection Procedures* (2018), Society for Industrial and Organizational Psychology (SIOP).
- *Standards for Educational and Psychological Testing* (2014), American Educational Research Association, American Psychological Association, and National Council on Measurement in Education.

For a licensure program to meet these standards, it must be solidly based upon the job activities required for practice.

DESCRIPTION OF OCCUPATION

The chiropractor occupation is described as follows in title 16 § 302 of the California Code of Regulations:

(a) Scope of Practice.

- (1) A duly licensed chiropractor may manipulate and adjust the spinal column and other joints of the human body and in the process thereof a chiropractor may manipulate the muscle and connective tissue related thereto.
- (2) As part of a course of chiropractic treatment, a duly licensed chiropractor may use all necessary mechanical, hygienic, and sanitary measures incident to the care of the body, including, but not limited to, air, cold, diet, exercise, heat, light, massage, physical culture, rest, ultrasound, water, and physical therapy techniques in the course of chiropractic manipulations and/or adjustments.

(3) Other than as explicitly set forth in section 10(b) of the Act, a duly licensed chiropractor may treat any condition, disease, or injury in any patient, including a pregnant woman, and may diagnose, so long as such treatment or diagnosis is done in a manner consistent with chiropractic methods and techniques and so long as such methods and treatment do not constitute the practice of medicine by exceeding the legal scope of chiropractic practice as set forth in this section.

(4) A chiropractic license issued in the State of California does not authorize the holder thereof:

(A) to practice surgery or to sever or penetrate tissues of human beings, including, but not limited to severing the umbilical cord;

(B) to deliver a human child or practice obstetrics;

(C) to practice dentistry;

(D) to practice optometry;

(E) to use any drug or medicine included in materia medica;

(F) to use a lithotripter;

(G) to use ultrasound on a fetus for either diagnostic or treatment purposes;

or

(H) to perform a mammography.

(5) A duly licensed chiropractor may employ the use of vitamins, food supplements, foods for special dietary use, or proprietary medicines, if the above substances are also included in section 4057 of the Business and Professions Code, so long as such substances are not included in materia medica as defined in section 13 of the Business and Professions Code.

The use of such substances by a licensed chiropractor in the treatment of illness or injury must be within the scope of the practice of chiropractic as defined in section 7 of the Act.

(6) Except as specifically provided in section 302(a)(4), a duly licensed chiropractor may make use of X-ray and thermography equipment for the purposes of diagnosis but not for the purposes of treatment. A duly licensed chiropractor may make use of diagnostic ultrasound equipment for the purposes of neuromuscular skeletal diagnosis.

(7) A duly licensed chiropractor may only practice or attempt to practice or hold himself or herself out as practicing a system of chiropractic. A duly licensed chiropractor may also advertise the use of the modalities authorized by this section as a part of a course of chiropractic treatment, but is not required to use all of the diagnostic and treatment modalities set

forth in this section. A chiropractor may not hold himself or herself out as being licensed as anything other than a chiropractor or as holding any other healing arts license or as practicing physical therapy or use the term "physical therapy" in advertising unless he or she holds another such license.

CHAPTER 2 | OCCUPATIONAL ANALYSIS QUESTIONNAIRE

SUBJECT MATTER EXPERT INTERVIEWS

The Board provided OPES with a list of chiropractors to contact for telephone interviews. During the semi-structured interviews, eight chiropractors were asked to identify the major content areas of practice and the tasks performed in each area. They were also asked to identify the knowledge necessary to perform each task safely and competently.

TASKS AND KNOWLEDGE STATEMENTS

To develop a preliminary list of tasks and knowledge statements, OPES test specialists integrated the information gathered from literature reviews of profession-related sources (e.g., previous OA reports, articles, industry publications, and laws and regulations) and from interviews with SMEs.

In May 2023 and June 2023, OPES test specialists facilitated two workshops to review and refine the tasks and knowledge statements. Nine SMEs in total from diverse backgrounds (e.g., work setting, geographic location of practice, and years licensed) participated in the workshops. During the workshops, the SMEs evaluated the tasks and knowledge statements for technical accuracy, level of specificity, and comprehensiveness. In addition, the SMEs evaluated the organization of tasks within content areas to ensure that the content areas were independent and non-overlapping.

During the workshops, the SMEs also performed a linkage between the tasks and knowledge statements. The linkage was performed to identify the knowledge required for performance of each task and to verify that each statement of knowledge is important for safe and competent practice as a chiropractor. Additionally, the linkage ensured that all task statements were linked to at least one knowledge statement and that each knowledge statement was linked to at least one task statement.

During the workshops, the SMEs also reviewed proposed demographic questions and evaluated the scales that would be used for rating tasks in an online OA questionnaire to be sent to chiropractors statewide.

OPES used the final list of tasks, demographic questions, and rating scales to develop the online OA questionnaire. To decrease the number of statements on the questionnaire, and therefore the time burden on respondents, OPES test specialists decided to include only the tasks on the questionnaire.

QUESTIONNAIRE DEVELOPMENT

OPES test specialists developed the online OA questionnaire designed to solicit task ratings by chiropractors. The surveyed chiropractors were instructed to rate how often they perform each task in their current practice (Frequency) and how important each task is to the effective performance of their current practice (Importance). The OA questionnaire also included a demographic section to obtain relevant professional background information about responding chiropractors. In addition, OPES test specialists kept some practice- and education-related questions that were historically included in the chiropractor OA at the Board's request. The OA questionnaire is Appendix E.

PILOT STUDY

Before administering the final questionnaire, OPES conducted a pilot study of the online questionnaire. The draft questionnaire was reviewed by the Board and then sent to 12 SMEs who had participated in either the interviews or the workshops. OPES received feedback on the pilot study from all respondents. The SMEs reviewed the tasks and knowledge statements in the questionnaire for technical accuracy and for whether they reflected chiropractic practice. The SMEs also provided the estimated time for completion of the questionnaire, as well as information about online navigation and ease of use. OPES test specialists used this feedback to refine the final questionnaire. The feedback from the pilot study indicated that the length of the questionnaire might deter a number of respondents. In addition, the Board was not able to offer continuing education units for completing the questionnaire, as it had during previous OAs. Therefore, OPES test specialists decided to include only the tasks in the final questionnaire. The questionnaire was available January 2, 2024–January 26, 2024.

CHAPTER 3 | RESPONSE RATE AND DEMOGRAPHICS

SAMPLING STRATEGY AND RESPONSE RATE

In January 2024, on behalf of the Board, OPES sent an email to 776 licensed chiropractors and mailed postcards to 9,549 licensed chiropractors, inviting them to complete the online OA questionnaire. A total of 10,325 invitations were sent to licensed chiropractors in California, inviting them to complete the online OA questionnaire. The email invitation and the postcard invitation are Appendix C and Appendix D, respectively.

A total of 1,382 chiropractors, or approximately 13.38% of the chiropractors who received the invitation, responded to the OA questionnaire. The final number of respondents included in the analyses was 1,299 (12.58%) for demographic data and 1,090 (10.55%) for the task response data. This response rate reflects two adjustments. First, OPES excluded data from respondents who indicated they were not currently licensed and working as a chiropractor in California. Second, OPES excluded data from questionnaires with a large portion of incomplete responses. The final respondent sample appears to represent the California chiropractor profession based on the sample's demographic composition.

DEMOGRAPHIC SUMMARY

As shown in Table 1 and Figure 1, 69.4% of respondents reported they had practiced as a chiropractor for more than 20 years, 14.2% reported having practiced as a chiropractor for 11–20 years, 6.2% reported practicing as a chiropractor for 6–10 years, and 6.2% reported they had practiced as a chiropractor for 5 years or less.

Table 2 and Figure 2 show that most respondents reported that their primary work area is urban (56.9%), 31.9% reported working in a suburban area, and 5.2% reported working in a rural area.

Regarding the number of practice locations, 80.8% of respondents reported working in 1 location, 13.8% of respondents reported working in 2–4 locations, and 1.5% of respondents worked in 5 or more locations. (See Table 3 and Figure 3).

Respondents were also asked to describe their primary practice setting. The majority of the respondents (58%) reported working as sole practitioner using

rented office space. Smaller proportions of the respondents reported working in a chiropractic group setting (7.9%), working as a sole practitioner using home office space (7.6%), or working in a multidisciplinary group (7.4%). Additional primary practice settings reported by respondents are shown in Table 4 and Figure 4.

When asked to describe other practitioners working in their place of practice, 30% reported that they work with one or more chiropractors in an office, 28.3% reported working alone with only a front office employee, 23.1% reported working alone with no other employee, 10.9% reported working in an office with other health practitioners, and .1% reported working with a chiropractic intern. (See Table 5 and Figure 5.)

Regarding the hours of work performed per week, 46.3% of respondents reported working 21–39 hours, 23% reported working 40 hours or more, while 17.1% reported that they work 11–20 hours, and 9.4% reported that they work 10 hours or less. (See Table 6 and Figure 6.)

When asked about additional diplomas or certifications they possess, 23.2% of respondents reported chiropractic physical and therapeutic rehabilitation, 9.5% reported diagnostic imaging or radiology, 9% reported sports medicine, and 8.1% reported nutrition. Additional diploma/certification information is shown in Table 7 and Figure 7.

When asked about the treatment category that represented the primary focus of their practice, 68.6% respondents said they performed general chiropractic, 4.9% reported wellness/whole health (health coach), 2.9% reported rehabilitation, and 2.8% reported nutritional/functional health. Additional treatment categories are shown in Table 8 and Figure 8.

When asked about additional California licenses or certifications held, the largest proportion of respondents (25.4%) reported that they held an X-ray Supervisor and Operator license; 2.3% reported that they held an acupuncture license. Additional information about other licenses and certifications held can be found in Table 9 and Figure 9.

More detailed demographic information collected from respondents can be found in Tables 1–10 and Figures 1–9. The results of the additional questions that were included in the questionnaire are Appendix F.

TABLE 1 – NUMBER OF YEARS PRACTICING AS A CHIROPRACTOR IN CALIFORNIA

YEARS	NUMBER (N)	PERCENT
0–5	80	6.2
6–10	81	6.2
11–20	185	14.2
More than 20	902	69.4
Missing	51	3.9
Total	1,299	99.9*

*NOTE: Percentages do not add to 100 due to rounding.

FIGURE 1 – NUMBER OF YEARS PRACTICING AS A CHIROPRACTOR IN CALIFORNIA

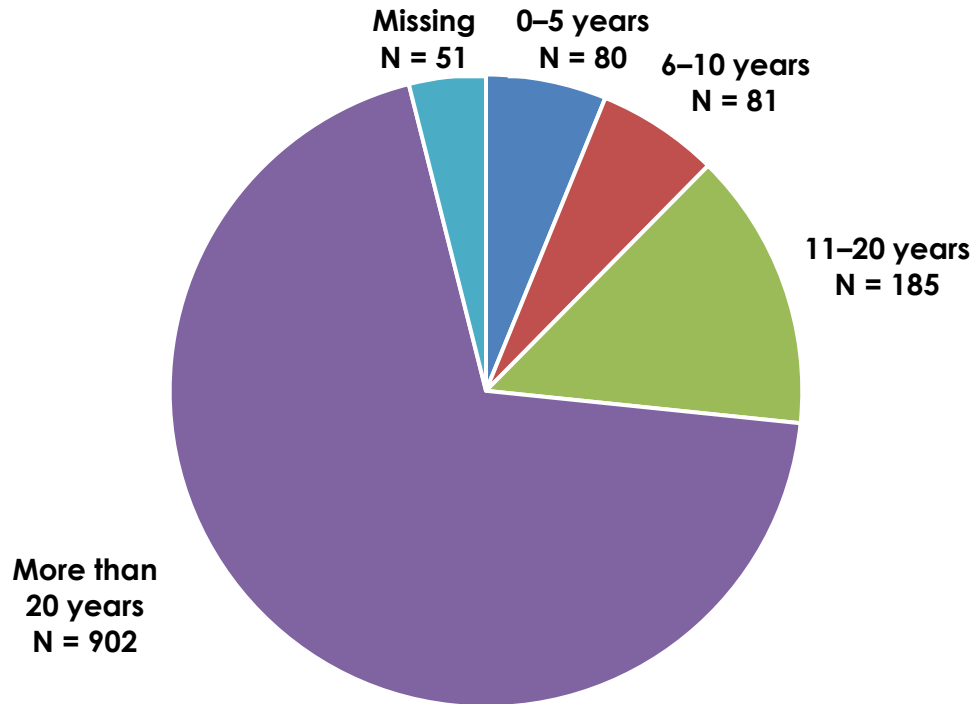


TABLE 2 - PRIMARY PRACTICE LOCATION TYPE

AREA	NUMBER (N)	PERCENT
Urban (more than 100,000 people)	739	56.9
Suburban (less densely populated, typically bordering the city)	414	31.9
Rural (fewer than 10,000 people)	68	5.2
Other	27	2.1
Missing	51	3.9
Total	1,299	100.0

FIGURE 2 - PRIMARY PRACTICE LOCATION TYPE

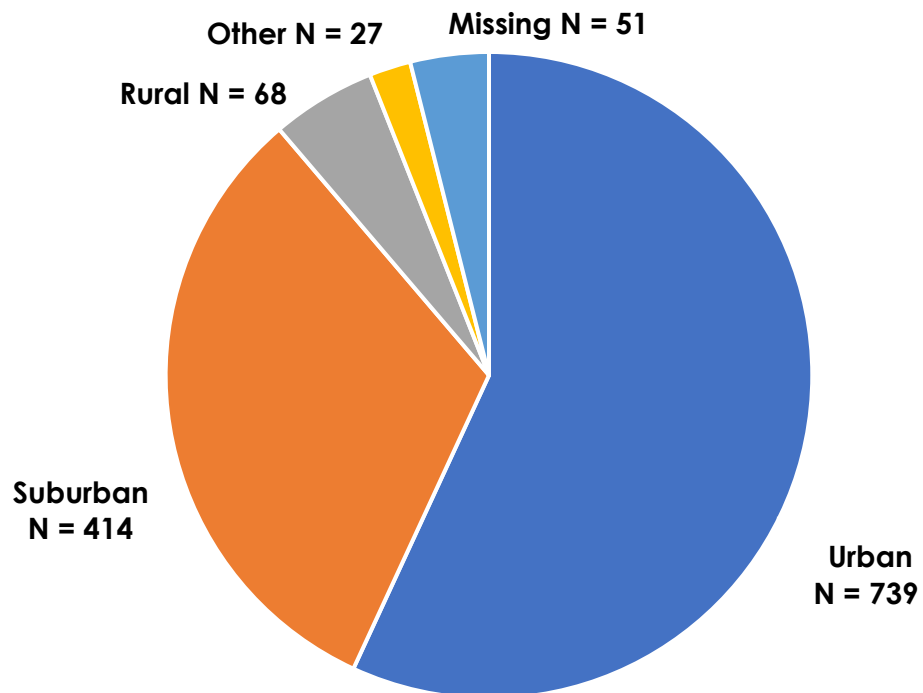


TABLE 3 – NUMBER OF PRACTICE LOCATIONS

LOCATIONS	NUMBER (N)	PERCENT
1	1,050	80.8
2–4	179	13.8
5 or more	20	1.5
Missing	50	3.8
Total	1,299	99.9*

*NOTE: Percentages do not add to 100 due to rounding.

FIGURE 3 – NUMBER OF PRACTICE LOCATIONS

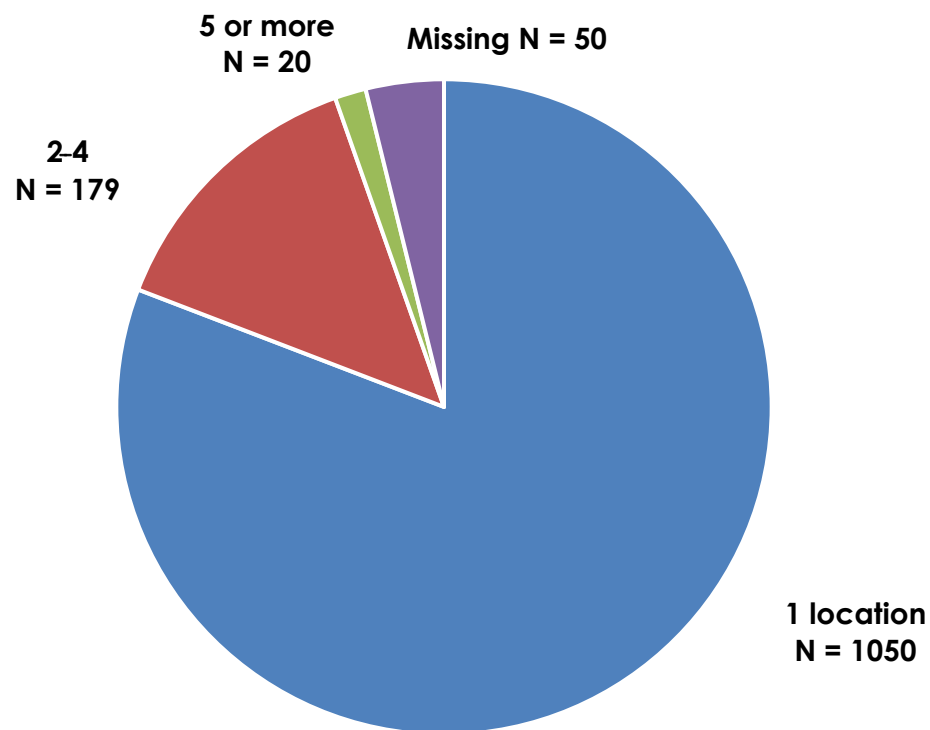


TABLE 4 – PRIMARY PRACTICE SETTING

SETTING	NUMBER (N)	PERCENT
Sole practitioner using rented office space	753	58.0
Chiropractic group	103	7.9
Sole practitioner using home office space	99	7.6
Multidisciplinary group	96	7.4
Chiropractic franchise employee	40	3.1
Chiropractic franchise owner/operator	36	2.8
House calls/home visits	14	1.1
VA Medical Center	8	.6
Sporting events/organizations	3	.2
Chiropractic college	3	.2
Hospital	3	.2
Other	91	7.0
Missing	50	3.8
Total	1,299	99.9*

*NOTE: Percentages do not add to 100 due to rounding.

FIGURE 4 – PRIMARY PRACTICE SETTING

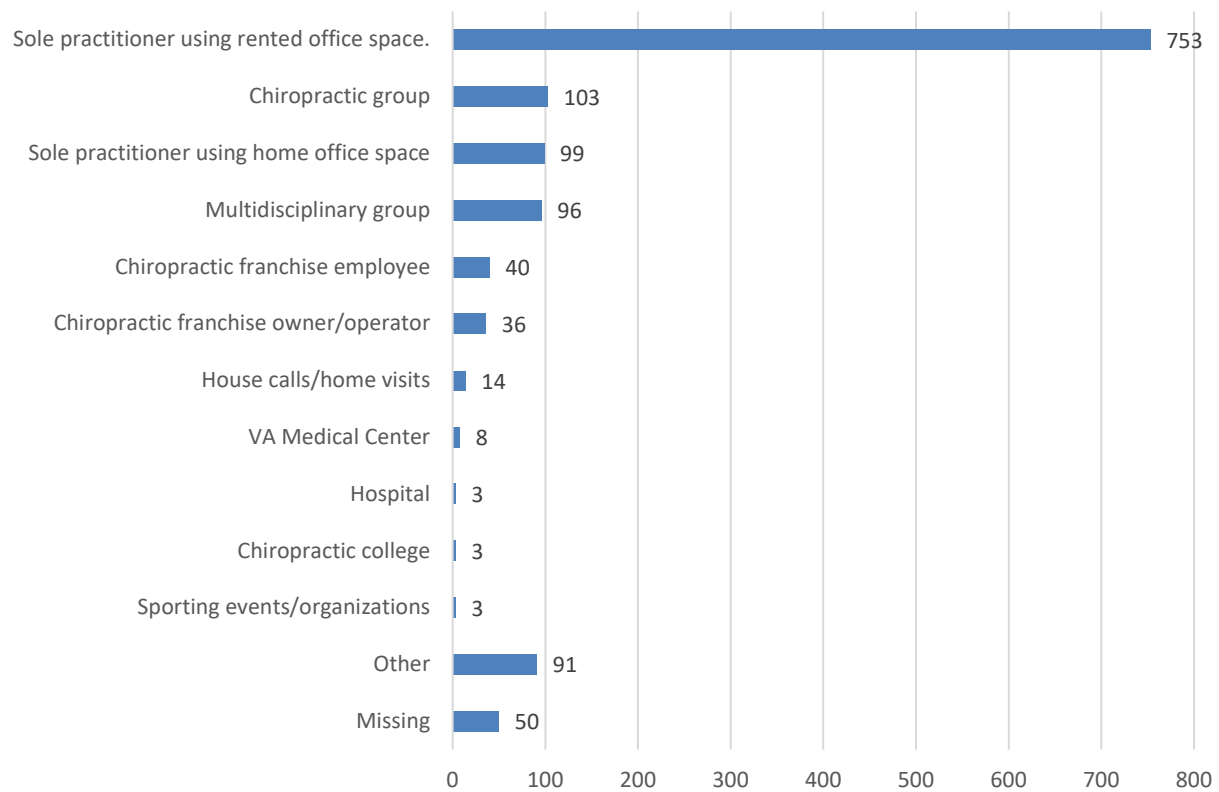


TABLE 5 – OTHER PRACTITIONERS AND EMPLOYEES AT PRACTICE

WORK POSITION	NUMBER (N)	PERCENT
One or more DCs in office	390	30.0
Only DC in office, with front office employee(s)	368	28.3
Only DC in office, no other employees	300	23.1
Shared office with other health practitioners	142	10.9
Junior associate DC/intern	1	.1
Other	45	3.5
Missing	53	4.1
Total	1,299	100.0

FIGURE 5 – OTHER PRACTITIONERS AND EMPLOYEES AT PRACTICE

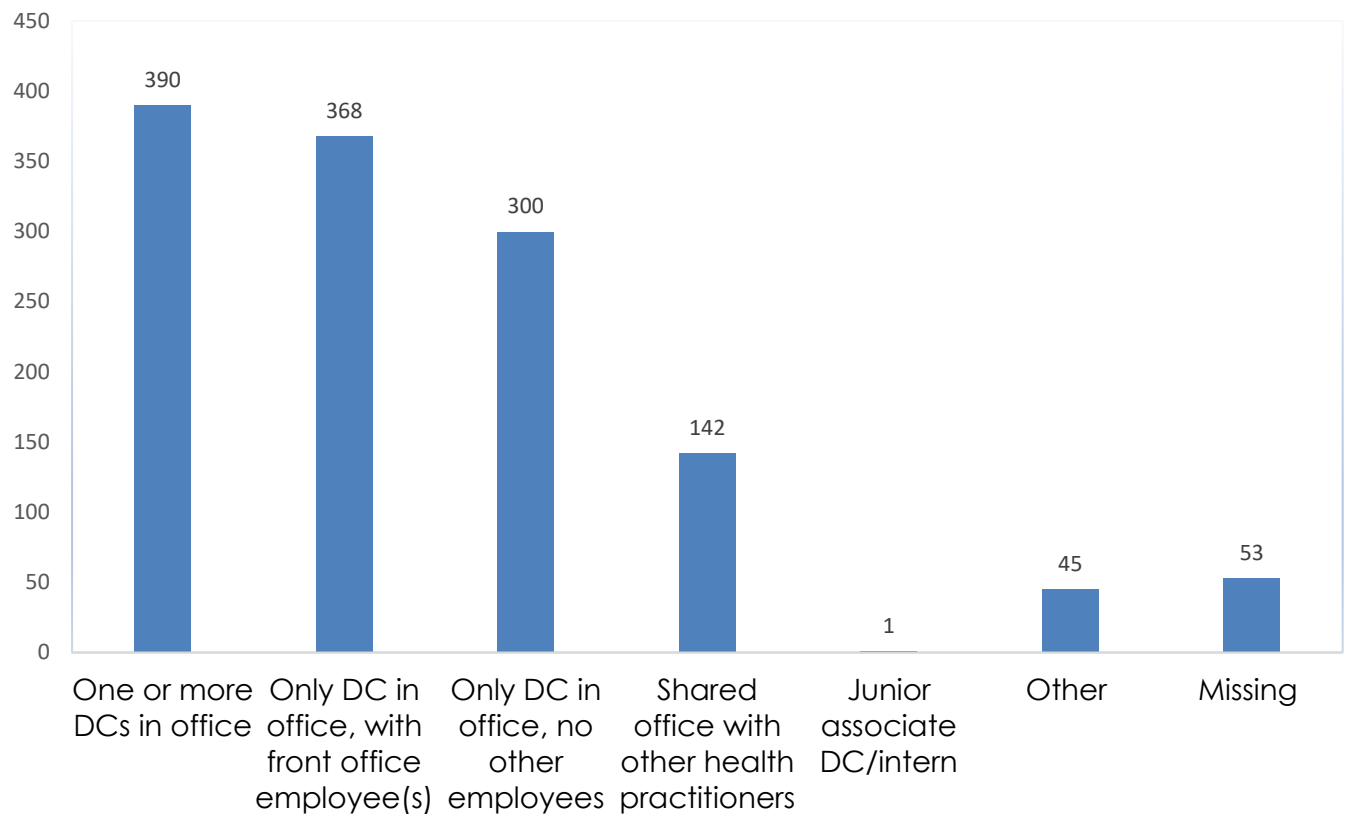


TABLE 6 – HOURS PER WEEK WORKING AS A LICENSED CHIROPRACTOR

HOURS	NUMBER (N)	PERCENT
0–10	122	9.4
11–20	222	17.1
21–39	601	46.3
40 or more	299	23.0
Missing	55	4.2
Total	1,299	100.0

FIGURE 6 – HOURS PER WEEK WORKING AS A LICENSED CHIROPRACTOR

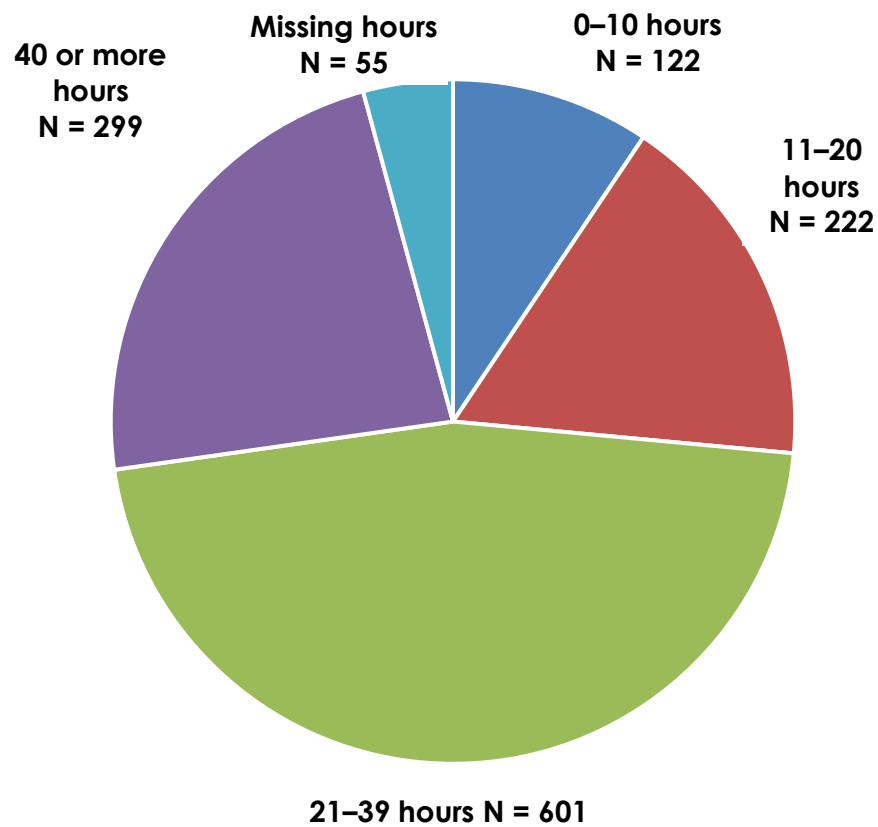


TABLE 7 – ADDITIONAL DIPLOMAS OR CERTIFICATIONS HELD

DIPLOMAS/CERTIFICATIONS	NUMBER (N)	PERCENT*
Chiropractic Physical and Therapeutic Rehabilitation	302	23.2
Diagnostic Imaging or Radiology	124	9.5
Sports Medicine	117	9.0
Nutrition	105	8.1
Strength and Conditioning	59	4.5
Exercise Science	54	4.2
Orthopedics	51	3.9
Chiropractic Pediatrics	47	3.6
Remedial Massage Therapy	37	2.8
Medical Evaluator/Examiner (CME, QME, DOT)	36	2.7
Neurology	32	2.5
Occupational Health	29	2.2
Myofascial Therapies (active release, trigger point, activator, craniosacral/occipital)	27	2.0
Athletic Trainer	22	1.7
Dry Needling	11	0.8
Applied Kinesiology	8	.6
Diagnosis and Internal Disorders	7	.5
Manipulation Under Anesthesia	5	.3
Other	46	3.5

*NOTE: Respondents were asked to select all that apply. Percentages represent the proportion of respondents in the total sample who chose each answer option.

FIGURE 7 – ADDITIONAL DIPLOMAS OR CERTIFICATIONS HELD

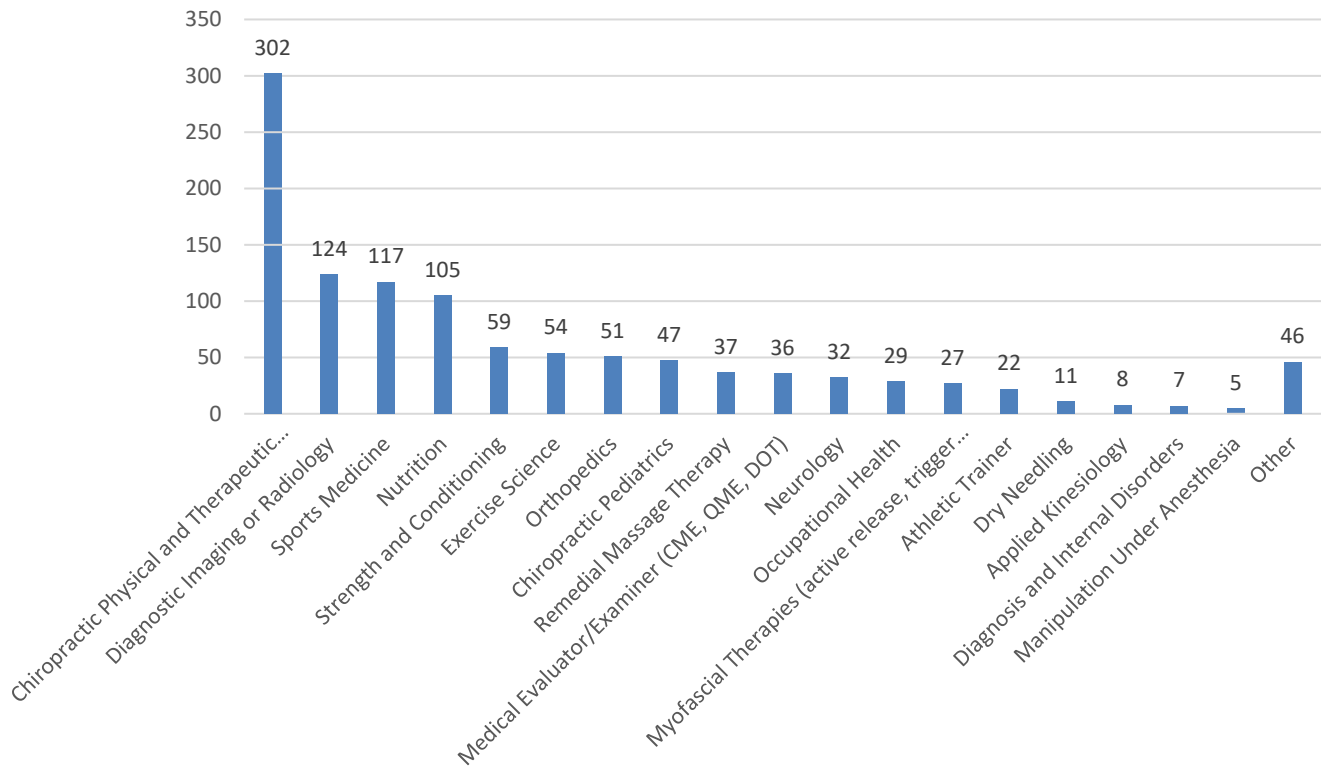


TABLE 8 – TREATMENT CATEGORY THAT BEST DESCRIBES PRIMARY PRACTICE FOCUS

CATEGORY	NUMBER (N)	PERCENT
General	891	68.6
Wellness/Whole health	64	4.9
Rehabilitation	38	2.9
Nutritional/functional health	36	2.8
Spine center	34	2.6
Orthopedics	30	2.3
Occupational health	24	1.8
Sporting teams or athletes	21	.6
QME Assessments	15	1.2
Women's health	12	.9
Geriatrics	12	.9
Pediatrics	8	.6
Neuro center	5	.4
Animal chiropractic (under vet supervision)	4	.3
Preemployment physicals	1	.1
Other	50	3.8
Missing	54	4.2
Total	1,299	100.0

FIGURE 8 – TREATMENT CATEGORY THAT BEST DESCRIBES PRIMARY PRACTICE FOCUS

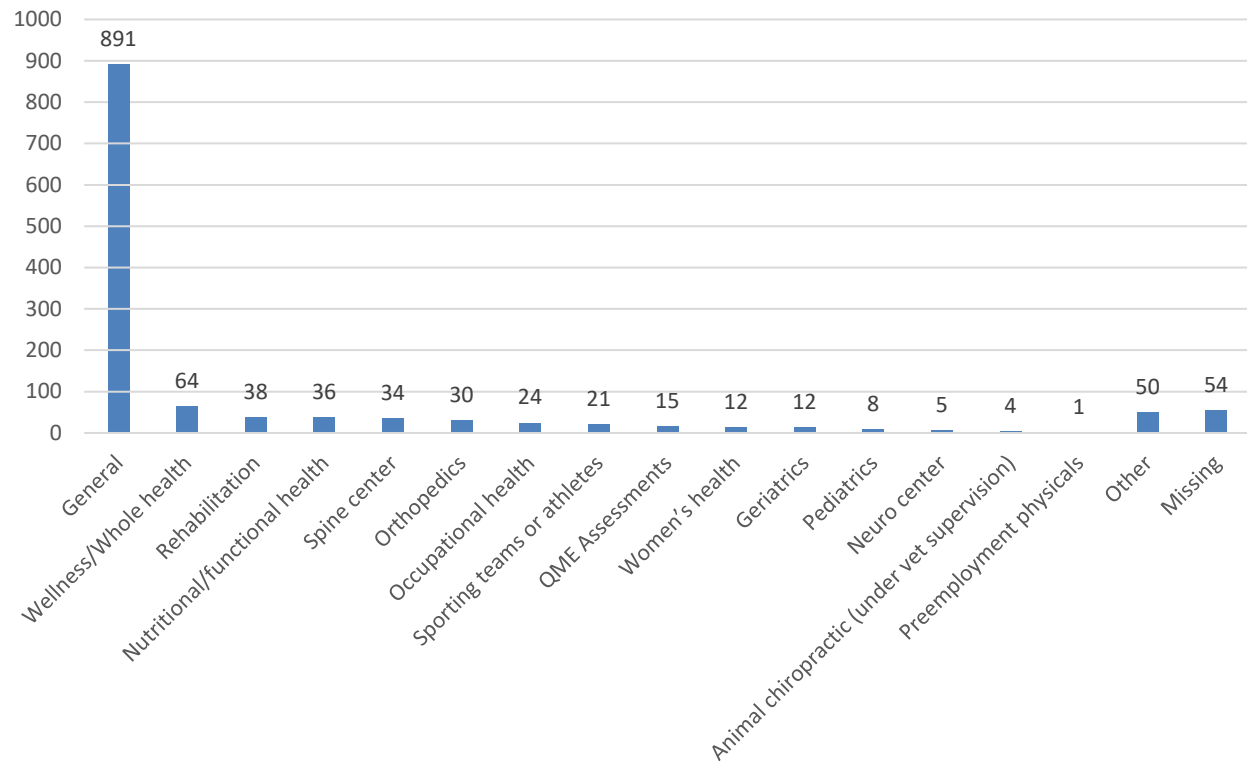


TABLE 9 – OTHER PROFESSIONAL CALIFORNIA LICENSES OR CERTIFICATIONS HELD

OTHER LICENSE/CERTIFICATION	NUMBER (N)	PERCENT
X-ray Supervisor and Operator	330	25.4
Acupuncture	30	2.3
Registered Nurse	5	.4
Physical Therapist	3	.2
Naturopathic Doctor	2	.2
Medical Doctor	1	.1
Other	21	1.6

*NOTE: Respondents were asked to select all that apply. Percentages represent the proportion of respondents in the total sample who chose each answer option.

FIGURE 9 – OTHER PROFESSIONAL CALIFORNIA LICENSES OR CERTIFICATIONS HELD

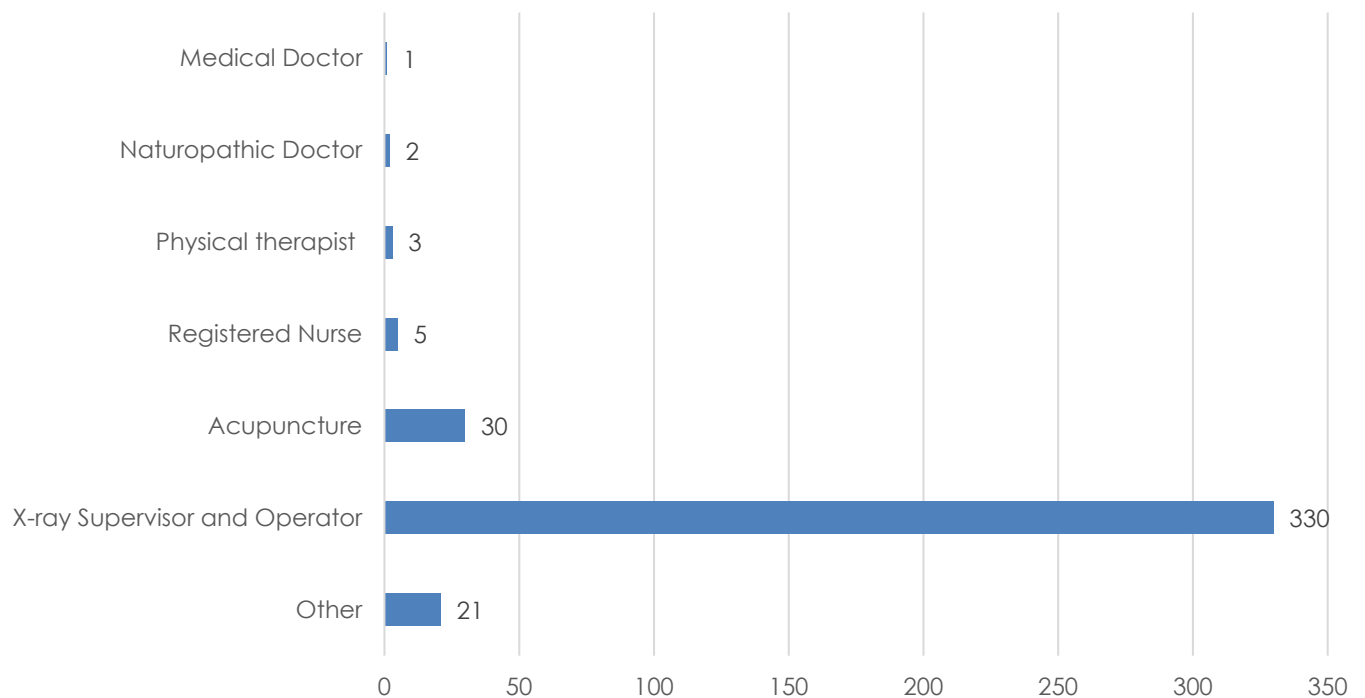


TABLE 10 – RESPONDENTS BY REGION

REGION*	NUMBER	PERCENT
Los Angeles County and Vicinity	440	
San Francisco Bay Area	288	23.18
San Diego County and Vicinity	106	8.53
Riverside and Vicinity	75	6.03
South and Central Coast	82	6.60
North Coast	46	3.70
Sacramento Valley	53	4.26
Sierra Mountain Valley	51	4.10
San Joaquin Valley	81	6.52
Shasta and Cascade	20	1.61
Missing	57	4.58
Total	1,299	100.00

*NOTE: See Appendix A for a more detailed breakdown of the frequencies by region.

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CHAPTER 4 | DATA ANALYSIS AND RESULTS

RELIABILITY OF RATINGS

OPES evaluated the task ratings obtained from the questionnaire respondents with a standard index of reliability, coefficient alpha (α), which ranges from 0 to 1. Coefficient alpha is an estimate of the internal consistency of the respondents' ratings of the tasks. A higher coefficient value indicates more consistency between respondent ratings. Coefficients were calculated for all respondent ratings.

Table 11 displays the reliability coefficients for the task rating scale in each content area. The ratings of task frequency and task importance across content areas were highly reliable.

TABLE 11 – TASK SCALE RELIABILITY

CONTENT AREA	NUMBER OF TASKS	α FREQUENCY	α IMPORTANCE
1. Patient History Intake	15	.900	.894
2. Examination and Assessment	22	.924	.928
3. Treatment and Case Management	41	.922	.935
4. Laws and Regulations	27	.884	.900

*NOTE: Reliability was calculated using all tasks in the questionnaire.

TASK CRITICALITY INDICES

To calculate the criticality indices of the tasks, OPES test specialists used the following formula. For each respondent, OPES first multiplied the frequency rating (F_i) and the importance rating (I_i) for each task. Next, OPES averaged the multiplication products across respondents as shown below:

$$\text{Task criticality index} = \text{mean } [(F_i) \times (I_i)]$$

The tasks included in the survey are Appendix B, which includes their mean frequency and importance ratings and their associated criticality indices displayed in descending order.

OPES test specialists convened a workshop of 13 SMEs in April 2024. The purpose of this workshop was to identify the essential tasks and knowledge required for safe and competent chiropractic practice at the time of licensure. The SMEs reviewed the mean frequency and importance ratings for each task and its criticality index to determine whether to establish a cutoff value below which tasks should be eliminated. Based on their review of the relative importance of tasks to chiropractic practice, the SMEs determined that a cutoff value of 1.15 should be set. One task statement, T65, did not meet the cutoff value and was thus excluded from the description of practice along with its corresponding knowledge statement. T65 is highlighted in Appendix B. The exclusion of a task from the description of practice does not mean that the task is not performed in chiropractic practice, only that it was not considered critical for testing relative to other tasks.

CHAPTER 5 | DESCRIPTION OF PRACTICE

TASK-KNOWLEDGE LINKAGE

The SMEs who participated in the April 2024 workshop reviewed the preliminary assignments of the tasks and knowledge statements to content areas from the June 2023 workshop.

In further evaluating the tasks and knowledge statements, the SMEs determined that use and maintenance of chiropractic equipment should be specifically addressed. The SMEs developed additional tasks (T106 and T107) and knowledge statements (K168, K169, and K170) to address this topic. The SMEs also developed and added K167 in content area 3 to be linked to T38. In addition, the SMEs developed and added K171 to the Laws and Regulations content area and linked it to T81.

CONTENT AREAS AND WEIGHTS

The SMEs in the April 2024 workshop were also asked to finalize the weights of the content areas that would form the California Chiropractor Description of Practice. OPES test specialists presented the SMEs with preliminary weights of the content areas, which were calculated by dividing the sum of the criticality indices for the tasks in each content area by the overall sum of the criticality indices for all tasks, as shown below.

$$\frac{\text{Sum of Criticality Indices for Tasks in Content Area}}{\text{Sum of Criticality Indices for All Tasks}} = \text{Percent Weight of Content Area}$$

The SMEs evaluated the preliminary content area weights in terms of how well they reflected the relative importance of each content area to entry level chiropractic practice in California. Through discussion, the SMEs determined that adjustments to the preliminary weights were necessary to more accurately reflect the relative importance of each area to chiropractic practice.

The weights of content areas Patient History Intake and Examination and Assessment were increased. The weights of content areas Treatment and Case Management and Laws and Regulations were decreased.

A summary of the preliminary and final content area weights is presented in Table 12.

TABLE 12 – DESCRIPTION OF PRACTICE CONTENT AREA WEIGHTS

CONTENT AREA	PERCENT PRELIMINARY WEIGHTS	PERCENT FINAL WEIGHTS
Patient History Intake	16.76	30
Examination and Assessment	22.95	30
Treatment and Case Management	29.20	20
Laws and Regulations	31.09	20
Total	100	100

The SMEs reviewed the content areas and wrote descriptions for each content area. They organized the tasks and knowledge statements into subareas within each content area and distributed the content area weight across the subareas. The content areas, subareas, and associated weights were then finalized and provide the basis of the chiropractor description of practice. The SMEs did not create any subareas for Content Area 4, Laws and Regulations, but they renamed it Laws and Ethics.

A summary of the preliminary and final content area weights including the subareas is presented in Table 13. The final California Chiropractor Description of Practice is presented in Table 14.

TABLE 13 – DESCRIPTION OF PRACTICE CONTENT AREA AND SUBAREA WEIGHTS

CONTENT AREA	PERCENT PRELIMINARY WEIGHTS	PERCENT FINAL WEIGHTS
1. Patient History Intake	16.76	30
1.1 Chief Complaints		15
1.2 Medical History		10
1.3 Review of Systems		5
2. Examination and Assessment	22.95	30
2.1 Objective Assessments		20
2.2 Working Diagnosis		10
3. Treatment and Case Management	29.20	20
3.1 Treatment Plan		10
3.2 Adjunctive Therapies		3
3.3 Durable Medical Equipment and Supplies		3
3.4 Strategic Lifestyle Management		3
3.5 Use and Maintenance of Chiropractic Equipment		1
4. Laws and Ethics	31.09	20
Total	100	100

TABLE 14 – CALIFORNIA CHIROPRACTOR DESCRIPTION OF PRACTICE

Content Area 1. Patient History Intake (30%)

This area assesses the candidate's knowledge of obtaining and evaluating patient history, including presenting symptoms, risk factors, comorbidities, functionality, and mobility.

<i>Subarea</i>	<i>Tasks</i>	<i>Associated Knowledge Statements</i>
1.1 Chief Complaints (15%)	T1. Interview patient to determine chief complaint, relevant history, and symptoms related to chief complaint.	K1. Knowledge of interview techniques for obtaining health history.
	T2. Obtain gender as identified by patient.	K2. Knowledge of obtaining and documenting gender of patients.
	T3. Document identity of guardian, interpreter, or caretaker who is participating in the clinical encounter.	K3. Knowledge of documenting details of other individuals participating in the clinical encounter.
	T4. Interview patient regarding characteristics of chief complaint.	K4. Knowledge of the Onset, Palliative, Provocative, Prior, Progression, Quality, Radiating, Severity, Timing (OPQRST) method for evaluating characteristics of chief complaints.
	T5. Interview patient regarding characteristics of any related complaints, including spine and joints.	K5. Knowledge of methods to obtain information about any related complaints including spine and joints.
	T6. Interview patient regarding current health and management of existing medical conditions.	K6. Knowledge of the relationship of patient's current health to chief complaint and other medical conditions.

Content Area 1. Patient History Intake (30%), continued

This area assesses the candidate's knowledge of obtaining and evaluating patient history, including presenting symptoms, risk factors, comorbidities, functionality and mobility.

<i>Subarea</i>	<i>Tasks</i>	<i>Associated Knowledge Statements</i>
1.2 Medical History (10%)	T7. Interview patient regarding any diagnostic studies, treatments, and medications related to present complaint.	K7. Knowledge of methods to obtain information about diagnostic studies, treatments, and medications related to present complaint.
	T8. Interview patient regarding any diagnostic studies, treatments, and medications related to previous conditions.	K8. Knowledge of methods to obtain information about diagnostic studies, surgeries, hospitalizations, treatments, and medications related to previous conditions.
	T9. Interview patient regarding past and present medical history (e.g., hospitalization, surgery, illness, trauma, allergy) and previous chiropractic care.	K9. Knowledge of methods to obtain information about previous chiropractic care.
	T10. Interview patient regarding past and present family medical history.	K10. Knowledge of family history and its relationship to chief complaint and other complaints. K11. Knowledge of patient's current and past lifestyle behaviors and their relationship to chief complaint and other complaints.

Content Area 1. Patient History Intake (30%), continued

This area assesses the candidate's knowledge of obtaining and evaluating patient history, including presenting symptoms, risk factors, comorbidities, functionality, and mobility.

<i>Subarea</i>	<i>Tasks</i>	<i>Associated Knowledge Statements</i>
1.2 Medical History (10%), continued	T12. Interview patient regarding biopsychosocial history (e.g., social activities, diet, smoking, drinking, steroid use, recreational drug use, exercise, mental health).	K25. Knowledge of interview techniques for obtaining biopsychosocial history.
	T15. Obtain and review past medical records and the results of previously performed diagnostic imaging and tests (e.g., MRI, CT, EMG/NCV).	K29. Knowledge of obtaining and reviewing medical records and results of prior diagnostic studies.

Content Area 1. Patient History Intake (30%), continued

This area assesses the candidate's knowledge of obtaining and evaluating patient history, including presenting symptoms, risk factors, comorbidities, functionality, and mobility.

<i>Subarea</i>	<i>Tasks</i>	<i>Associated Knowledge Statements</i>
1.3 Review of Systems (5%)	T11. Interview patient regarding review of systems (e.g., musculoskeletal, neurological, cardiovascular).	K12. Knowledge of anatomy, physiology, and pathology of endocrine system. K13. Knowledge of anatomy, physiology, and pathology of allergy/immunological system. K14. Knowledge of anatomy, physiology, and pathology of cardiovascular system. K15. Knowledge of anatomy, physiology, and pathology of neurological system. K16. Knowledge of anatomy, physiology, and pathology of integumentary system. K17. Knowledge of anatomy, physiology, and pathology of reproductive system. K18. Knowledge of anatomy, physiology, and pathology of respiratory system. K19. Knowledge of anatomy, physiology, and pathology of musculoskeletal system. K20. Knowledge of anatomy, physiology, and pathology of gastrointestinal system. K21. Knowledge of anatomy, physiology, and pathology of genitourinary system. K22. Knowledge of anatomy, physiology, and pathology of Eye, Ear, Nose, Throat (EENT) systems K23. Knowledge of anatomy, physiology, and pathology of hematologic and lymphatic systems. K24. Knowledge of the interrelationship between body systems.

Content Area 2. Examination and Assessment (30%)

This area assesses the candidate's knowledge of performing physical examinations and assessments to identify and respond to patient emergency situations, develop diagnosis, apply integrative clinical practice, and provide referrals.

<i>Subarea</i>	<i>Tasks</i>	<i>Associated Knowledge Statements</i>
2.1 Objective Assessments (20%)	T13. Select outcome assessment tools to obtain baseline of pain and disability.	K26. Knowledge of administering and interpreting outcome assessment tools. K27. Knowledge of patient's current and past history of ability to complete activities of daily living (ADLs) and its relationship to disability.
	T14. Select outcome assessment tools to obtain baseline of functionality and mobility.	K26. Knowledge of administering and interpreting outcome assessment tools. K27. Knowledge of patient's current and past history of ability to complete activities of daily living (ADLs) and its relationship to disability.
	T16. Obtain patient height, weight, and vital signs (i.e., temperature, blood pressure).	K28. Knowledge of outcome assessment tools to measure treatment efficacy. K30. Knowledge of methods for obtaining patient height and weight. K31. Knowledge of techniques for obtaining vital signs.
	T17. Determine whether patient requires urgent or emergency care.	K32. Knowledge of examinations for assessing patient for abnormalities. K33. Knowledge of signs and symptoms of conditions requiring urgent or emergency care.

Content Area 2. Examination and Assessment (30%), continued

This area assesses the candidate's knowledge of performing physical examinations and assessments to identify and respond to patient emergency situations, develop diagnosis, apply integrative clinical practice, and provide referrals.

<i>Subarea</i>	<i>Tasks</i>	<i>Associated Knowledge Statements</i>
2.1 Objective Assessments (20%), continued	T18. Assess cognitive status of patient to aid in diagnosis.	K34. Knowledge of indicators of mental health disorders (e.g., PTSD, bipolar disorder). K35. Knowledge of indicators of cognitive disorders (e.g., dementia, concussion, TBI). K36. Knowledge of physical effects of mental health conditions on the human body
	T19. Assess presenting posture, gait, and mobility of patient to aid in diagnosis.	K37. Knowledge of clinical interpretation of patient posture. K38. Knowledge of evaluation of posture, gait, and mobility.
	T20. Assess posture of patient to identify areas of asymmetry.	K37. Knowledge of clinical interpretation of patient posture. K38. Knowledge of evaluation of posture, gait, and mobility.
	T21. Assess comorbidities of patient to determine modifications to examination procedures and assessments.	K39. Knowledge of signs and symptoms of comorbidity. K40. Knowledge of comorbidities and their effects on examination procedures and assessments
	T22. Examine patient with observation and circumferential measurements to identify muscle atrophy.	K41. Knowledge of circumferential measurement techniques and interpretation.

Content Area 2. Examination and Assessment (30%), continued

This area assesses the candidate's knowledge of performing physical examinations and assessments to identify and respond to patient emergency situations, develop diagnosis, apply integrative clinical practice, and provide referrals.

<i>Subarea</i>	<i>Tasks</i>	<i>Associated Knowledge Statements</i>
2.1 Objective Assessments (20%), continued	T28. Perform examination of neurological and pathological reflexes (e.g., deep tendon reflexes, sensation testing, etc.)	K48. Knowledge of dermatomal sensory testing and interpretation. K49. Knowledge of pathological reflexes testing and interpretation.
	T29. Perform balance and coordination tests to assess proprioception and identify abnormalities	K50. Knowledge of performing balance and coordination tests to assess for proprioception.
	T30. Determine whether imaging tests are indicated (e.g., radiography, CT, MRI).	K51. Knowledge of conditions that indicate ordering imaging tests.
2.2 Working Diagnosis (10%)	T31. Determine whether additional tests (e.g., blood, urinalysis, EMG/NCV) are indicated.	K52. Knowledge of conditions that indicate ordering EMG/NCV, and other muscle or nerve related tests. K53. Knowledge of conditions that indicate ordering blood, urinalysis, and other laboratory tests.
	T32. Read and interpret laboratory and imaging test results.	K54. Knowledge of clinical interpretation of blood tests and urinalysis. K55. Knowledge of clinical interpretation of radiographic images.

Content Area 2. Examination and Assessment (30%), continued

This area assesses the candidate's knowledge of performing physical examinations and assessments to identify and respond to patient emergency situations, develop diagnosis, apply integrative clinical practice, and provide referrals.

<i>Subarea</i>	<i>Tasks</i>	<i>Associated Knowledge Statements</i>
2.2 Working Diagnosis (10%), continued	T33. Develop working diagnosis and differential diagnosis by reviewing history, examination, imaging, and other test results.	K56. Knowledge of clinical interpretation of diagnostic imaging reports (e.g., MRI, diagnostic ultrasound, CT). K57. Knowledge of interpretation of EMG and NCV reports, and other muscle or nerve related tests. K58. Knowledge of developing a working diagnosis and a differential diagnosis.
	T34. Assess and determine any conditions or disability factors and limitations on Activity of Daily Living (ADL).	K59. Knowledge of disability factors and limitations on ADLs K60. Knowledge of disability factors influencing Activity of Daily Living (ADL), ergonomics, and recreational activities.
	T35. Determine if diagnosed conditions can be treated within chiropractic scope of practice.	K61. Knowledge of risk factors and contraindications to chiropractic care. K62. Knowledge of preexisting conditions, including surgery, and their potential effect on chiropractic treatments.
	T36. Assess the existence of risk factors and contraindications to chiropractic care and other modalities.	K61. Knowledge of risk factors and contraindications to chiropractic care. K62. Knowledge of preexisting conditions, including surgery, and their potential effect on chiropractic treatments.

Content Area 2. Examination and Assessment (30%), continued

This area assesses the candidate's knowledge of performing physical examinations and assessments to identify and respond to patient emergency situations, develop diagnosis, apply integrative clinical practice, and provide referrals.

2.2 Working Diagnosis (10%), continued	T37. Identify conditions that require referral to other health care providers or specialists for consultation or co-management.	K63. Knowledge of symptoms and indicators of medical conditions that require referrals to other health care providers or specialists.
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Content Area 3. Treatment and Case Management (20%)

This area assesses the candidate's knowledge of evaluating assessment findings to develop a diagnosis and treatment plan with short- and long-term goals for chiropractic treatments including the use of physiotherapy modalities and healthy lifestyle counseling. This area also evaluates the candidate's knowledge of monitoring and evaluating patient response to treatment at follow-up visits and modifying treatment plans based on evaluation results.

<i>Subarea</i>	<i>Tasks</i>	<i>Associated Knowledge Statements</i>
3.1 Treatment Plan (10%)	T38. Determine treatment plan based on assessment and clinical impression.	K64. Knowledge of implementing treatment plans for chiropractic care. K167. Knowledge of implementing short- and long-term goals.
	T39. Review findings, and discuss with patient: diagnosis, prognosis, associated risks, treatment, and case management options.	K65. Knowledge of material risks of chiropractic treatments. K66. Knowledge of interpretation of examination findings, diagnosis, prognosis, and associated risks, related to chiropractic treatment.
	T40. Perform chiropractic manipulation and adjustments to optimize neurological, biomechanical functions and to reduce pain.	K67. Knowledge of joint adjustment and manipulation techniques for various conditions. K68. Knowledge of procedures for operating chiropractic tables.
	T41. Perform instrument-assisted chiropractic adjustments to optimize neurological, and biomechanical functions and to reduce pain.	K69. Knowledge of procedures for using instruments that assist in chiropractic adjustment.

Content Area 3. Treatment and Case Management (20%), continued

This area assesses the candidate's knowledge of evaluating assessment findings to develop a diagnosis and treatment plan with short- and long-term goals for chiropractic treatments including the use of physiotherapy modalities and healthy lifestyle counseling. This area also evaluates the candidate's knowledge of monitoring and evaluating patient response to treatment at follow-up visits and modifying treatment plans based on evaluation results.

<i>Subarea</i>	<i>Tasks</i>	<i>Associated Knowledge Statements</i>
3.1 Treatment Plan (10%), continued	T74. Collaborate with other health care practitioners to co-manage patient's condition.	K116. Knowledge of strategies for coordinating patient care with other health care providers. K117. Knowledge of treatment options available from other health care providers.
	T75. Evaluate treatment efficacy to determine next course of treatment.	K118. Knowledge of indications for modifying chiropractic treatment plans.
	T76. Create complete and legible documentation of the initial and returning patient case history, examination findings, diagnostic assessments, and treatments.	K119. Knowledge of creating detailed comprehensive case history of patient conditions for future reference.
	T77. Provide first aid (e.g., CPR, AED) in the case of an emergency.	K120. Knowledge of procedures for administering first aid and other emergency procedures

Content Area 3. Treatment and Case Management (20%), continued

This area assesses the candidate's knowledge of evaluating assessment findings to develop a diagnosis and treatment plan with short- and long-term goals for chiropractic treatments including the use of physiotherapy modalities and healthy lifestyle counseling. This area also evaluates the candidate's knowledge of monitoring and evaluating patient response to treatment at follow-up visits and modifying treatment plans based on evaluation results.

<i>Subarea</i>	<i>Tasks</i>	<i>Associated Knowledge Statements</i>
3.2 Adjunctive Therapies (3%), continued	T42. Perform spinal traction to improve mechanical and neurological functions, and to reduce pain.	K70. Knowledge of adjunctive therapies indicated for various conditions. K71. Knowledge of indications for manual and mechanical spinal traction therapies. K72. Knowledge of procedures for operating spinal traction equipment.
	T43. Perform spinal decompression to improve disc integrity and to reduce pain.	K73. Knowledge of indications for spinal decompression therapies. K74. Knowledge of procedures for operating spinal decompression equipment.
	T44. Perform neuromuscular reeducation to improve proprioception and balance and to reduce pain.	K75. Knowledge of implementation of neuromuscular reeducation.
	T45. Apply sensory therapy (e.g., wobble board, vibrational platform) to improve proprioception and balance.	K76. Knowledge of indications for sensory therapy use.

Content Area 3. Treatment and Case Management (20%), continued

This area assesses the candidate's knowledge of evaluating assessment findings to develop a diagnosis and treatment plan with short- and long-term goals for chiropractic treatments including the use of physiotherapy modalities and healthy lifestyle counseling. This area also evaluates the candidate's knowledge of monitoring and evaluating patient response to treatment at follow-up visits and modifying treatment plans based on evaluation results.

<i>Subarea</i>	<i>Tasks</i>	<i>Associated Knowledge Statements</i>
3.2 Adjunctive Therapies (3%), continued	T46. Apply cold therapy to reduce pain, swelling, and inflammation.	K77. Knowledge of indications for cold therapy use.
	T47. Apply topicals for pain management.	K78. Knowledge of topicals for pain management.
	T48. Apply heat therapy to improve circulation and to reduce pain, swelling, and inflammation.	K79. Knowledge of indications for heat therapy use.
	T49. Perform cold laser treatment for pain management.	K80. Knowledge of indications for cold laser therapy use. K81. Knowledge of procedures for operating cold laser equipment.

Content Area 3. Treatment and Case Management (20%), continued

This area assesses the candidate's knowledge of evaluating assessment findings to develop a diagnosis and treatment plan with short- and long-term goals for chiropractic treatments including the use of physiotherapy modalities and healthy lifestyle counseling. This area also evaluates the candidate's knowledge of monitoring and evaluating patient response to treatment at follow-up visits and modifying treatment plans based on evaluation results.

<i>Subarea</i>	<i>Tasks</i>	<i>Associated Knowledge Statements</i>
3.2 Adjunctive Therapies (3%), continued	T50. Perform therapeutic ultrasound therapy to reduce pain, swelling, and inflammation.	K82. Knowledge of indications for therapeutic ultrasound use. K83. Knowledge of procedures for operating therapeutic ultrasound equipment.
	T51. Perform passive myofascial release therapy (e.g., mobilization, trigger point) to reduce pain and improve range of motion.	K84. Knowledge of application of active and passive myofascial release therapies.
	T52. Apply instrument-assisted soft tissue mobilization to reduce muscle spasm and pain.	K85. Knowledge of procedures for using instruments for soft tissue mobilization.
	T53. Perform manual massage therapy to reduce pain and improve range of motion.	K86. Knowledge of application of manual massage therapy to reduce pain and improve range of motion.
	T54. Perform mechanical (e.g., chair, percussive, orbital) massage therapy to reduce pain and to improve range of motion.	K87. Knowledge of procedures for using mechanical massage therapy devices to reduce pain and improve range of motion.

Content Area 3. Treatment and Case Management (20%), continued

This area assesses the candidate's knowledge of evaluating assessment findings to develop a diagnosis and treatment plan with short- and long-term goals for chiropractic treatments including the use of physiotherapy modalities and healthy lifestyle counseling. This area also evaluates the candidate's knowledge of monitoring and evaluating patient response to treatment at follow-up visits and modifying treatment plans based on evaluation results.

<i>Subarea</i>	<i>Tasks</i>	<i>Associated Knowledge Statements</i>
3.2 Adjunctive Therapies (3%), continued	T55. Perform active exercises to improve strength and range of motion.	K88. Knowledge of implementation of therapeutic exercises.
	T56. Perform passive stretching to improve range of motion.	K89. Knowledge of passive range of motion stretching.
	T57. Apply other procedures (i.e., PNF, PIR) to reduce muscle spasm and pain.	K90. Knowledge of procedures for performing non manipulative techniques for reducing pain and spasms.
	T58. Apply cupping therapy to improve soft tissue function and manage pain.	K91. Knowledge of cupping therapy for pain management.
	T59. Apply electrical modalities (e.g., EMS, IFC, HVG, microcurrent) to reduce muscle spasm and pain.	K92. Knowledge of indications for use of electrical modalities. K93. Knowledge of procedures for operating electric stimulation equipment.

Content Area 3. Treatment and Case Management (20%), continued

This area assesses the candidate's knowledge of evaluating assessment findings to develop a diagnosis and treatment plan with short- and long-term goals for chiropractic treatments including the use of physiotherapy modalities and healthy lifestyle counseling. This area also evaluates the candidate's knowledge of monitoring and evaluating patient response to treatment at follow-up visits and modifying treatment plans based on evaluation results.

<i>Subarea</i>	<i>Tasks</i>	<i>Associated Knowledge Statements</i>
3.2 Adjunctive Therapies (3%), continued	T61. Use kinesiology taping for pain control.	K96. Knowledge of indications for use of therapeutic taping. K97. Knowledge of procedures for application of therapeutic taping.
3.3 Durable Medical Equipment and Supplies (3%)	T60. Provide recommendations for orthopedic supports (e.g., braces, splints, taping) for immobilization and compression. T62. Provide recommendations for orthotics to improve foot function.	K94. Knowledge of indications for use of orthopedic support devices. K95. Knowledge of procedures for application of orthopedic support. K98. Knowledge of indications for use of orthotics. K99. Knowledge of procedures for application of orthotics.

Content Area 3. Treatment and Case Management (20%), continued

This area assesses the candidate's knowledge of evaluating assessment findings to develop a diagnosis and treatment plan with short- and long-term goals for chiropractic treatments including the use of physiotherapy modalities and healthy lifestyle counseling. This area also evaluates the candidate's knowledge of monitoring and evaluating patient response to treatment at follow-up visits and modifying treatment plans based on evaluation results.

<i>Subarea</i>	<i>Tasks</i>	<i>Associated Knowledge Statements</i>
3.4 Strategic Lifestyle Management (3%)	T64. Provide durable medical equipment (e.g., crutches, canes) to assist with mobility	K101. Knowledge of indications for administering Durable Medical Equipment. K102. Knowledge of applications of Durable Medical Equipment.
	T63. Provide recommendations for managing disability factors and restrictions on activities of daily living (ADL).	K100. Knowledge of patient's current and past history of ability to complete activities of daily living (ADL) and their relationship to disability.
	T66. Provide recommendations on self-care strategies.	K104. Knowledge of implementing self-care strategies.
	T67. Provide recommendations on healthy lifestyle behaviors. (e.g., sleeping, smoking cessation, alcohol use).	K105. Knowledge of smoking cessation education.
		K106. Knowledge of effects of caffeine consumption on health.
		K107. Knowledge of effects of aberrant sleep patterns on health.
		K108. Knowledge of effects of alcohol consumption on health.
		K109. Knowledge of effects of recreational and common drugs on health.

Content Area 3. Treatment and Case Management (20%), continued

This area assesses the candidate's knowledge of evaluating assessment findings to develop a diagnosis and treatment plan with short- and long-term goals for chiropractic treatments including the use of physiotherapy modalities and healthy lifestyle counseling. This area also evaluates the candidate's knowledge of monitoring and evaluating patient response to treatment at follow-up visits and modifying treatment plans based on evaluation results.

<i>Subarea</i>	<i>Tasks</i>	<i>Associated Knowledge Statements</i>
3.4 Strategic Lifestyle Management (3%), continued	T68. Provide recommendations for a home exercise program (HEP).	K110. Knowledge of therapeutic home exercise program (HEP).
	T69. Provide recommendations on posture.	K111. Knowledge of the application of posture corrections.
	T70. Provide recommendations on ergonomics.	K112. Knowledge of the application of ergonomic corrections.
	T71. Provide recommendations on diet and nutrition.	K113. Knowledge of effects of nutrition and diet on health.
	T72. Provide recommendations on nutritional supplements.	K114. Knowledge of effects of nutritional supplements on health.
	T73. Provide recommendations on relaxation techniques for stress reduction.	K115. Knowledge of relaxation techniques.

Content Area 3. Treatment and Case Management (20%), continued

This area assesses the candidate's knowledge of evaluating assessment findings to develop a diagnosis and treatment plan with short- and long-term goals for chiropractic treatments including the use of physiotherapy modalities and healthy lifestyle counseling. This area also evaluates the candidate's knowledge of monitoring and evaluating patient response to treatment at follow-up visits and modifying treatment plans based on evaluation results.

<i>Subarea</i>	<i>Tasks</i>	<i>Associated Knowledge Statements</i>
3.5 Use and Maintenance of Chiropractic Equipment (1%)	T106. Adhere to selecting evidence-based approved equipment for chiropractic treatments.	K168. Knowledge of critical evaluation of current research literature on chiropractic equipment. K169. Knowledge of indications and contraindications for use of chiropractic equipment.
	T107. Evaluate and change Electric Muscle Stimulation (EMS) electrode pads to prevent patient harm.	K170. Knowledge of procedures for inspecting and changing Electric Muscle Stimulation (EMS) electrode pads.
	T78. Perform hygiene and sanitization of equipment and office.	K121. Knowledge of procedures for maintaining hygiene and for sanitizing equipment and office.

Content Area 4. Laws and Ethics (20%)

This area assesses the candidate's knowledge of laws and ethics pertaining to patient records, billing, and safety. This area also assesses the candidate's knowledge regarding licensing requirements, scope of practice, professional conduct, and responsibilities.

<i>Tasks</i>	<i>Associated Knowledge Statements</i>
T79. Obtain oral and written informed consent from patient in accordance with laws and regulations.	K122. Knowledge of laws and regulations regarding informed consent.
T80. Document assessments and treatments in patient records in accordance with laws and regulations.	K123. Knowledge of laws and regulations for documenting patient history, complaint, diagnosis/analysis and treatment.
T81. Sign and date patient records in accordance with laws and regulations.	K171. Knowledge of laws and regulations regarding signing and dating patient records. K124. Knowledge regarding patient addendums to records.
T82. Adhere to laws and regulations regarding treating patients with occupational injuries or illnesses.	K125. Knowledge of laws and regulations regarding patients with occupational injuries or illnesses.
T83. Adhere to laws and regulations regarding billing, billing codes, and documentation.	K126. Knowledge of laws and regulations regarding accountable and accurate billings. K127. Knowledge of documentation requirements (i.e., billing codes) for insurance reimbursement. K128. Knowledge of procedures for receiving insurance reimbursement.

Content Area 4. Laws and Ethics (20%), continued

This area assesses the candidate's knowledge of laws and ethics pertaining to patient records, billing, and safety. This area also assesses the candidate's knowledge regarding licensing requirements, scope of practice, professional conduct, and responsibilities.

<i>Tasks</i>	<i>Associated Knowledge Statements</i>
T84. Maintain patient records in accordance with laws and regulations.	K129. Knowledge of laws and regulations regarding maintaining physical and electronic patient records.
T85. Maintain confidentiality of patient records in accordance with laws and regulations.	K130. Knowledge of legal requirements of the Health Insurance Portability and Accountability Act (HIPAA). K131. Knowledge of laws and regulations regarding confidentiality of patient records and test results.
T86. Release patient records in accordance with laws and regulations.	K131. Knowledge of laws and regulations regarding confidentiality of patient records and test results. K132. Knowledge of laws and regulations regarding release of minor and adult patient records.
T87. Adhere to laws and regulations regarding ownership and management of a chiropractic practice.	K133. Knowledge of laws and regulations regarding use of chiropractic title. K134. Knowledge of laws and regulations regarding chiropractic specialty designations. K135. Knowledge of laws and regulations for maintaining accurate licensee name and address with the Board of Chiropractic Examiners.

Content Area 4. Laws and Ethics (20%), continued

This area assesses the candidate's knowledge of laws and ethics pertaining to patient records, billing, and safety. This area also assesses the candidate's knowledge regarding licensing requirements, scope of practice, professional conduct, and responsibilities.

<i>Tasks</i>	<i>Associated Knowledge Statements</i>
T88. Adhere to laws and regulations regarding ownership and management of chiropractic businesses and corporations.	K136. Knowledge of laws and regulations regarding managing chiropractic businesses and corporations. K137. Knowledge of laws and regulations regarding transfer of ownership upon death or incapacity of a licensed chiropractor.
T89. Adhere to laws and regulations regarding professional conduct.	K138. Knowledge of laws and regulations of ethical standards for professional conduct in a chiropractic setting.
T90. Adhere to laws and regulations regarding sexual contact, conduct, and relationships between chiropractor and patient.	K139. Knowledge of laws and regulations regarding sexual contact, conduct, and relationships between chiropractor and patient.
T91. Ensure that employees, and other persons subject to the supervision of the chiropractor adhere to laws regarding sexual intimacy within the practice premises.	K140. Knowledge of laws and regulations regarding conduct by employees and other persons supervised by the chiropractor. K141. Knowledge of laws and regulations regarding sexual misconduct by employees and other persons in chiropractic offices.

Content Area 4. Laws and Ethics (20%), continued

This area assesses the candidate's knowledge of laws and ethics pertaining to patient records, billing, and safety. This area also assesses the candidate's knowledge regarding licensing requirements, scope of practice, professional conduct, and responsibilities.

<i>Tasks</i>	<i>Associated Knowledge Statements</i>
T92. Ensure employees and other persons subject to the supervision of the chiropractor adhere to laws within the practice premises.	K140. Knowledge of laws and regulations regarding conduct by employees and other persons supervised by the chiropractor. K142. Knowledge of laws and regulations regarding supervision of unlicensed individuals. K143. Knowledge of laws and regulations regarding inducing students to practice chiropractic.
T93. Adhere to laws and regulations regarding advertising of chiropractic services.	K144. Knowledge of laws and regulations regarding advertising. K145. Knowledge of laws and regulations regarding chiropractic advertising, misrepresentation, and false claims.
T94. Adhere to laws and regulations regarding discounted fees and services.	K146. Knowledge of laws and regulations regarding discounted fees and services. K147. Knowledge of laws and regulations regarding advertising of free or discounted services.
T95. Adhere to laws and regulations regarding referral of patients.	K148. Knowledge of laws and regulations regarding referrals and rebates. K149. Knowledge of laws and regulations regarding soliciting of referrals that benefit the interests of family or self.

Content Area 4. Laws and Ethics (20%), continued

This area assesses the candidate's knowledge of laws and ethics pertaining to patient records, billing, and safety. This area also assesses the candidate's knowledge regarding licensing requirements, scope of practice, professional conduct, and responsibilities.

<i>Tasks</i>	<i>Associated Knowledge Statements</i>
T96. Report known or suspected abuse of patients by contacting relevant agency in accordance with laws and regulations.	K150. Knowledge of laws for mandatory reporting as required for suspected abuse of children, elders, or dependent adults. K151. Knowledge of mandated reporting procedures regarding suspected abuse of children, elders, or dependent adults. K152. Knowledge of mandated reporting procedures regarding firearm injuries and assaultive action.
T97. Adhere to laws and regulations regarding radiographic imaging.	K153. Knowledge of laws and regulations regarding radiographic imaging.
T98. Adhere to laws and regulations regarding use of lasers for chiropractic treatment.	K154. Knowledge of laws and regulations regarding use of lasers for chiropractic treatment.
T99. Adhere to laws and regulations regarding chiropractic manipulation under anesthesia	K155. Knowledge of laws and regulations regarding use of anesthesia for chiropractic manipulation
T100. Adhere to laws and regulations regarding chiropractic practice in writing a disabled parking request.	K156. Knowledge of laws and regulations regarding certifying for a disabled parking request.
T101. Adhere to laws and regulations regarding chiropractic practice in signing a death certificate.	K157. Knowledge of laws and regulations regarding signing a death certificates.

Content Area 4. Laws and Ethics (20%), continued

This area assesses the candidate's knowledge of laws and ethics pertaining to patient records, billing, and safety. This area also assesses the candidate's knowledge regarding licensing requirements, scope of practice, professional conduct, and responsibilities.

<i>Tasks</i>	<i>Associated Knowledge Statements</i>
T102. Adhere to laws and regulations regarding display of certificate to practice.	K158. Knowledge of laws and regulations regarding displaying of certificate to practice. K159. Knowledge of laws and regulations regarding filing and displaying certificates for satellite offices.
T103. Adhere to laws that define chiropractic scope of practice.	K160. Knowledge of laws and regulations regarding professional treatment standards. K161. Knowledge of laws and regulations regarding excessive treatments.
T104. Comply with continuing education requirements to develop and maintain professional competence.	K162. Knowledge of laws and regulations regarding continuing education requirements to maintain chiropractor license.
T105. Recognize actions that could result in disciplinary actions by the Board of Chiropractic Examiners, and comply with laws and regulations.	K163. Knowledge of laws and regulations regarding reporting violations of the Chiropractic Initiative Act and California Code of Regulations. K164. Knowledge of laws and regulations regarding maintenance, renewal, and restoration of California chiropractor license. K165. Knowledge of laws and regulations regarding mental illness and illness affecting chiropractor competency. K166. Knowledge of laws and regulations regarding citations, fines, and disciplinary actions.

CHAPTER 6 | CALIFORNIA CHIROPRACTIC LAW EXAMINATION (CCLE) OUTLINE

The SMEs who participated in the April 2024 workshop were asked to develop an examination outline for the CCLE by reviewing the Laws and Ethics content area from the description of practice. The SMEs then created content areas, wrote descriptions for each, and determined in which subarea the tasks and knowledge statements belonged.

CONTENT AREAS AND WEIGHTS

The SMEs in the April 2024 workshop were also asked to determine the weights for the content areas on the CCLE. After the SMEs identified the CCLE outline tasks, knowledge statements, and determined the content areas, OPES test specialists performed calculations to determine the preliminary weights of the content areas. The content area preliminary weights were calculated by dividing the sum of the criticality indices for the tasks in each content area by the overall sum of the criticality indices for all tasks.

The SMEs adjusted the preliminary weights based on what they perceived as the relative importance of the tasks' content to the laws, regulations, and ethics of chiropractor practice in California.

They organized the tasks and knowledge statements into subareas within each content area and distributed the content area weight across the subareas. The content areas, subareas, and associated weights were then finalized and provide the basis of the California Chiropractic Law Examination.

A summary of the preliminary and final content area weights for the CCLE outline is presented in Table 15. The proposed CCLE outline is presented in Table 16. The tasks and knowledge statements have been renumbered.

TABLE 15 – CALIFORNIA CHIROPRACTIC LAW EXAMINATION CONTENT AREA AND SUBAREA WEIGHTS

CONTENT AREA	PERCENT PRELIMINARY WEIGHTS	PERCENT FINAL WEIGHTS
1. Recordkeeping, Billing, and Reporting	37	31
1.1 Patient Records	27	18
1.2 Billing Codes and Laws	8	9
1.3 Mandated Reporting	2	4
2. Office Management and Workplace Conduct	26	25
2.1 Administrative Aspects	16	14
2.2 Professional Boundaries	10	11
3. Advertising, Discounts, and Referrals	12	14
4. Professional Practice	7	10
5. Professional Responsibilities	18	20
Total	100	100

TABLE 16 – CALIFORNIA CHIROPRACTIC LAW EXAMINATION OUTLINE

Content Area 1. Recordkeeping, Billing, And Reporting (31%)

This content area assesses the candidate's understanding and application of the legal and ethical requirements regarding informed consent, documentation, recordkeeping, release of records, confidentiality, billing, and mandated reporting.

<i>Subarea</i>	<i>Tasks</i>	<i>Associated Knowledge Statements</i>
1.1 Patient Records (18%)	T1. Obtain oral and written informed consent from patient in accordance with laws and regulations	K1. Knowledge of laws and regulations regarding informed consent.
	T2. Document assessments and treatments in patient records in accordance with laws and regulations.	K2. Knowledge of laws and regulations for documenting patient history, complaint, diagnosis/analysis and treatment.
	T3. Sign and date patient records in accordance with laws and regulations.	K3. Knowledge of laws and regulations regarding signing and dating patient records. K4. Knowledge regarding patient addendums to records.
	T4. Maintain patient records in accordance with laws and regulations.	K5. Knowledge of laws and regulations regarding maintaining physical and electronic patient records.
	T5. Maintain confidentiality of patient records in accordance with laws and regulations.	K6. Knowledge of legal requirements of the Health Insurance Portability and Accountability Act (HIPAA). K7. Knowledge of laws and regulations regarding confidentiality of patient records and test results.

Content Area 1. Recordkeeping, Billing And Reporting (31%), continued

This content area assesses the candidate's understanding and application of the legal and ethical requirements regarding informed consent, documentation, recordkeeping, release of records, confidentiality, billing, and mandated reporting.

<i>Subarea</i>	<i>Tasks</i>	<i>Associated Knowledge Statements</i>
1.1 Patient Records (18%), continued	T6. Release patient records in accordance with laws and regulations.	K7. Knowledge of laws and regulations regarding confidentiality of patient records and test results. K8. Knowledge of laws and regulations regarding release of minor and adult patient records.
1.2 Billing Codes and Laws (9%)	T7. Adhere to laws and regulations regarding treating patients with occupational injuries or illnesses. T8. Adhere to laws and regulations regarding billing, billing codes, and documentation.	K9. Knowledge of laws and regulations regarding patients with occupational injuries or illnesses. K10. Knowledge of laws and regulations regarding accountable and accurate billings. K11. Knowledge of documentation requirements (i.e., billing codes) for insurance reimbursement. K12. Knowledge of procedures for receiving insurance reimbursement.
1.3 Mandated Reporting (4%)	T9. Report known or suspected abuse of patients by contacting relevant agency in accordance with laws and regulations.	K13. Knowledge of laws for mandatory reporting as required for suspected abuse of children, elders, or dependent adults. K14. Knowledge of mandated reporting procedures regarding suspected abuse of children, elders, or dependent adults. K15. Knowledge of mandated reporting procedures regarding firearm injuries and assaultive action.

Content Area 2. Office Management and Workplace Conduct (25%)

This content area assesses the candidate's knowledge of California legal and ethical requirements related to managing chiropractic offices, supervision of staff and assistants, and maintaining professional and personal conduct.

<i>Subarea</i>	<i>Tasks</i>	<i>Associated Knowledge Statements</i>
2.1 Administrative Aspects (14%)	T10. Adhere to laws and regulations regarding ownership and management of a chiropractic practice.	K16. Knowledge of laws and regulations regarding use of chiropractic title.
		K17. Knowledge of laws and regulations regarding chiropractic specialty designations.
	T11. Adhere to laws and regulations regarding ownership and management of chiropractic businesses and corporations.	K18. Knowledge of laws and regulations for maintaining accurate licensee name and address with the Board of Chiropractic Examiners.
		K19. Knowledge of laws and regulations regarding managing chiropractic businesses and corporations.
		K20. Knowledge of laws and regulations regarding transfer of ownership upon death or incapacity of a licensed chiropractor.

Content Area 2. Office Management and Workplace Conduct (25%), continued

This content area assesses the candidate's knowledge of California legal and ethical requirements related to managing chiropractic offices, supervision of staff and assistants, and maintaining professional and personal conduct.

<i>Subarea</i>	<i>Tasks</i>	<i>Associated Knowledge Statements</i>
2.1 Administrative Aspects (14%), continued	T12. Ensure employees and other persons subject to the supervision of the chiropractor adhere to laws within the practice premises.	K21. Knowledge of laws and regulations regarding conduct by employees and other persons supervised by the chiropractor.
		K22 Knowledge of laws and regulations regarding supervision of unlicensed individuals.
		K23 Knowledge of laws and regulations regarding inducing students to practice chiropractic.
2.2 Professional Boundaries (11%)	T13. Ensure that employees, and other persons subject to the supervision of the chiropractor adhere to law regarding sexual intimacy within the practice premises.	K21. Knowledge of laws and regulations regarding conduct by employees and other persons supervised by the chiropractor.
		K.24. Knowledge of laws and regulations regarding sexual misconduct by employees and other persons in chiropractic offices.
	T14. Adhere to laws and regulations regarding sexual contact, conduct, and relationships between chiropractor and patient.	K25. Knowledge of laws and regulations regarding sexual contact, conduct, and relationships between chiropractor and patient.
	T15. Adhere to laws and regulations regarding professional conduct.	K26. Knowledge of laws and regulations of ethical standards for professional conduct in a chiropractic setting.

Content Area 3. Advertising, Discounts, and Referrals (14%)

This content area assesses the candidate's understanding and application of the legal and ethical requirements regarding advertising and providing discounts for chiropractic services and referring patients without personal benefit.

<i>Tasks</i>	<i>Associated Knowledge Statements</i>
T16. Adhere to laws and regulations regarding advertising of chiropractic services.	K27. Knowledge of laws and regulations regarding advertising. K28. Knowledge of laws and regulations regarding chiropractic advertising, misrepresentation, and false claims.
T17. Adhere to laws and regulations regarding discounted fees and services.	K29. Knowledge of laws and regulations regarding discounted fees and services. K30. Knowledge of laws and regulations regarding advertising of free or discounted services.
T18. Adhere to laws and regulations regarding referral of patients.	K31. Knowledge of laws and regulations regarding referrals and rebates. K32. Knowledge of laws and regulations regarding soliciting of referrals that benefit the interests of family or self.

Content Area 4. Professional Practice (10%)

This area assesses the candidate's understanding and application of the legal and ethical requirements regarding professional standards related to the chiropractic profession in California.

<i>Tasks</i>	<i>Associated Knowledge Statements</i>
T19. Adhere to laws and regulations regarding radiographic imaging.	K33. Knowledge of laws and regulations regarding radiographic imaging.
T20. Adhere to laws and regulations regarding use of lasers for chiropractic treatment.	K34. Knowledge of laws and regulations regarding use of lasers for chiropractic treatment.
T21. Adhere to laws and regulations regarding chiropractic manipulation under anesthesia.	K35. Knowledge of laws and regulations regarding use of anesthesia for chiropractic manipulation.
T22. Adhere to laws and regulations regarding chiropractic practice in writing a disabled parking request.	K36. Knowledge of laws and regulations regarding certifying for a disabled parking request.
T23. Adhere to laws and regulations regarding chiropractic practice in signing a death certificate.	K37. Knowledge of laws and regulations regarding signing a death certificates.

Content Area 5. Professional Responsibilities (20%)

This area assesses the candidate's knowledge of legal and ethical requirements related to the scope of the chiropractic profession in California.

<i>Tasks</i>	<i>Associated Knowledge</i>
T24. Adhere to laws and regulations regarding display of certificate to practice.	K38. Knowledge of laws and regulations regarding displaying of certificate to practice. K39. Knowledge of laws and regulations regarding filing and displaying certificates for satellite offices.
T25. Adhere to laws that define chiropractic scope of practice.	K40. Knowledge of laws and regulations regarding professional treatment standards. K41. Knowledge of laws and regulations regarding excessive treatments.
T26. Comply with continuing education requirements to develop and maintain professional competence.	K42. Knowledge of laws and regulations regarding continuing education requirements to maintain chiropractor license.
T27. Recognize actions that could result in disciplinary actions by the Board of Chiropractic Examiners, and comply with laws and regulations.	K43. Knowledge of laws and regulations regarding reporting violations of the Chiropractic Initiative Act and California Code of Regulations. K44. Knowledge of laws and regulations regarding maintenance, renewal, and restoration of California chiropractor license. K45. Knowledge of laws and regulations regarding mental illness and illness affecting chiropractor competency. K46. Knowledge of laws and regulations regarding citations, fines, and disciplinary actions.

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CHAPTER 7 | CONCLUSION

The OA of the chiropractor profession described in this report provides a comprehensive description of current chiropractor practice in California. The procedures employed to perform the OA were based on a content validation strategy to ensure that the results accurately represent chiropractor practice.

Results of this OA provide information regarding current practice that can be used to review the National Board of Chiropractic Examiners Examination and to develop a valid and legally defensible California Chiropractic Law Examination (CCLE).

Use of the CCLE Outline contained in this report ensures that the Board is compliant with BPC § 139.

This report provides all documentation necessary to verify that the analysis has been completed in accordance with legal, professional, and technical standards.

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APPENDIX A | RESPONDENTS BY REGION

LOS ANGELES COUNTY AND VICINITY

County of Practice	Frequency
Los Angeles	280
Orange	160
Total	440

SAN FRANCISCO BAY AREA

County of Practice	Frequency
Alameda	49
Contra Costa	39
Marin	24
Napa	8
San Francisco	30
San Mateo	37
Santa Clara	72
Santa Cruz	18
Solano	11
Total	288

SAN JOAQUIN VALLEY

County of Practice	Frequency
Fresno	26
Kern	20
Kings	1
Merced	3
San Joaquin	19
Stanislaus	10
Tulare	2
Total	81

SACRAMENTO VALLEY

County of Practice	Frequency
Butte	12
Lake	1
Sacramento	31
Sutter	3
Yolo	5
Yuba	1
Total	53

SAN DIEGO AND VICINITY

County of Practice	Frequency
Imperial	1
San Diego	105
Total	106

SHASTA AND CASCADE

County of Practice	Frequency
Lassen	1
Modoc	1
Plumas	2
Shasta	11
Siskiyou	2
Tehama	3
Total	20

RIVERSIDE AND VICINITY

County of Practice	Frequency
Riverside	43
San Bernardino	32
Total	75

SIERRA MOUNTAIN VALLEY

County of Practice	Frequency
Amador	2
Calaveras	1
El Dorado	9
Inyo	1
Mariposa	1
Mono	1
Nevada	11
Placer	20
Tuolumne	5
Total	51

NORTH COAST

County of Practice	Frequency
Del Norte	2
Humboldt	7
Mendocino	3
Sonoma	34
Total	46

SOUTH/CENTRAL COAST

County of Practice	Frequency
Monterey	13
San Benito	1
San Luis Obispo	12
Santa Barbara	22
Ventura	34
Total	82

APPENDIX B | CRITICALITY INDICES FOR ALL TASKS BY CONTENT AREA IN DESCENDING ORDER

Content Area 1: Patient History Intake

Task Number	Task Statement	Mean Frequency	Mean Importance	Task Criticality Index
1	Interview patient to determine chief complaint, relevant history, and symptoms related to chief complaint.	4.71	4.78	22.77
4	Interview patient regarding characteristics of chief complaint.	4.70	4.70	22.42
5	Interview patient regarding characteristics of any related complaints, including spine and joints.	4.64	4.56	21.56
7	Interview patient regarding any diagnostic studies, treatments, and medications related to present complaint.	4.47	4.41	20.22
9	Interview patient regarding past and present medical history (e.g., hospitalization, surgery, illness, trauma, allergy) and previous chiropractic care.	4.44	4.31	19.73
6	Interview patient regarding current health and management of existing medical conditions.	4.39	4.28	19.37
11	Interview patient regarding review of systems (e.g., musculoskeletal, neurological, cardiovascular).	4.18	4.05	17.69
8	Interview patient regarding any diagnostic studies, treatments, and medications related to previous conditions.	4.13	3.97	17.27

Content Area 1: Patient History Intake, continued

Task Number	Task Statement	Mean Frequency	Mean Importance	Task Criticality Index
12	Interview patient regarding biopsychosocial history (e.g., social activities, diet, smoking, drinking, steroid use, recreational drug use, exercise, mental health).	3.91	3.73	15.63
15	Obtain and review past medical records and the results of previously performed diagnostic imaging and tests (e.g., MRI, CT, EMG/NCV).	3.75	3.81	15.24
10	Interview patient regarding past and present family medical history.	3.79	3.40	13.89
14	Select outcome assessment tools to obtain baseline of functionality and mobility.	3.52	3.43	13.57
13	Select outcome assessment tools to obtain baseline of pain and disability.	3.50	3.37	13.33
3	Document identity of guardian, interpreter, or caretaker who is participating in the clinical encounter.	3.11	3.22	12.00
2	Obtain gender as identified by patient.	3.36	2.61	10.67

Content Area 2: Examination and Assessment

Task Number	Task Statement	Mean Frequency	Mean Importance	Task Criticality Index
35	Determine if diagnosed conditions can be treated within chiropractic scope of practice.	4.56	4.59	21.43
36	Assess the existence of risk factors and contraindications to chiropractic care and other modalities.	4.49	4.61	21.24
25	Assess biomechanics of spine and extremities (e.g., palpation, muscle tone, joint mobility).	4.56	4.41	20.65
37	Identify conditions that require referral to other health care providers, or specialists for consultation or co-management.	4.16	4.43	18.98
19	Assess presenting posture, gait, and mobility of patient to aid in diagnosis.	4.35	4.16	18.76
17	Determine whether patient requires urgent or emergency care.	3.93	4.57	18.71
33	Develop working diagnosis and differential diagnosis by reviewing history, examination, imaging, and other test results.	4.23	4.19	18.71
24	Assess active and passive range of motion.	4.28	4.09	18.23

Content Area 2: Examination and Assessment, continued

Task Number	Task Statement	Mean Frequency	Mean Importance	Task Criticality Index
30	Determine whether imaging tests are indicated (e.g., radiography, CT, MRI).	4.11	4.17	17.92
26	Perform focal orthopedic and neurologic examinations to assess for abnormalities	4.12	4.11	17.82
20	Assess posture of patient to identify areas of asymmetry.	4.19	3.96	17.43
21	Assess comorbidities of patient to determine modifications to examination procedures and assessments.	3.85	3.83	15.74
34	Assess and determine any conditions or disability factors and limitations on activity of daily living (ADLs).	3.68	3.67	14.71
28	Perform examination of neurological and pathological reflexes (e.g., deep tendon reflexes, sensation testing, etc.) to assess for abnormalities.	3.57	3.71	14.48
32	Read and interpret laboratory and imaging test results.	3.49	3.78	14.46
16	Obtain patient height, weight, and vital signs (i.e., temperature, blood pressure).	3.70	3.38	13.84

Content Area 2: Examination and Assessment, continued

Task Number	Task Statement	Mean Frequency	Mean Importance	Task Criticality Index
23	Perform muscle strength testing to assess for abnormalities.	3.49	3.52	13.73
18	Assess cognitive status of patient to aid in diagnosis.	3.40	3.58	13.63
29	Perform balance and coordination tests to assess proprioception and to identify abnormalities.	3.28	3.49	12.77
31	Determine whether additional tests (e.g., blood, urinalysis, EMG/NCV) are indicated.	2.88	3.16	10.68
27	Perform examination of systems (e.g., EENT, abdominal, cardiorespiratory, etc.) to assess for abnormalities.	2.44	2.76	8.10
22	Observe patient and take circumferential measurements to identify muscle atrophy.	2.28	2.76	7.60

Content Area 3: Treatment and Case Management

Task Number	Task Statement	Mean Frequency	Mean Importance	Task Criticality Index
40	Perform chiropractic manipulation and adjustments to optimize neurological and biomechanical functions and to reduce pain.	4.59	4.56	21.56
38	Determine treatment plan based on assessment and clinical impression.	4.44	4.34	19.84
39	Review findings, and discuss with patient: diagnosis, prognosis, associated risks, treatment, and case management options.	4.38	4.34	19.66
78	Perform hygiene and sanitization of equipment and office.	4.35	4.27	19.30
76	Create complete and legible documentation of the initial and returning patient case history, examination findings, diagnostic assessments, and treatments.	4.36	4.22	19.08
55	Provide recommendations to perform active exercises to improve strength and range of motion.	4.13	4.06	17.55
75	Evaluate treatment efficacy to determine next course of treatment.	4.06	4.14	17.45

Content Area 3: Treatment and Case Management, continued

Task Number	Task Statement	Mean Frequency	Mean Importance	Task Criticality Index
66	Provide recommendations on self-care strategies.	4.01	3.94	16.72
68	Provide recommendations for a home exercise program (HEP).	3.91	3.87	16.15
69	Provide recommendations on posture.	3.90	3.86	16.14
67	Provide recommendations on healthy lifestyle behaviors (e.g., sleeping, smoking cessation, alcohol use).	3.84	3.85	15.82
70	Provide recommendations on ergonomics.	3.58	3.65	14.22
51	Perform passive myofascial release therapy (e.g., mobilization, trigger point) to reduce pain and to improve range of motion.	3.49	3.41	13.61
71	Provide recommendations on diet and nutrition.	3.36	3.55	13.25
41	Perform instrument-assisted chiropractic adjustments to optimize neurological and biomechanical function and to reduce pain.	3.13	3.34	12.87

Content Area 3: Treatment and Case Management, continued

Task Number	Task Statement	Mean Frequency	Mean Importance	Task Criticality Index
56	Perform passive stretching to improve range of motion.	3.23	3.28	12.30
44	Perform neuromuscular reeducation to improve proprioception and balance and to reduce pain.	3.09	3.29	12.12
63	Provide recommendations for managing disability factors and restrictions on activities of daily living (ADLs).	3.18	3.31	11.89
74	Collaborate with other health care practitioners to co-manage patient's condition.	2.88	3.35	10.99
73	Provide recommendations on relaxation techniques for stress reduction.	2.95	3.14	10.90
42	Perform spinal traction to improve mechanical and neurological function, and to reduce pain.	2.66	2.91	10.04
53	Perform manual massage therapy to reduce pain and improve range of motion.	2.68	2.74	9.93
72	Provide recommendations on nutritional supplements.	2.75	2.97	9.88
52	Apply instrument-assisted soft tissue mobilization to reduce muscle spasm and pain.	2.44	2.51	8.72
46	Apply cold therapy to reduce pain, swelling, and inflammation.	2.43	2.72	8.62

Content Area 3: Treatment and Case Management, continued

Task Number	Task Statement	Mean Frequency	Mean Importance	Task Criticality Index
60	Provide recommendations for orthopedic supports (e.g., braces, splints, taping) for immobilization and compression.	2.53	2.77	8.36
48	Apply heat therapy to improve circulation and to reduce pain, swelling, and inflammation.	2.35	2.34	7.87
57	Apply other procedures (i.e., PNF, PIR) to reduce muscle spasm and pain.	2.12	2.33	7.61
59	Apply electrical modalities (e.g., EMS, IFC, HVG, microcurrent) to reduce muscle spasm and pain.	2.03	2.09	7.11
43	Perform spinal decompression to improve disc integrity and to reduce pain.	1.80	2.23	6.73
54	Perform mechanical (e.g., chair, percussive, orbital) massage therapy to reduce pain and to improve range of motion.	1.88	1.94	6.36
62	Provide recommendations for orthotics to improve foot function.	1.93	2.33	6.13
47	Apply topicals for pain management	2.02	1.99	6.00
45	Apply sensory therapy (e.g., wobble board, vibration platform) to improve proprioception and balance.	1.70	2.13	5.78

Content Area 3: Treatment and Case Management

Task Number	Task Statement	Mean Frequency	Mean Importance	Task Criticality Index
50	Perform therapeutic ultrasound therapy to reduce pain, swelling, and inflammation.	1.53	1.73	5.14
61	Use kinesiology taping for pain control	1.63	1.94	5.01
77	Provide first aid (e.g., CPR, AED) in the event of an emergency.	1.08	3.48	4.62
49	Perform cold laser treatment for pain management.	1.09	1.34	3.75
64	Provide durable medical equipment (e.g., crutches, canes) to assist with mobility.	.9563	1.56	2.76
58	Apply cupping therapy to improve soft tissue function and manage pain.	.6279	.8651	1.89
65	Perform extracorporeal shockwave therapy to reduce pain and to improve range of motion.	.3482	.6113	1.15

*NOTE: The task statement shaded in grey did not meet the criticality cutoff value determined by SMEs (see Chapter 4).

Content Area 4: Laws and Regulations

Task Number	Task Statement	Mean Frequency	Mean Importance	Task Criticality Index
90	Adhere to laws and regulations regarding sexual contact, conduct, and relationships between chiropractor and patient.	4.73	4.83	23.15
89	Adhere to laws and regulations regarding professional conduct.	4.76	4.79	23.01
85	Maintain confidentiality of patient records in accordance with laws and regulations.	4.77	4.69	22.58
84	Maintain patient records in accordance with laws and regulations.	4.73	4.61	22.07
104	Comply with continuing education requirements to develop and maintain professional competence.	4.74	4.60	22.06
103	Adhere to laws that define chiropractic scope of practice.	4.69	4.63	22.05
79	Obtain oral and written informed consent from patient in accordance with laws and regulations.	4.68	4.60	21.86
80	Document assessments and treatments in patient record in accordance with laws and regulations.	4.68	4.52	21.46

Content Area 4: Laws and Regulations, continued

Task Number	Task Statement	Mean Frequency	Mean Importance	Task Criticality Index
105	Recognize actions that could result in disciplinary actions by the Board of Chiropractic Examiners and comply with laws and regulations.	4.45	4.64	21.10
87	Adhere to laws and regulations regarding ownership and management of a chiropractic practice.	4.47	4.47	20.95
81	Sign and date patient records in accordance with laws and regulations.	4.58	4.39	20.64
83	Adhere to laws and regulations regarding billing, billing codes, and documentation.	4.39	4.38	20.48
102	Adhere to laws and regulations regarding display of certificate to practice.	4.63	4.32	20.48
95	Adhere to laws and regulations regarding referral of patients.	4.31	4.40	19.72
88	Adhere to laws and regulations regarding ownership and management of chiropractic businesses and corporations.	4.15	4.17	19.28
86	Release patient records in accordance with laws and regulations.	4.04	4.50	18.73

Content Area 4: Laws and Regulations, continued

Task Number	Task Statement	Mean Frequency	Mean Importance	Task Criticality Index
91	Ensure that employees, and other persons subject to the supervision of the chiropractor, adhere to laws regarding sexual intimacy within the practice premises.	3.71	4.13	17.98
92	Ensure that employees and other persons subject to the supervision of the chiropractor, adhere to laws within the practice premises.	3.72	4.05	17.83
94	Adhere to laws and regulations regarding discounted fees and services.	3.90	4.04	17.72
82	Adhere to laws and regulations regarding treating patients with occupational injuries or illnesses.	3.75	3.90	17.26
82	Adhere to laws and regulations regarding treating patients with occupational injuries or illnesses.	3.75	3.90	17.26
97	Adhere to laws and regulations regarding radiographic imaging.	2.88	3.46	13.39
96	Report known or suspected abuse of patients by contacting relevant agency in accordance with laws and regulations.	2.28	4.33	10.68

Content Area 4: Laws and Regulations, continued

Task Number	Task Statement	Mean Frequency	Mean Importance	Task Criticality Index
100	Adhere to laws and regulations regarding chiropractic practice in writing a disabled parking request.	2.27	3.40	9.90
98	Adhere to laws and regulations regarding use of lasers for chiropractic treatment.	1.77	2.36	7.94
101	Adhere to laws and regulations regarding chiropractic practice in signing a death certificate.	.4398	1.14	1.98
99	Adhere to laws and regulations regarding chiropractic manipulation under anesthesia.	.4251	1.21	1.94

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APPENDIX C | QUESTIONNAIRE EMAIL INVITATION



2024 Chiropractic Occupational Analysis Questionnaire

Message from the State Board of Chiropractic Examiners



BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DEPARTMENT OF CONSUMER AFFAIRS • CALIFORNIA BOARD OF CHIROPRACTIC EXAMINERS
1625 N. Market Blvd., Suite N-327, Sacramento, CA 95834
P (916) 263-6355 | Toll-Free (866) 543-1311 | F (916) 327-0039 | www.chiro.ca.gov



Dear Licensed Doctor of Chiropractic,

The Board of Chiropractic Examiners (Board) is conducting an occupational analysis (OA) of the chiropractic profession in California. As part of this process, you have been selected to complete this survey as a member of a group of licensed doctors of chiropractic who collectively represent the profession based on geographic location, years of experience, and practice specialty. Your participation in the OA survey is essential to this process.

This survey was developed by test specialists from the Office of Professional Examination Services with the participation of licensed doctors of chiropractic serving as subject matter experts (SMEs). The survey is a part of a study of the profession, called an occupational analysis, which also identifies competencies that will provide the basis for developing future licensure examinations. The results will be used to describe the current practice of chiropractic in California.

The survey will take approximately 45–60 minutes to complete. You do not need to complete the survey in a single session. You can exit the survey and return to it later if you access it from the same computer and use the same browser. Before you exit, be certain to complete the page that you are on. The survey saves responses only from fully completed pages.

Your responses will be kept confidential. Individual responses will be combined with responses from other chiropractors, and only group data will be analyzed.

The survey weblink will be available 24/7 and you can complete the survey any time before the deadline of January 26, 2024.

Thank you, on behalf of the Board of Chiropractic Examiners, for completing this survey. We value your contributions and appreciate your dedication to the chiropractic profession in California!

Sincerely,

Kristin Walker
Executive Officer
Board of Chiropractic Examiners

APPENDIX D | QUESTIONNAIRE POSTCARD INVITATION

Dear

The Board of Chiropractic Examiners (Board) is conducting an occupational analysis (OA) of the chiropractic profession in California. You have been selected to complete an important survey.

The survey is a part of the OA, which identifies competencies that will provide the basis for developing future licensure examinations in California.



We understand that your time is valuable. However, your participation in the survey is essential to this process. Your responses will be kept confidential.

The survey weblink will be available 24/7. Please complete it by January 26, 2024. It will take approximately 45 to 60 minutes to complete.

Use the following link or scan the QR Code below to access the survey:
<https://www.surveymonkey.com/r/BCEOA24>

We value your contributions and appreciate your dedication to the chiropractic profession in California!

Sincerely,
Kristin Walker
Executive Officer
Board of Chiropractic Examiners

  DPS23-1994 12/23

APPENDIX E | QUESTIONNAIRE



2024 Chiropractic Occupational Analysis Questionnaire

Part I - Personal Data

Complete this survey only if you are currently licensed and have worked as a D.C. in California within the last 12 months.

The Board recognizes that every licensed chiropractor may not perform all of the tasks contained in this survey. Your participation, however, is essential to the success of this study.

The information you provide here is voluntary and confidential. It will be treated as personal information subject to the Information Practices Act (Civil Code section 1798 et seq.) and will be used only for the purpose of analyzing the data from this survey.

* 1. Are you currently practicing in California as a licensed chiropractor?

☐ Yes

☐ No



2024 Chiropractic Occupational Analysis Questionnaire

Part I - Personal Data

2. How many years have you been practicing in California as a licensed chiropractor?

- ☐ 0-5 years
- ☐ 6-10 years
- ☐ 11-20 years
- ☐ More than 20 years

3. What location describes your primary work setting?

- ☐ Urban (more than 100,000 people), highly dense population within city limits
- ☐ Suburban, less densely populated areas (typically bordering the city)
- ☐ Rural (fewer than 10,000 people), sparsely populated areas further outside of city (e.g., countryside, farmlands)
- ☐ Other (please specify)

4. In how many practice settings/clinical locations do you work as a chiropractor?

- ☐ 1
- ☐ 2-4
- ☐ 5 or more

5. How would you describe your primary practice setting?

- ☐ Hospital
- ☐ VA Medical Center
- ☐ House calls/home visits
- ☐ Chiropractic group
- ☐ Chiropractic college
- ☐ Multidisciplinary group
- ☐ Sporting events/organizations
- ☐ Chiropractic franchise owner/operator
- ☐ Chiropractic franchise employee
- ☐ Sole practitioner using home office space
- ☐ Sole practitioner using rented office space
- ☐ Other (please specify)

6. Which of the following best describes your position in the office where you work?

- ☐ One or more DCs in office
- ☐ Only DC in office, no other employees
- ☐ Only DC in office, with front office employee(s)
- ☐ Shared office with other health practitioners
- ☐ Junior associate DC/intern
- ☐ Other (Please specify)

7. How many hours per week do you work as a licensed chiropractor?

- ☐ 0-10 hours
- ☐ 11-20 hours
- ☐ 21-39 hours
- ☐ 40 or more hours

8. Which of the following diplomas/certifications (if any) do you possess? (Click all that may apply)

- ☐ Chiropractic Physical and Therapeutic Rehabilitation
- ☐ Dry Needling
- ☐ Chiropractic Pediatrics
- ☐ Diagnosis and Internal Disorders
- ☐ Diagnostic Imaging or Radiology
- ☐ Occupational Health
- ☐ Neurology
- ☐ Orthopedics
- ☐ Nutrition
- ☐ Sports Medicine
- ☐ Athletic Trainer
- ☐ Exercise Science
- ☐ Strength and Conditioning
- ☐ Remedial Massage Therapy
- ☐ Other (please specify)

9. Which of the following areas does the majority of your work involve?

- ☐ General
- ☐ Geriatrics
- ☐ Pediatrics
- ☐ Orthopedics
- ☐ Rehabilitation
- ☐ Spine center
- ☐ Neuro center
- ☐ Women's health
- ☐ Occupational health
- ☐ Nutritional / functional health
- ☐ Wellness / Whole health (health coach)
- ☐ QME Assessments
- ☐ Pre-employment physicals
- ☐ Sporting teams or athletes
- ☐ Animal chiropractic (under vet supervision)
- ☐ Other (please specify)

10. Which of the following practice categories does the majority of your work involve? (Click all that apply)

- ☐ Cash-based practice
- ☐ Worker's compensation
- ☐ Auto accident injury medical lien
- ☐ Health insurance (HMO/PPO/Medicare)
- ☐ Other (please specify)

11. During training, what other subjects would have been beneficial to adequately prepare you for your first year in practice? (please specify)

12. Do you feel that your chiropractic training program prepared you for your first year in practice?

☐ Yes

☐ No

If 'No', please specify

13. Do you hold any other California professional licenses/certifications?(Click all that may apply)

☐ Acupuncture

☐ Physical Therapist

☐ Medical Doctor

☐ Osteopathic Doctor

☐ Doctor of Podiatric Medicine

☐ Naturopathic Doctor

☐ Registered Nurse

☐ Occupational Therapist

☐ X-ray Supervisor and Operator

☐ Other CA professional licenses/certifications:



2024 Chiropractic Occupational Analysis Questionnaire

Part I - Personal Data

14. In what California county do you perform most of your work?

- | | | |
|------------------------------------|---------------------------------------|-------------------------------------|
| <input type="radio"/> Alameda | <input type="radio"/> Marin | <input type="radio"/> San Mateo |
| <input type="radio"/> Alpine | <input type="radio"/> Mariposa | <input type="radio"/> Santa Barbara |
| <input type="radio"/> Amador | <input type="radio"/> Mendocino | <input type="radio"/> Santa Clara |
| <input type="radio"/> Butte | <input type="radio"/> Merced | <input type="radio"/> Santa Cruz |
| <input type="radio"/> Calaveras | <input type="radio"/> Modoc | <input type="radio"/> Shasta |
| <input type="radio"/> Colusa | <input type="radio"/> Mono | <input type="radio"/> Sierra |
| <input type="radio"/> Contra Costa | <input type="radio"/> Monterey | <input type="radio"/> Siskiyou |
| <input type="radio"/> Del Norte | <input type="radio"/> Napa | <input type="radio"/> Solano |
| <input type="radio"/> El Dorado | <input type="radio"/> Nevada | <input type="radio"/> Sonoma |
| <input type="radio"/> Fresno | <input type="radio"/> Orange | <input type="radio"/> Stanislaus |
| <input type="radio"/> Glenn | <input type="radio"/> Placer | <input type="radio"/> Sutter |
| <input type="radio"/> Humboldt | <input type="radio"/> Plumas | <input type="radio"/> Tehama |
| <input type="radio"/> Imperial | <input type="radio"/> Riverside | <input type="radio"/> Trinity |
| <input type="radio"/> Inyo | <input type="radio"/> Sacramento | <input type="radio"/> Tulare |
| <input type="radio"/> Kern | <input type="radio"/> San Benito | <input type="radio"/> Tuolumne |
| <input type="radio"/> Kings | <input type="radio"/> San Bernardino | <input type="radio"/> Ventura |
| <input type="radio"/> Lake | <input type="radio"/> San Diego | <input type="radio"/> Yolo |
| <input type="radio"/> Lassen | <input type="radio"/> San Francisco | <input type="radio"/> Yuba |
| <input type="radio"/> Los Angeles | <input type="radio"/> San Joaquin | |
| <input type="radio"/> Madera | <input type="radio"/> San Luis Obispo | |



2024 Chiropractic Occupational Analysis Questionnaire

Part II - Rating Job Tasks

INSTRUCTIONS FOR RATING TASKS

This part of the survey lists 105 tasks. Please rate each task as it relates to your current job as a Chiropractor.

Rate the tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your current job (Importance).

The boxes for rating the Frequency and Importance of each task have drop-down lists. Click on the "down" arrow in each box to see the rating options, and then select the value that applies to your current job. Your frequency and importance ratings should be separate and independent. The ratings that you assign on one rating scale should not influence the ratings that you assign on the other rating scale.

If the task is not part of your current job, rate the task "0" (zero) frequency and "0" (zero) importance. Use the following scales to rate each task statement.

FREQUENCY SCALE

HOW OFTEN do you perform this task in your current job? Consider all of the tasks you have performed over the past year and make your judgment relative to all other tasks you perform.

0 – DOES NOT APPLY. I do not perform this task in my current job.

1 – RARELY. I perform this task the least often in my current job relative to other tasks I perform.

2 – SELDOM. I perform this task less often than most other tasks I perform in my current job.

3 – REGULARLY. I perform this task as often as other tasks I perform in my current job.

4 – OFTEN. I perform this task more often than most other tasks I perform in my current job.

5 – VERY OFTEN. This task is one of the tasks I perform most often in my current job relative to other tasks I perform.

IMPORTANCE RATING

HOW IMPORTANT are these tasks in the performance of your current job?

0 – NOT IMPORTANT; DOES NOT APPLY TO MY JOB. I do not perform this task in my current job.

1 – OF MINOR IMPORTANCE. This task is of minor importance for effective performance in my current job.

2 – FAIRLY IMPORTANT. This task is fairly important for effective performance in my current job.

3 – MODERATELY IMPORTANT. This task is moderately important for effective performance in my current job.

4 – VERY IMPORTANT. This task is very important for effective performance in my current job.

5 – CRITICALLY IMPORTANT. This task is extremely important for effective performance in my current job.



2024 Chiropractic Occupational Analysis Questionnaire

Part II - Task Ratings

Content Area 1: Patient History Intake

15. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your current job (Importance).

	Frequency	Importance
T1. Interview patient to determine chief complaint, relevant history, and symptoms related to chief complaint.	<input type="text"/>	<input type="text"/>
T2. Obtain gender as identified by patient.	<input type="text"/>	<input type="text"/>
T3. Document identity of guardian, interpreter, or caretaker who is participating in the clinical encounter.	<input type="text"/>	<input type="text"/>
T4. Interview patient regarding characteristics of chief complaint.	<input type="text"/>	<input type="text"/>
T5. Interview patient regarding characteristics of any related complaints, including spine and joints.	<input type="text"/>	<input type="text"/>
T6. Interview patient regarding current health and management of existing medical conditions.	<input type="text"/>	<input type="text"/>
T7. Interview patient regarding any diagnostic studies, treatments, and medications related to chief complaint.	<input type="text"/>	<input type="text"/>
T8. Interview patient regarding any diagnostic studies, treatments, and medications related to previous conditions.	<input type="text"/>	<input type="text"/>
T9. Interview patient regarding past and present medical history (e.g., hospitalization, surgery, illness, trauma, allergy) and previous chiropractic care.	<input type="text"/>	<input type="text"/>
T10. Interview patient regarding past and present family medical history.	<input type="text"/>	<input type="text"/>
T11. Interview patient regarding review of systems (e.g., musculoskeletal, neurological, cardiovascular).	<input type="text"/>	<input type="text"/>
T12. Interview patient regarding biopsychosocial history (e.g., social activities, diet, smoking, drinking, steroid use, recreational drug use, exercise, mental health).	<input type="text"/>	<input type="text"/>
T13. Select outcome assessment tools to obtain baseline of pain and disability.	<input type="text"/>	<input type="text"/>
T14. Select outcome assessment tools to obtain baseline of functionality and mobility.	<input type="text"/>	<input type="text"/>
T15. Obtain and review past medical records and the results of previously performed diagnostic imaging and tests (e.g., MRI, CT, EMG/NCV).	<input type="text"/>	<input type="text"/>

Part II - Task Ratings

Content Area 2: Examination and Assessment

16. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your current job (Importance).

	Frequency	Importance
T16. Obtain patient height, weight, and vital signs (i.e., temperature, blood pressure).	<input type="text"/>	<input type="text"/>
T17. Determine whether patient requires urgent or emergency care.	<input type="text"/>	<input type="text"/>
T18. Assess cognitive status of patient to aid in diagnosis.	<input type="text"/>	<input type="text"/>
T19. Assess presenting posture, gait, and mobility of patient to aid in diagnosis.	<input type="text"/>	<input type="text"/>
T20. Assess posture of patient to identify areas of asymmetry.	<input type="text"/>	<input type="text"/>
T21. Assess comorbidities of patient to determine modifications to examination procedures and assessments.	<input type="text"/>	<input type="text"/>
T22. Observe patient and take circumferential measurements to identify muscle atrophy.	<input type="text"/>	<input type="text"/>
T23. Perform muscle strength testing to assess for abnormalities.	<input type="text"/>	<input type="text"/>
T24. Assess active and passive range of motion.	<input type="text"/>	<input type="text"/>

T25. Assess biomechanics of spine and extremities (e.g., palpation, muscle tone, joint mobility).	<input type="text"/>	<input type="text"/>
T26. Perform focal orthopedic and neurologic examinations to assess for abnormalities.	<input type="text"/>	<input type="text"/>
T27. Perform examination of systems (e.g., EENT, abdominal, cardiorespiratory, etc.) to assess for abnormalities.	<input type="text"/>	<input type="text"/>
T28. Perform examination of neurological and pathological reflexes (e.g., deep tendon reflexes, sensation testing, etc.) to assess for abnormalities.	<input type="text"/>	<input type="text"/>
T29. Perform balance and coordination tests to assess proprioception and to identify abnormalities.	<input type="text"/>	<input type="text"/>
T30. Determine whether imaging tests are indicated (e.g., radiography, CT, MRI).	<input type="text"/>	<input type="text"/>
T31. Determine whether additional tests (e.g., blood, urinalysis, EMG/NCV) are indicated.	<input type="text"/>	<input type="text"/>
T32. Read and interpret laboratory and imaging test results.	<input type="text"/>	<input type="text"/>
T33. Develop working diagnosis and differential diagnosis by reviewing history, examination, imaging, and other test results.	<input type="text"/>	<input type="text"/>
T34. Assess and determine any conditions or disability factors and limitations on activities of daily living (ADLs).	<input type="text"/>	<input type="text"/>
T35. Determine if diagnosed conditions can be treated within chiropractic scope of practice.	<input type="text"/>	<input type="text"/>
T36. Assess the existence of risk factors and		

contraindications to
chiropractic care and
other modalities.

T37. Identify
conditions that require
referral to other health
care providers, or
specialists for
consultation or co-
management.



2024 Chiropractic Occupational Analysis Questionnaire

Part II - Task Ratings

Content Area 3: Treatment and Case Management

17. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your current job (Importance).

	Frequency	Importance
T38. Determine treatment plan based on assessment and clinical impression.	<input type="text"/>	<input type="text"/>
T39. Review findings, and discuss with patient: diagnosis, prognosis, associated risks, treatment, and case management options.	<input type="text"/>	<input type="text"/>
T40. Perform chiropractic manipulation and adjustments to optimize neurological and biomechanical functions and to reduce pain.	<input type="text"/>	<input type="text"/>
T41. Perform instrument-assisted chiropractic adjustments to optimize neurological and biomechanical function and to reduce pain.	<input type="text"/>	<input type="text"/>
T42. Perform spinal traction to improve mechanical and neurological function and to reduce pain.	<input type="text"/>	<input type="text"/>
T43. Perform spinal decompression to improve disc integrity and to reduce pain.	<input type="text"/>	<input type="text"/>
T44. Perform neuromuscular reeducation to improve	<input type="text"/>	<input type="text"/>

proprioception and balance and to reduce pain.		
T45. Apply sensory therapy (e.g., wobble board, vibration platform) to improve proprioception and balance.	<input type="text"/>	<input type="text"/>
T46. Apply cold therapy to reduce pain, swelling, and inflammation.	<input type="text"/>	<input type="text"/>
T47. Apply topicals for pain management.	<input type="text"/>	<input type="text"/>
T48. Apply heat therapy to improve circulation and to reduce pain, swelling, and inflammation.	<input type="text"/>	<input type="text"/>
T49. Perform cold laser treatment for pain management.	<input type="text"/>	<input type="text"/>
T50. Perform therapeutic ultrasound therapy to reduce pain, swelling, and inflammation.	<input type="text"/>	<input type="text"/>
T51. Perform passive myofascial release therapy (e.g., mobilization, trigger point) to reduce pain and to improve range of motion.	<input type="text"/>	<input type="text"/>
T52. Apply instrument-assisted soft tissue mobilization to reduce muscle spasm and pain.	<input type="text"/>	<input type="text"/>
T53. Perform manual massage therapy to reduce pain and improve range of motion.	<input type="text"/>	<input type="text"/>
T54. Perform mechanical (e.g., chair, percussive, orbital) massage therapy to reduce pain and to improve range of motion.	<input type="text"/>	<input type="text"/>
T55. Provide recommendations to perform active exercises to improve strength and range of motion.	<input type="text"/>	<input type="text"/>
T56. Perform passive stretching to improve range of motion.	<input type="text"/>	<input type="text"/>
T57. Apply other procedures (i.e., PNF,		

PIR) to reduce muscle spasm and pain.	<input type="text"/>	<input type="text"/>
T58. Apply cupping therapy to improve soft tissue function and manage pain.	<input type="text"/>	<input type="text"/>
T59. Apply electrical modalities (e.g., EMS, IFC, HVG, microcurrent) to reduce muscle spasm and pain.	<input type="text"/>	<input type="text"/>
T60. Provide recommendations for orthopedic supports (e.g., braces, splints, taping) for immobilization and compression.	<input type="text"/>	<input type="text"/>
T61. Use kinesiology taping for pain control.	<input type="text"/>	<input type="text"/>
T62. Provide recommendations for orthotics to improve foot function.	<input type="text"/>	<input type="text"/>
T63. Provide recommendations for managing disability factors and restrictions on activities of daily living (ADLs).	<input type="text"/>	<input type="text"/>
T64. Provide durable medical equipment (e.g., crutches, canes) to assist with mobility.	<input type="text"/>	<input type="text"/>
T65. Perform extracorporeal shockwave therapy to reduce pain and to improve range of motion.	<input type="text"/>	<input type="text"/>
T66. Provide recommendations on self-care strategies.	<input type="text"/>	<input type="text"/>
T67. Provide recommendations on healthy lifestyle behaviors (e.g., sleeping, smoking cessation, alcohol use).	<input type="text"/>	<input type="text"/>
T68. Provide recommendations for a home exercise program (HEP).	<input type="text"/>	<input type="text"/>
T69. Provide recommendations on posture.	<input type="text"/>	<input type="text"/>
T70. Provide recommendations on ergonomics.	<input type="text"/>	<input type="text"/>

T71. Provide recommendations on diet and nutrition.	<input type="text"/>	<input type="text"/>
T72. Provide recommendations on nutritional supplements.	<input type="text"/>	<input type="text"/>
T73. Provide recommendations on relaxation techniques for stress reduction.	<input type="text"/>	<input type="text"/>
T74. Collaborate with other health care practitioners to co-manage patient's condition.	<input type="text"/>	<input type="text"/>
T75. Evaluate treatment efficacy to determine next course of treatment.	<input type="text"/>	<input type="text"/>
T76. Create complete and legible documentation of the initial and returning patient case history, examination findings, diagnostic assessments, and treatments.	<input type="text"/>	<input type="text"/>
T77. Provide first aid (e.g., CPR, AED) in the event of an emergency.	<input type="text"/>	<input type="text"/>
T78. Perform hygiene and sanitization of equipment and office.	<input type="text"/>	<input type="text"/>



2024 Chiropractic Occupational Analysis Questionnaire

Part II - Task Ratings

Content Area 4: Laws and Regulations

18. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your current job (Importance).

	Frequency	Importance
T79. Obtain oral and written informed consent from patient in accordance with laws and regulations.	<input type="text"/>	<input type="text"/>
T80. Document assessments and treatments in patient record in accordance with laws and regulations.	<input type="text"/>	<input type="text"/>
T81. Sign and date patient records in accordance with laws and regulations.	<input type="text"/>	<input type="text"/>
T82. Adhere to laws and regulations regarding treating patients with occupational injuries or illnesses.	<input type="text"/>	<input type="text"/>
T83. Adhere to laws and regulations regarding billing, billing codes, and documentation.	<input type="text"/>	<input type="text"/>
T84. Maintain patient records in accordance with laws and regulations.	<input type="text"/>	<input type="text"/>
T85. Maintain confidentiality of patient records in accordance with laws and regulations.	<input type="text"/>	<input type="text"/>
T86. Release patient records in accordance with laws and regulations.	<input type="text"/>	<input type="text"/>
T87. Adhere to laws	<input type="text"/>	<input type="text"/>

and regulations regarding ownership and management of a chiropractic practice.	<input type="text"/>	<input type="text"/>
T88. Adhere to laws and regulations regarding ownership and management of chiropractic businesses and corporations.	<input type="text"/>	<input type="text"/>
T89. Adhere to laws and regulations regarding professional conduct.	<input type="text"/>	<input type="text"/>
T90. Adhere to laws and regulations regarding sexual contact, conduct, and relationships between chiropractor and patient.	<input type="text"/>	<input type="text"/>
T91. Ensure that employees, and other persons subject to the supervision of the chiropractor, adhere to laws regarding sexual intimacy within the practice premises.	<input type="text"/>	<input type="text"/>
T92. Ensure that employees and other persons subject to the supervision of the chiropractor, adhere to laws within the practice premises.	<input type="text"/>	<input type="text"/>
T93. Adhere to laws and regulations regarding advertising of chiropractic services.	<input type="text"/>	<input type="text"/>
T94. Adhere to laws and regulations regarding discounted fees for services.	<input type="text"/>	<input type="text"/>
T95. Adhere to laws and regulations regarding referral of patients.	<input type="text"/>	<input type="text"/>
T96. Report known or suspected abuse of patients by contacting relevant agency in accordance with laws and regulations.	<input type="text"/>	<input type="text"/>
T97. Adhere to laws and regulations regarding radiographic imaging.	<input type="text"/>	<input type="text"/>
T98. Adhere to laws and regulations regarding use of lasers for chiropractic	<input type="text"/>	<input type="text"/>

treatment.

T99. Adhere to laws and regulations regarding chiropractic manipulation under anesthesia.	<input type="text"/>	<input type="text"/>
T100. Adhere to laws and regulations regarding chiropractic practice in writing a disabled parking request.	<input type="text"/>	<input type="text"/>
T101. Adhere to laws and regulations regarding chiropractic practice in signing a death certificate.	<input type="text"/>	<input type="text"/>
T102. Adhere to laws and regulations regarding display of certificate to practice.	<input type="text"/>	<input type="text"/>
T103. Adhere to laws that define chiropractic scope of practice.	<input type="text"/>	<input type="text"/>
T104. Comply with continuing education requirements to develop and maintain professional competence.	<input type="text"/>	<input type="text"/>
T105. Recognize actions that could result in disciplinary actions by the Board of Chiropractic Examiners and comply with laws and regulations.	<input type="text"/>	<input type="text"/>



2024 Chiropractic Occupational Analysis Questionnaire

Thank you!

Thank you for taking the time to complete this survey! The Board of Chiropractic Examiners values your contribution to this study.

APPENDIX F | ADDITIONAL SURVEY ITEMS

TABLE 17 – PRIMARY WAY PATIENTS PAY FOR SERVICES

PAYMENT TYPE	NUMBER (N)	PERCENT*
Cash-based practice	889	68.4
Health insurance (HMO/PPO/Medicare)	534	41.1
Auto accident injury medical lien	360	27.7
Worker's compensation	133	10.2
Other	67	5.2

*NOTE: Respondents were asked to select all that apply. Percentages represent the proportion of respondents in the total sample who chose each answer option.

TABLE 18 – CHIROPRACTIC TRAINING PROGRAM PREPARATION FOR FIRST YEAR IN PRACTICE

PROGRAM PREPARATION	NUMBER (N)	PERCENT
Training program prepared me for first year in practice	744	57.3
Training program did not prepare me for first year in practice	480	37.0
Missing	75	5.8
Total	1,299	100.0

TABLE 19 – SUBJECTS THAT WOULD HAVE BEEN BENEFICIAL FOR ADEQUATE PREPARATION FOR FIRST YEAR IN PRACTICE

SUBJECT	NUMBER (N)	PERCENT*
Practice Startup and Business logistics	611	47
Different Insurance dealing and reimbursement protocols	102	7
Billing, Coding and Documentation procedures	113	8
Practice Management and Development	156	12
Additional clinical hours and Multidisciplinary practice setting	41	3.1
Residency, Externship, Preceptorship and Mentoring	32	2.4
Kinesiology, Biomechanics, Differential Diagnosis, Functional Medicine, and Exercise Physiology	27	2.0
Chiropractic Philosophy, Laws and Ethics	26	2.0

*NOTE: Percentages represent the proportion of respondents in the total sample who responded.

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APPENDIX G | TASKS RENUMBERED FOR CALIFORNIA CHIROPRACTIC LAW EXAMINATION

Original Task Number in California Chiropractic Occupational Analysis Questionnaire	New Task Number in California Chiropractic Law Examination Outline
T79	T1
T80	T2
T81	T3
T84	T4
T85	T5
T86	T6
T82	T7
T83	T8
T96	T9
T87	T10
T88	T11
T92	T12
T91	T13
T89	T15
T90	T14
T93	T16
T94	T17
T95	T18
T97	T19
T98	T20
T99	T21
T100	T22
T101	T23
T102	T24
T103	T25
T104	T26
T105	T27

APPENDIX H | KNOWLEDGE STATEMENTS RENUMBERED FOR CALIFORNIA CHIROPRACTIC LAW EXAMINATION

Original Knowledge Statement Number in California Chiropractic Description of Practice	New Knowledge Statement Number in California Chiropractic Law Examination Outline
K122	K1
K123	K2
K171	K3
K124	K4
K129	K5
K130	K6
K131	K7
K132	K8
K125	K9
K126	K10
K127	K11
K128	K12
K150	K13
K151	K14
K152	K15
K133	K16
K134	K17
K135	K18
K136	K19
K137	K20
K140	K21
K142	K22
K143	K23
K141	K24

Original Knowledge Statement in California Chiropractic Description of Practice, continued	New Knowledge Statement in California Chiropractic Law Examination Outline, continued
K139	K25
K138	K26
K144	K27
K145	K28
K146	K29
K147	K30
K148	K31
K149	K32
K153	K33
K154	K34
K155	K35
K156	K36
K157	K37
K158	K38
K159	K39
K160	K40
K161	K41
K162	K42
K163	K43
K164	K44
K165	K45
K166	K46

ATTACHMENT C2

REVIEW OF THE NATIONAL BOARD OF CHIROPRACTIC EXAMINERS EXAMINATIONS, JUNE 2025





REVIEW OF THE NATIONAL BOARD OF CHIROPRACTIC EXAMINERS EXAMINATIONS



BOARD OF CHIROPRACTIC EXAMINERS

REVIEW OF THE NATIONAL BOARD OF CHIROPRACTIC EXAMINERS EXAMINATIONS



June 2025



Amy Welch Gandy, MA, Research Data Supervisor II
Heidi Lincer, PhD, Chief

OFFICE OF PROFESSIONAL EXAMINATION SERVICES

This report is mandated by California Business and Professions Code (BPC) § 139 and by
DCA Policy OPES 22-01 Licensure Examination Validation.

EXECUTIVE SUMMARY

Licensing boards and bureaus within the California Department of Consumer Affairs (DCA) are required to ensure that examination programs used in California licensure comply with psychometric and legal standards. To become a licensed chiropractor in California, a candidate must have the requisite education and experience and pass the following five National Board of Chiropractic Examiners (NBCE) examinations and one California examination:

1. Part I
2. Part II
3. Part III
4. Part IV
5. Physiotherapy
6. California Chiropractic Law Examination (CCLE)

The Board of Chiropractic Examiners (Board) requested that DCA's Office of Professional Examination Services (OPES) complete a comprehensive review of the Part I, Part II, Part III, Part IV, and Physiotherapy examinations, which are developed by the NBCE. OPES performed this review to evaluate the suitability of the examinations for continued use in California licensure of chiropractors. The NBCE examinations are used by all 50 states.

The NBCE Parts I–III and Physiotherapy examinations are multiple-choice examinations and are administered at exam-eligible chiropractic colleges and at Prometric testing centers throughout the United States. The NBCE Part IV examination is an objective structured clinical examination (OSCE) and is currently administered at exam-eligible chiropractic colleges throughout the United States. Beginning in 2026, all candidates will take the Part IV examination at NBCE's centralized assessment center in Greeley, Colorado.

The five NBCE examinations require candidates to demonstrate the knowledge and skills necessary to practice within the chiropractic scope of practice. NBCE has researched and validated the examinations to ensure that the competencies required for entry-level practice are measured.

OPES, in collaboration with the Board, received and reviewed a report provided by NBCE. The report included information on the occupational analysis (OA)

conducted by NBCE in 2020 addressing the practices and procedures used to develop and validate the NBCE examinations. In addition, OPES reviewed other reports and documents provided by NBCE. OPES performed a comprehensive evaluation of the report and documents to determine whether the following NBCE components met professional guidelines and technical standards: (a) OA, (b) examination development and scoring, (c) passing scores and passing rates, (d) test administration and score reporting, and (e) test security procedures. Follow-up emails were also exchanged with NBCE representatives to clarify processes.

OPES found that the procedures used to establish and support the validity and defensibility of the components listed above appear to meet professional guidelines and technical standards outlined in the *Standards for Educational and Psychological Testing (2014 Standards)* and in California Business and Professions Code (BPC) § 139. However, to comply with *DCA Policy OPES 20-01 Participation in Examination Development Workshops (Policy OPES 20-01)*, OPES recommends phasing out the service of board members and educators in examination development processes.

In addition to reviewing documents provided by NBCE, OPES convened a linkage workshop of licensed California chiropractors in January 2025. The chiropractors served as subject matter experts (SMEs) to review the content of the five NBCE examinations. The SMEs were selected to represent the profession in terms of geographic location and experience. The purpose of the review was to link the five NBCE content outlines to the California description of practice that resulted from the *Occupational Analysis of the Chiropractor Profession in California* conducted by OPES in 2024 (*2024 California OA*). During this workshop, the SMEs linked the tasks and knowledge statements from the 2024 California chiropractor description of practice to the content outlines of the five NBCE examinations.

The results of the linkage study indicated that the content of the five NBCE examinations adequately assesses the knowledge and skills required for competent entry-level practice of chiropractors in California. The NBCE does not assess California-specific laws.

Given the findings, OPES supports the Board's continued use of the five NBCE examinations, in addition to the CCLE, for licensure in California.

TABLE OF CONTENTS

EXECUTIVE SUMMARY	iii
CHAPTER 1 INTRODUCTION	1
CHAPTER 2 OCCUPATIONAL ANALYSIS	5
CHAPTER 3 EXAMINATION DEVELOPMENT AND SCORING	9
CHAPTER 4 PASSING SCORES AND PASSING RATES	15
CHAPTER 5 TEST ADMINISTRATION AND SCORE REPORTING	19
CHAPTER 6 TEST SECURITY	25
CHAPTER 7 COMPARISON OF THE NBCE TEST PLANS WITH THE CALIFORNIA CHIROPRACTOR DESCRIPTION OF PRACTICE	29
CHAPTER 8 CONCLUSIONS AND RECOMMENDATIONS	35
CHAPTER 9 REFERENCES	37

LIST OF TABLES

TABLE 1 – OVERALL PASSING RATES FOR THE 2023 NBCE EXAMINATIONS	17
TABLE 2 – PART I TEST PLAN.....	30
TABLE 3 – PART II TEST PLAN.....	30
TABLE 4 – PART III WITH DXI TEST PLAN	31
TABLE 5 – PART IV TEST PLAN	31
TABLE 6 – PHYSIOTHERAPY TEST PLAN.....	32
TABLE 7 – CONTENT AREAS OF THE 2024 CALIFORNIA CHIROPRACTOR DESCRIPTION OF PRACTICE	33

CHAPTER 1 | INTRODUCTION

PURPOSE OF THE COMPREHENSIVE REVIEW

Licensing boards and bureaus within the California Department of Consumer Affairs (DCA) must ensure that examination programs used in California licensure comply with psychometric and legal standards. The public must be reasonably confident that an individual passing a licensure examination has the requisite knowledge and skills to practice safely and competently in California.

The Board of Chiropractic Examiners (Board) requested that DCA's Office of Professional Examination Services (OPES) complete a comprehensive review of the Part I, Part II, Part III, Part IV, and Physiotherapy examinations developed and administered by the National Board of Chiropractic Examiners (NBCE).

The NBCE national examination measures a candidate's knowledge and skills associated with entry-level chiropractic practice. Part I and Part II consist of 255 multiple-choice items each. Part III consists of 80 traditional multiple-choice items, 20 extended case multiple-choice items, and 30 diagnostic imaging interpretation items. Part IV is an objective structured clinical examination (OSCE) and consists of 25 skills demonstration stations. The Physiotherapy examination consists of 90 standard multiple-choice items.

The OPES review had three purposes:

1. To evaluate the suitability of the five NBCE examinations for continued use in California.
2. To determine whether the five NBCE examinations meet the professional guidelines and technical standards outlined in the *Standards for Educational and Psychological Testing (2014 Standards)* and in California Business and Professions Code (BPC) § 139.
3. To identify any areas of California practice that the five NBCE examinations do not assess.

OPES recognizes that evaluating the suitability of the five NBCE examinations involves complex analysis. As noted in the *Standards* (p. 7):

Evaluating the acceptability of a test ... does not rest on the literal satisfaction of every standard ... and the acceptability of a test or test

application cannot be determined by using a checklist. Specific circumstances affect the importance of individual standards, and individual standards should not be considered in isolation. Therefore, evaluating acceptability depends on (a) professional judgment that is based on a knowledge of behavioral science, psychometrics, and the relevant standards in the professional field to which the test applies; (b) the degree to which the intent of the standard has been satisfied by the test developer and user; (c) the alternative measurement devices that are readily available; (d) research and experiential evidence regarding the feasibility of meeting the standard; and (e) applicable laws and regulations.

OPES, in collaboration with the Board, requested documentation from NBCE to determine whether the following examination program components met professional guidelines and technical standards outlined in the *2014 Standards* and BPC § 139: (a) occupational analysis (OA),¹ (b) examination development and scoring, (c) passing scores² and passing rates, (d) test administration and score reporting, and (e) test security procedures.

OPES' evaluation of the five NBCE examinations is based solely on its review of the documentation provided by NBCE. OPES did not seek to independently verify the claims and statements made by NBCE.

CALIFORNIA LAW AND POLICY

BPC § 139 states:

The Legislature finds and declares that occupational analyses and examination validation studies are fundamental components of licensure programs.

¹ An occupational analysis is also known as a job analysis, practice analysis, or task analysis. For clarity and consistency, this report uses the term "occupational analysis" to refer to the type of analysis that supports the claim that an examination assesses the skills and knowledge required for safe and effective practice at entry level (*2014 Standards*).

² A passing score is also known as a pass point or cut score.

BPC § 139 further requires that DCA develop a policy to address the minimum requirements for psychometrically sound examination validation, examination development, and OAs, including standards for the review of state and national examinations.

DCA *Policy 22-01 Examination Validation (Policy OPES 22-01)* specifies the *2014 Standards* as the most relevant technical and professional standards to be followed to ensure that examinations used for licensure in California are psychometrically sound, job related, and legally defensible.

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CHAPTER 2 | OCCUPATIONAL ANALYSIS

Unless otherwise noted, the source for the information in this chapter is the *2024 Review of Performance NBCE CBT and Part IV Examinations Report: Report submitted to California DCA Office of Professional Examination Services (2024 Review of Performance Report)* and the additional information provided by NBCE.

OCCUPATIONAL ANALYSIS STANDARDS

The following standard is most relevant to conducting OAs for licensure examinations, as referenced in the *2014 Standards*:

Standard 11.13

The content domain to be covered by a credentialing test should be defined clearly and justified in terms of the importance of the content for credential-worthy performance in an occupation or profession. A rationale and evidence should be provided to support the claim that the knowledge or skills being assessed are required for credential-worthy performance in that occupation and are consistent with the purpose for which the credentialing program was instituted (pp. 181–182).

The comment to Standard 11.13 emphasizes its relevance:

Comment: Typically, some form of job or practice analysis provides the primary basis for defining the content domain. If the same examination is used in the credentialing of people employed in a variety of settings and specialties, a number of different job settings may need to be analyzed. Although the job analysis techniques may be similar to those used in employment testing, the emphasis for credentialing is limited appropriately to knowledge and skills necessary for effective practice (p. 182).

In tests used for licensure, knowledge and skills that may be important to success but are not directly related to the purpose of licensure (e.g., protecting the public) should not be included (p. 182).

BPC § 139 requires that each California licensure board, bureau, and program report annually on the frequency of its OA and the validation and development of its examinations. *Policy OPES 22-01* states:

Generally, an occupational analysis and examination outline should be updated every five years to be considered current; however, many factors are taken into consideration when determining the need for a different interval. For instance, an occupational analysis and examination outline/description of practice must be updated whenever there are significant changes in a profession's job tasks and/or demands, scope of practice, equipment, technology, required knowledge, skills and abilities, or law and regulations governing the profession (p. 4).

OCCUPATIONAL ANALYSIS DESCRIPTION, PURPOSE, AND TIME FRAME

In 2020, NBCE completed an OA of the chiropractic profession, and the results were documented in the *NBCE Practice Analysis of Chiropractic 2020* (NBCE, 2020). Additional information about this study was obtained through documentation provided by NBCE, from NBCE's website, and through email communication with NBCE representatives.

The purpose of the 2020 OA was to define the practice of chiropractors to provide validity evidence to support the examination program. NBCE followed a job inventory, or Functional Job Analysis approach, to complete the OA (NBCE, 2020).

In 2019, NBCE began the OA process by reviewing the tasks from their 2014 OA. Next, a job inventory of tasks performed by chiropractors was developed that included previous relevant tasks from the 2014 OA as well as new tasks. The process was performed by psychometricians and test developers. NBCE established statements describing the major tasks and associated risks for each task across five domain sections.

A survey was sent to chiropractic organizations across the United States for electronic distribution to their members. A sample of 3,956 chiropractors responded. The results were subsequently reviewed and finalized by NBCE.

Finding 1: The OA began in 2019 and was completed in 2020. This OA was conducted within a time frame considered to be current and legally defensible.

Finding 2: NBCE conducts an OA every 5 years. This interval complies with DCA policy established under BPC § 139, which specifies that, generally, an OA should be conducted every 5 years.

OCCUPATIONAL ANALYSIS SURVEYS, SAMPLING PLAN, AND RESPONSE RATE

In 2019, NBCE sent a survey link to 28 chiropractic colleges and organizations for distribution to their alumni and members to gather feedback on the five domain sections developed by NBCE. A total of 3,956 chiropractors responded to the survey. Respondents who were practicing outside of the United States, practicing less than 20 hours per week, were no longer practicing, or had significant missing data were excluded from the analysis. The resulting sample varied between 3,810 to 1,813 for the different sections of the survey. California practitioners accounted for approximately 9% of the original respondents.

Finding 3: The procedures used by NBCE to develop and distribute the survey are consistent with professional guidelines and technical standards.

OCCUPATIONAL ANALYSIS – DEVELOPMENT OF TEST PLANS

The test plans for the five NBCE examinations were developed by NBCE staff and SMEs. The test plans of the NBCE Part I, Part II, and Physiotherapy examinations are a composite of the material that is taught during chiropractic training, and they reflect the curricula at chiropractic colleges throughout the United States. NBCE develops the content and subareas and their relative weightings based on surveys of the colleges, using a Delphi study approach to arrive at a consensus. The most recent update of the areas and weightings was conducted in 2023 with an implementation date of 2024. The test plans for the NBCE Part III and Part IV examinations are based on the results of the 2020 OA.

Finding 4: The processes used to establish a link between critical tasks and major content domains identified by the 2020 OA as required for entry-level practice and the test plans demonstrate a minimum level of validity.

CONCLUSIONS

The 2020 OA and the development of the test plans for the NBCE Part III and Part IV examinations, based on the results of the most recent OA, appear consistent with professional guidelines and technical standards.

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CHAPTER 3 | EXAMINATION DEVELOPMENT AND SCORING

Unless otherwise noted, the source for the information in this chapter is the *2024 Review of Performance Report* and the additional information provided by NBCE.

EXAMINATION DEVELOPMENT STANDARDS

Examination development includes many steps, from developing an examination outline to scoring and analyzing items after the administration of an examination. Several specific activities involved in the examination development process are evaluated in this section. The activities include developing examination content, linking examination content to the test plans, and developing the scoring criteria and the examination forms.

The following standards are most relevant to examination development for licensure examinations, as referenced in the *2014 Standards*:

Standard 2.3

For each total score, subscore, or combination of scores that is to be interpreted, estimates of relevant indices of reliability/precision should be reported (p. 43).

Standard 4.7

The procedures used to develop, review, and try out items and to select items from the item pool should be documented (p. 87).

Standard 4.10

When a test developer evaluates the psychometric properties of items, the model used for that purpose (e.g., classical test theory, item response theory, or another model) should be documented. The sample used for estimating item properties should be described and should be of adequate size and diversity for the procedure. The process by which items are screened and the data used for screening, such as item difficulty, item discrimination, or differential item functioning (DIF) for major examinee groups, should also be documented. When model-based methods (e.g., IRT) are used to estimate item parameters in test

development, the item response model, estimation procedures, and evidence of model fit should be documented (pp. 88–89).

Standard 4.12

Test developers should document the extent to which the content domain of a test represents the domain defined in the test specifications (p. 89).

Standard 4.20

The process for selecting, training, qualifying, and monitoring scorers should be specified by the test developer. The training materials, such as the scoring rubrics and examples of test takers' responses that illustrate the levels on the rubric score scale, and the procedures for training scorers should result in a degree of accuracy and agreement among scorers that allows the scores to be interpreted as originally intended by the test developer. Specifications should also describe processes for assessing scorer consistency and potential drift over time in raters' scoring (p. 92).

Standard 4.21

When test users are responsible for scoring and scoring requires scorer judgment, the test user is responsible for providing adequate training and instruction to the scorers and for examining scorer agreement and accuracy. The test developer should document the expected level of scorer agreement and accuracy and should provide as much technical guidance as possible to aid test users in satisfying this standard (p. 92).

The following regulations are relevant to the integrity of the examination development process:

BPC § 139 requires DCA to develop a policy on examination validation which includes minimum requirements for psychometrically sound examination development.

DCA Policy OPES 20-01 Participation in Examination Development Workshops (Policy OPES 20-01), specifies that board members, committee members, and instructors should not serve as expert consultants in the licensure examination development process. This is due to potential conflict of interest, undue influence, and security considerations.

EXAMINATION DEVELOPMENT – PARTICIPATION OF SUBJECT MATTER EXPERTS

Examination development for the NBCE is performed by SMEs who serve on the Test Development Committees for NBCE examinations. Participating SMEs consist of college faculty nominated by their Doctor of Chiropractic programs, as well as board members from states within each district who are selected by an NBCE district director. Each test development committee for the five examinations is made up of a group of faculty and board members. The ratio of faculty to board members varies for development of each of the five examinations. All SMEs who participate in examination development are required to sign NBCE's security agreement.

Finding 5: The majority of SMEs who participate in the NBCE examination development processes are instructors and board members, which is not compliant with *Policy OPES 20-01*. However, the use of SMEs is consistent with professional guidelines and technical standards.

Recommendation 1: To be fully compliant with *Policy OPES 20-01*, OPES recommends that NBCE incorporate non-faculty and non-board member licensees, including entry-level licensees, into examination development processes. Phasing out or limiting the service of board members and educators is also recommended.

EXAMINATION DEVELOPMENT – LINKAGE TO TEST PLANS

As part of the examination development process, all examination items are linked to the test plans. Linkages are then confirmed by the SMEs on the Item Review Committees.

Finding 6: The methods used to establish a link between examination content and the competencies necessary for entry-level practice appear consistent with professional guidelines and technical standards.

EXAMINATION DEVELOPMENT – ITEM DEVELOPMENT AND PRETESTING

As item writers, SMEs receive rigorous training on guidelines for item development and are provided with the NBCE Style Guide that includes example items and item writing tips. The SMEs are asked to write to specific content domains and to ensure a clear linkage between the items and the test plans. Before newly written items are sent for SME review, NBCE

psychometricians and test developers review the items for accuracy, linkage to test plan, and to check for bias and sensitivity.

SMEs on the Item Review Committees receive rigorous training on guidelines for test development. The training includes best practices in test development, ethical considerations in test development, and how to review for bias and accessibility issues.

New items are included on forms as field test items (pretest items) and do not count toward a candidate's score. Item analyses are then performed, and the statistical performance of these items is reviewed by NBCE psychometricians to determine whether the items meet criteria for inclusion on future examination forms. In evaluating item performance, NBCE psychometricians consider indices of both item difficulty and item discrimination. Items that do not meet defined performance criteria are returned for revision or are eliminated.

Finding 7: The procedures used to develop, review, and pretest new items appear consistent with professional guidelines and technical standards.

EXAMINATION DEVELOPMENT – EXAMINATION FORMS

Both the NBCE Part I and Part II multiple-choice examinations are 3 hours and 26 minutes long, with 255 items each. The examinations are administered in two sections, and candidates are allowed a 15-minute break between sections.

The NBCE Part III multiple-choice examination is 4 hours long, with 80 traditional multiple-choice items, 20 extended case multiple-choice items, and 30 diagnostic imaging interpretation items. The examination is administered in two 120-minute sections to allow candidates a break between sections.

The NBCE Part IV OSCE examination is administered in two sections. The first section has five stations and the second section has 25 stations. Candidates have 5 minutes to complete each station with a one-minute and 30-second passing time between stations.

The NBCE Physiotherapy multiple-choice examination is 75 minutes long, with 90 items.

Examination forms are constructed by NBCE's test development team of psychometricians and reviewed by SMEs. Each form is constructed based on the content specifications. In addition, all examination forms are constructed using the same criteria to ensure that forms are comparable in terms of content and item difficulty.

Finding 8: The procedures used to construct the five NBCE examinations appear consistent with professional guidelines and technical standards.

EXAMINATION DEVELOPMENT – EXAMINATION SCORING

The NBCE examinations are scored dichotomously (correct or incorrect). A candidate's score on an examination is based on the number of correct responses—there is no penalty for selecting an incorrect response. In calculating a candidate's score, the raw score is obtained by computing the number of items answered correctly. The passing score for the examination is determined using the Bookmark standard setting method.

As part of the validation process, the examinations are continually evaluated to ensure that they are measuring required knowledge. In addition, during an examination, candidates can leave comments about the examination or items.

Results for candidates who achieve a score at or above the cut score receive their scaled score. Candidates who fail an examination receive their scaled score and information about their performance in each of the content areas assessed on the examination. This allows candidates to identify areas of weakness and to study for reexamination. For each of the five examinations, a candidate must receive a scaled score of 375 to pass.

After administration of the examinations, NBCE performs item analyses and evaluates overall examination statistics. Items identified as problematic are reviewed by SMEs. Those items meeting the psychometric standards are then incorporated into the 3-parameter Item Response Theory (IRT) model. Candidate comments are also taken into consideration in the review of problematic items as part of the comprehensive review of an examination's performance.

OPES reviewed examination level performance data provided by NBCE.

Finding 9: After reviewing the examination level performance data provided by NBCE, OPES finds that the statistics indicate adequate performance for licensure examinations.

Finding 10: The scoring criteria for the NBCE examinations is applied equitably, and the examination scoring process appears consistent with professional guidelines and technical standards.

CONCLUSIONS

The examination development activities conducted by NBCE appear to meet professional guidelines and technical standards regarding the use of item development and examination construction, the linkage of each item to the examination content outline, pretesting, the development of new examination forms, and scoring. The steps taken to score the examinations appear to provide a fair and objective evaluation of candidate performance. The steps taken to evaluate examination performance also appear to be reasonable.

CHAPTER 4 | PASSING SCORES AND PASSING RATES

Unless otherwise noted, the source for the information in this chapter is the *2024 Review of Performance Report* and the additional information provided by NBCE.

PASSING SCORE STANDARDS

The passing score of an examination is the score that represents the level of performance that divides those candidates for licensure who are minimally competent from those who are not competent.

The following standards are most relevant to passing scores, cut points, or cut scores for licensure examinations, as referenced in the *2014 Standards*:

Standard 5.21

When proposed score interpretations involve one or more cut scores, the rationale and procedures used for establishing cut scores should be documented clearly (p. 107).

Standard 11.16

The level of performance required for passing a credentialing test should depend on the knowledge and skills necessary for credential-worthy performance in the occupation or profession and should not be adjusted to control the number or proportion of persons passing the test (p. 182).

The supporting commentary on passing or cut scores in Chapter 5 of the *Standards*, “Scores, Scales, Norms, Score Linking, and Cut Scores,” states that the standard setting process used should be clearly documented and defensible. The qualifications and the process of selection of the judges involved should be part of the documentation. A sufficiently large and representative group of judges should be involved, and care must be taken to ensure that judges understand the process and procedures they are to follow (p.101).

In addition, the supporting commentary in Chapter 11 of the *Standards*, “Workplace Testing and Credentialing,” states that the focus of tests used in credentialing is on “the standards of competence needed for effective performance (e.g., in licensure this refers to safe and effective performance in practice)” (p. 175). The supporting commentary further states, “Standards must

be high enough to ensure that the public, employers, and government agencies are well served, but not so high as to be unreasonably limiting" (p. 176).

Policy OPES 20-01 specifies that board members, committee members, and instructors should not serve as expert consultants in the licensure examination development process. This is due to potential conflict of interest, undue influence, and security considerations.

STANDARD SETTING METHODOLOGY

NBCE uses the Bookmark standard setting method to set the passing scores for its examinations. This method relies on the expert judgment of SMEs to determine the knowledge a candidate should possess to be minimally competent for safe and effective practice.

NBCE standard setting workshops consist of SMEs who are practitioners, board members, and educators. Committees are facilitated by NBCE psychometricians. SMEs who participate in the standard setting process are required to sign NBCE's security agreement.

The passing score setting process begins with SME training on the Bookmark method and its purpose. The training includes an explanation of the minimally competent candidate, item difficulty, and IRT. The SMEs then create a collective description of the minimally competent candidate.

The Bookmark procedure begins with SMEs reviewing the difficulty of each item with the collective description of the minimally qualified candidate in mind. The items are arranged from easiest to hardest. The SMEs are asked to indicate the last item on a test the minimally competent candidate would have to answer correctly to receive a passing score. The results are discussed and additional information about item performance is supplied to the SMEs. In subsequent rounds of the process, SMEs are allowed to move their bookmark based on the discussion and additional information provided. The results of the Bookmark procedure are analyzed by NBCE psychometricians, and the results are used to determine a recommended passing score. The results are then presented to the SMEs to evaluate how well the passing score aligns with historical test statistics and professional expectations. The passing score is then finalized and approved.

IRT statistics and the Bookmark standard setting results are used along with the examination content specifications to produce parallel forms of the examinations based on the criterion-referenced passing score standard.

Finding 11: The participation of SMEs in setting the passing standard meets professional guidelines and technical standards. However, including the service of board members and educators in the process is not compliant with *Policy OPES 20-01*.

Recommendation 2: To be compliant with *Policy OPES 20-01*, OPES recommends phasing out or limiting the service of educators as SMEs during standard setting processes.

Finding 12: The methods used to set the passing standard for the NBCE appear consistent with professional guidelines and technical standards.

PASSING RATES

The passing rates for the NBCE examinations were provided for 2019–2023. NBCE publishes the passing rates for these years on its website. The overall passing rates for the 2023 examinations are listed in Table 1.

TABLE 1 – OVERALL PASSING RATES FOR THE 2023 NBCE EXAMINATIONS

Examination		Pass Rate Percent
Part I	General Anatomy	83
	Spinal Anatomy	82
	Physiology	84
	Chemistry	89
	Pathology	88
	Microbiology	90

Table 1, Continued

Examination		Pass Rate Percent
Part II	General Diagnosis	84
	Neuromusculoskeletal Diagnosis	91
	Diagnostic Imaging	89
	Principles Of Chiropractic	93
	Chiropractic Practice	94
	Associated Clinical Sciences	96
Physiotherapy		90
Part III		81
Part IV		90

Finding 13: The methods used to determine the cut score and the resulting candidate pass rates appear consistent with professional guidelines and technical standards.

CONCLUSIONS

The passing score methodology used by NBCE to set the passing standards demonstrate a sufficient degree of validity, thereby appearing to meet professional guidelines and technical standards.

The passing rates for the NBCE examinations indicate that they tend to perform well. The passing rates are consistent with other licensure programs with similar education and experience requirements.

CHAPTER 5 | TEST ADMINISTRATION AND SCORE REPORTING

Unless otherwise noted, the source for the information in this chapter is the *2024 Review of Performance Report* and the additional information provided by NBCE.

TEST ADMINISTRATION STANDARDS

The following standards are most relevant to the test administration process for licensure examinations, as referenced in the *2014 Standards*:

Standard 3.4

Test takers should receive comparable treatment during the test administration and scoring process (p. 65).

Standard 4.15

The directions for test administration should be presented with sufficient clarity so that it is possible for others to replicate the administration conditions under which the data on reliability, validity, and (where appropriate) norms were obtained. Allowable variations in administration procedures should be clearly described. The process for reviewing requests for additional testing variations should also be documented (p. 90).

Standard 4.16

The instructions presented to test takers should contain sufficient detail so that test takers can respond to a task in the manner that the test developer intended. When appropriate, sample materials, practice or sample questions, criteria for scoring, and a representative item identified with each item format or major area in the test's classification or domain should be provided to the test takers prior to the administration of the test, or should be included in the testing material as part of the standard administration instructions (p. 90).

Standard 6.1

Test administrators should follow carefully the standardized procedures for administration and scoring specified by the test developer and any instructions from the test user (p. 114).

Standard 6.2

When formal procedures have been established for requesting and receiving accommodations, test takers should be informed of these procedures in advance of testing (p. 115).

Standard 6.3

Changes or disruptions to standardized test administration procedures or scoring should be documented and reported to the test user (p. 115).

Standard 6.4

The testing environment should furnish reasonable comfort with minimal distractions to avoid construct-irrelevant variance (p. 116).

Standard 6.5

Test takers should be provided appropriate instructions, practice, and other support necessary to reduce construct-irrelevant variance (p. 116).

Standard 8.1

Information about test content and purposes that is available to any test taker prior to testing should be available to all test takers. Shared information should be available free of charge and in accessible formats (p. 133).

Standard 8.2

Test takers should be provided in advance with as much information about the test, the testing process, the intended test use, test scoring criteria, testing policy, availability of accommodations, and confidentiality protection as is consistent with obtaining valid responses and making appropriate interpretations of test scores (p. 134).

TEST ADMINISTRATION – INFORMATION AND INSTRUCTIONS TO CANDIDATES

The NBCE website along with the mynbce.org site inform candidates of the structure and purpose of the examinations.

The NBCE website includes the following information for candidates:

- Specific information about taking the Parts I, II, III, and Physiotherapy examinations and the Part IV OSCE process
- Examination scoring and provision of score reports
- Examination accommodations
- Examination site reporting, check-in, and security procedures
- Security procedures and security breach information

NBCE also provides two videos for candidates to become familiar with the Parts I–III and Physiotherapy examinations and the Part IV OSCE process. In the video for Parts I–III and Physiotherapy examinations, candidates are shown examples of the computer-based examination functions. In the Part IV video, candidates are shown the step-by-step examination process, the three examination stations, and instructions for completing each station.

Finding 14: The directions and instructions provided to candidates are straightforward. The information available to candidates is detailed and comprehensive.

TEST ADMINISTRATION – CANDIDATE REGISTRATION

Eligible candidates can register to take each of the five examinations on the NBCE website. After the registration process is complete for Part I and Part II, candidates are eligible to take the examinations until they pass. For Part III, candidates must take the examination within nine months of expected graduation. For Part IV, the examination must be taken within six months of expected graduation.

The NBCE website and mynbce.org website provide detailed instructions and information about the application and registration process, including:

- Examinee license application requirements and qualifications
- Schedule of examination fees
- Examination application, registration, and scheduling
- Rescheduling or canceling a test appointment

Finding 15: The NBCE registration process is straightforward. The information available to candidates is detailed and comprehensive. The candidate registration process meets professional guidelines and technical standards.

TEST ADMINISTRATION – ACCOMMODATION REQUESTS

NBCE complies with the Americans with Disabilities Act and provides reasonable accommodations to candidates with documented disabilities or medical conditions. Candidates who require testing accommodations must submit a *Test Accommodation Request (TAR)* form that indicates the accommodation requested to address functional limitations. The TAR requires a signed evaluation report completed by a qualified health care provider that includes information about the candidate's disability or diagnosis and recommendations for accommodation.

Finding 16: NBCE's accommodation procedures are consistent with professional guidelines and technical standards.

TEST ADMINISTRATION – TESTING CENTERS

NBCE administers the Parts I–III and Physiotherapy examinations at chiropractic colleges and Prometric testing centers across the country twice a month throughout the calendar year via computer. NBCE administers the Part IV examination at chiropractic colleges across the country twice a year via OSCE format. Chiropractic colleges and Prometric's testing centers use trained proctors and controlled testing conditions.

TEST ADMINISTRATION – STANDARDIZED PROCEDURES AND TESTING ENVIRONMENT

Candidates are tested in similar testing centers and colleges, using the same type of equipment, under the same conditions. All candidates are assessed on the same examination content.

Finding 17: The procedures established for the NBCE test administration process and the testing environment are consistent with professional guidelines and technical standards.

SCORE REPORTING

For all five NBCE examinations, the results are typically provided four weeks after an examination date. Candidates' pass/fail status is reported to their licensing entity, and candidates can view their results by logging into their account on NBCE's website.

CONCLUSIONS

The test administration protocols established by NBCE are consistent with professional guidelines and technical standards.

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CHAPTER 6 | TEST SECURITY

TEST SECURITY STANDARDS

Unless otherwise noted, the source for the information in this chapter is the *2024 Review of Performance Report* and the additional information provided by NBCE.

The following standards are most relevant to test security for licensure examinations, as referenced in the *2014 Standards*:

Standard 6.6

Reasonable efforts should be made to ensure the integrity of test scores by eliminating opportunities for test takers to attain scores by fraudulent or deceptive means (p. 116).

Standard 6.7

Test users have the responsibility of protecting the security of test materials at all times (p. 117).

Standard 8.9

Test takers should be made aware that having someone else take the test for them, disclosing confidential test material, or engaging in any other form of cheating is unacceptable and that such behavior may result in sanctions (p. 136).

Standard 9.21

Test users have the responsibility to protect the security of tests, including that of previous editions (p. 147).

TEST SECURITY – EXAMINATION MATERIALS AND CANDIDATE INFORMATION

NBCE has developed policies and procedures for maintaining the custody of examination materials and for conveying responsibility for examination security to examination developers, administrators, and users.

NBCE staff are trained in procedures for handling secure materials and are required to comply with NBCE policies regarding confidentiality. In addition, SMEs involved in examination development processes must complete a security agreement.

The NBCE website lists the following security procedures:

- Candidates must provide a current and valid government-issued photo ID to sit for all examinations. The name on the ID must match the name on the admission letter, the photo must be recognizable as the person that the ID was issued to, and the candidate must keep their ID with them at all times.
- Candidates are prohibited from leaving the examination area without permission.
- Candidates are prohibited from communicating with other candidates.
- Candidates are prohibited from requesting information from proctors and examiners about the examination.
- Candidates are prohibited from bringing cell phones, electronic devices, study materials, or personal belongings into an examination room.

Finding 18: The security procedures practiced by NBCE regarding the handling of examination materials and managing candidates appear to meet professional guidelines and technical standards.

TEST SECURITY – TEST SITES

Prometric and college staff are trained in procedures for maintaining security of NBCE examination materials at test sites.

At test sites, candidates are required to provide current and valid government-issued identification to sit for an examination.

The NBCE website lists items that candidates are prohibited from bringing into secure testing areas. Prohibited items include, but are not limited to, outside books or reference materials, electronic devices, and accessories. In addition, the website describes the examination security procedures, including the consequences of examination subversion or falsification of information.

During candidate check-in, examination proctors perform visual inspections to check for recording devices and other prohibited items. All testing sessions are monitored by staff at the test site. Proctors are trained to recognize potential test security breaches.

Finding 19: The security procedures practiced by NBCE and Prometric at test sites are consistent with professional guidelines and technical standards.

CONCLUSIONS

The test security protocols established by NBCE for handling examination materials and candidate information, as well as at the test sites meet professional guidelines and technical standards.

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CHAPTER 7 | COMPARISON OF THE NBCE TEST PLANS WITH THE CALIFORNIA CHIROPRACTOR DESCRIPTION OF PRACTICE

PARTICIPATION OF SUBJECT MATTER EXPERTS

OPES convened a 2-day teleconference linkage study workshop on January 31–February 1, 2025, to evaluate the NBCE test plans and to compare them with the California chiropractor description of practice from the 2024 *California OA*.

OPES worked collaboratively with the Board to recruit 7 SMEs to participate in the workshop. The SMEs represented the profession in terms of license type, years of experience, and geographic location in California. All SMEs worked as chiropractors in various settings.

LINKAGE STUDY WORKSHOP PROCESS

Before the workshop, the SMEs completed OPES' security agreement, self-certification, and personal data (demographic) forms. At the beginning of the workshop, the OPES test specialist explained the importance of, and the guidelines for, security during and outside the workshop.

Next, the OPES test specialist gave a PowerPoint presentation on the purpose and importance of an OA, validity, content validity, reliability, test administration standards, examination security, and the role of SMEs. The OPES test specialist also explained the purpose of the workshop.

The SMEs were instructed to evaluate and link each task of the California chiropractor description of practice to the topic areas included on the NBCE test plans. The SMEs worked as a group to evaluate and link all of the tasks.

The NBCE test plans are provided in Tables 2–6, and the content areas of the corresponding 2024 California chiropractor description of practice is provided in Table 7.

TABLE 2 – PART I TEST PLAN

CONTENT AREA	PERCENT WEIGHT
General Anatomy	20
Spinal Anatomy	22
Physiology	18
Chemistry	13
Pathology	16
Microbiology	11
Total	100

TABLE 3 – PART II TEST PLAN

CONTENT AREA	PERCENT WEIGHT
General Diagnosis	19
Neuromusculoskeletal Diagnosis	20
Diagnostic Imaging	17
Principles of Chiropractic	14
Chiropractic Practice	17
Associated Clinical Sciences	13
Total	100

TABLE 4 – PART III WITH DXI TEST PLAN

CONTENT AREA	PERCENT WEIGHT
Case History	11
Physical Examination	8
Neuromusculoskeletal Examination	12
Diagnostic Imaging	11
Clinical Laboratory and Special Studies	7
Diagnosis or Clinical Impression	16
Chiropractic Techniques	11
Supportive Interventions	9
Case Management	15
DXI – Arthritic Disorders	30
DXI – Congenital Anomalies and Skeletal Variants	15
DXI – Trauma	10
DXI – Tumors and Tumor-like Processes	20
DXI – Miscellaneous Osteoarticular	15
DXI – Soft Tissue	10
Total	100

TABLE 5 – PART IV TEST PLAN

CONTENT AREA
Chiropractic Technique
Case Management – Simulated Patient Encounters
Case Management – Post-Encounter Probes (PEP)
Diagnostic Imaging (DIM)

TABLE 6 – PHYSIOTHERAPY TEST PLAN

CONTENT AREA	PERCENT WEIGHT
Thermotherapy	10
Electrotherapy	10
Mechanotherapy	10
Phototherapy	7
Functional Assessment	11
Exercise Physiology	8
Endurance Training	8
Muscle Rehabilitation	11
Neuromuscular Rehabilitation	11
Disorder-specific Rehabilitation	14
Total	100

TABLE 7 – CONTENT AREAS OF THE 2024 CALIFORNIA CHIROPRACTOR DESCRIPTION OF PRACTICE

CONTENT AREA	CONTENT AREA DESCRIPTION	PERCENT WEIGHT
1. Patient Intake History	This area assesses the candidate's knowledge of obtaining and evaluating patient history, including presenting symptoms, risk factors, comorbidities, functionality, and mobility.	30
2. Examination and Assessment	This area assesses the candidate's knowledge of performing physical examinations and assessments to identify and respond to patient emergency situations, develop diagnosis, apply integrative clinical practice, and provide referrals.	30
3. Treatment and Case Management	This area assesses the candidate's knowledge of evaluating assessment findings to develop a diagnosis and treatment plan with short- and long-term goals for chiropractic treatments including the use of physiotherapy modalities and healthy lifestyle counseling. This area also evaluates the candidate's knowledge of monitoring and evaluating patient response to treatment at follow-up visits and modifying treatment plans based on evaluation results.	20
4. Laws and Ethics	This area assesses the candidate's knowledge of laws and ethics pertaining to patient records, billing, and safety. This area also assesses the candidate's knowledge regarding licensing requirements, scope of practice, professional conduct, and responsibilities.	20
Total		100

LINKAGE RESULTS

The SMEs linked the tasks of the 2024 California chiropractor description of practice to the five NBCE test plans. The SMEs determined that the NBCE assesses all areas with the exception of California-specific laws and regulations.

Finding 20: The SMEs concluded that the content of the NBCE adequately assesses the knowledge and skills required for competent entry-level practice of chiropractors in California.

CHAPTER 8 | CONCLUSIONS AND RECOMMENDATIONS

OPES has completed a comprehensive analysis and evaluation of the documents provided by NBCE.

OPES finds that the procedures used to establish and support the validity and defensibility of the five NBCE examinations (i.e., OA, examination development and scoring, passing scores and passing rates, test administration and score reporting, and test security procedures) appear to meet professional guidelines and technical standards as outlined in the *2014 Standards* and in BPC § 139.

However, OPES finds that including the service of board members and educators in examination development processes is not compliant with *Policy OPES 20-01*. OPES recommends phasing out the service of board members and educators as SMEs.

Given the findings regarding the NBCE, OPES supports the Board's continued use of the five NBCE examinations along with the CCLE for licensure in California.

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CHAPTER 9 | REFERENCES

American Educational Research Association, American Psychological Association, National Council on Measurement in Education. (2014). *Standards for Educational and Psychological Testing*.

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Department of Consumer Affairs. (2020). *Policy OPES 20-01 Participation in Examination Development Workshops*. State of California.

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NBCE. (2020). *Practice Analysis of Chiropractic*.

NBCE. (2024). *Review of performance and Part IV examinations: Report submitted to California DCA Office of Professional Examination Services in compliance with DCA Licensure Examination Policy OPES 22-01, mandated by Business and Professions Code § 139*.

Office of Professional Examination Services. (2024). *Occupational Analysis of the Chiropractic Profession*. Department of Consumer Affairs. State of California.

ATTACHMENT D1

2021-22 YEAR-END ORGANIZATION CHART



Board Members (7)
620-110-8861-901

LEGEND

Red: VACANT
Green: Blanket Positions

**CURRENT
BCE STAFFING
FY 2021/2022**
Authorized Positions: 19
Blanket Positions: 2
Total: 21

Executive Officer
Kristin Walker
620-110-8862-001

Assistant Executive Officer (SSM II)
VACANT (K. Walker)
620-110-4801-001

**Admin/Licensing/Continuing
Education Units**
Admin Licensing/CE Manager (SSM I)
Dixie Van Allen
620-110-4800-008
Admin/Licensing
AGPA
VACANT (N. Boyer)
620-110-5393-801
Linda Brown (RA)
620-110-5393-907
SSA
Brianna Lauziere
620-110-5157-008
Office Technician (T)
VACANT (A. Vasquez)
620-110-1139-009
VACANT (E. Jennings)
620-110-1139-010
Licensing/Continuing Education
SSA
Syeda As-Salek
620-110-5157-005
Seasonal Clerk

Policy/Admin
AGPA
Andreia McMilen
620-110-5393-003

Enforcement Unit
Staff Services Manager
William Walker III
620-110-4800-006
AGPA
Amanda Campbell
620-110-5393-001
Tomoko "Tammi" Pitto
620-110-5393-002
Cristina Bell
620-110-5393-005
Marlene Valencia
620-110-5393-800
SSA
VACANT (N. Capizzano)
620-110-5157-004
Valerie James
620-110-5157-009
Office Technician (T)
Susan Glover-Smith
620-110-1139-001
Seasonal Clerk
Kelly Siguenza
612-110-1120-907

Field Operations North
Special Investigator
VACANT (M. Martinez)
620-110-8612-001
Deniese Robertson
620-110-8612-002
Field Operations South
Special Investigator
Yanti Soliman
620-110-8612-003

Executive Officer or Designee

Date

Personnel Analyst

Date

ATTACHMENT D2

2022-23 YEAR-END ORGANIZATION CHART



Board Members (7)
620-110-8861-901

LEGEND
Red: VACANT

CURRENT
BCE STAFFING

Authorized Positions: 19
Blanket Positions: 0
Total: 19

Executive Officer
Kristin Walker
620-110-8862-001

Assistant Executive Officer (SSM II)
Tomoko (Tammi) Pitto
620-110-4801-001

Admin/Licensing/Continuing Education Units
Admin Licensing/CE Manager (SSMI)
Dixie Van Allen
620-110-4800-008
Admin/Licensing
Associate Governmental Program Analyst
VACANT (Boyer)
620-110-5393-801
Staff Services Analyst
Brianna Lauziere
620-110-5157-008
Office Technician (T)
Austin Maha
620-110-1139-009
VACANT (Jennings)
620-110-1139-010
Licensing/Continuing Education
Staff Services Analyst
Syeda As-Salek
620-110-5157-005

Policy/Admin
Associate Governmental Program Analyst
VACANT (McMillen)
620-110-5393-003

Enforcement Unit
Staff Services Manager
William Walker III
620-110-4800-006
Associate Governmental Program Analyst
Amanda Campbell
620-110-5393-001
VACANT (Pitto)
620-110-5393-002
VACANT (Bell)
620-110-5393-005
Marlene Valencia
620-110-5393-800
Staff Services Analyst
Valerie James
620-110-5157-009
Office Technician (T)
Susan Glover-Smith (0.8)
620-110-1139-001 (1.0)

Special Investigations North
Special Investigator
VACANT (Martinez)
620-110-8612-001
Denise Robertson
620-110-8612
Special Investigations South
Special Investigator
VACANT (Soliman)
620-110-8612-003

Executive Officer or Designee _____ Date _____

ATTACHMENT D3

2023-24 YEAR-END ORGANIZATION CHART



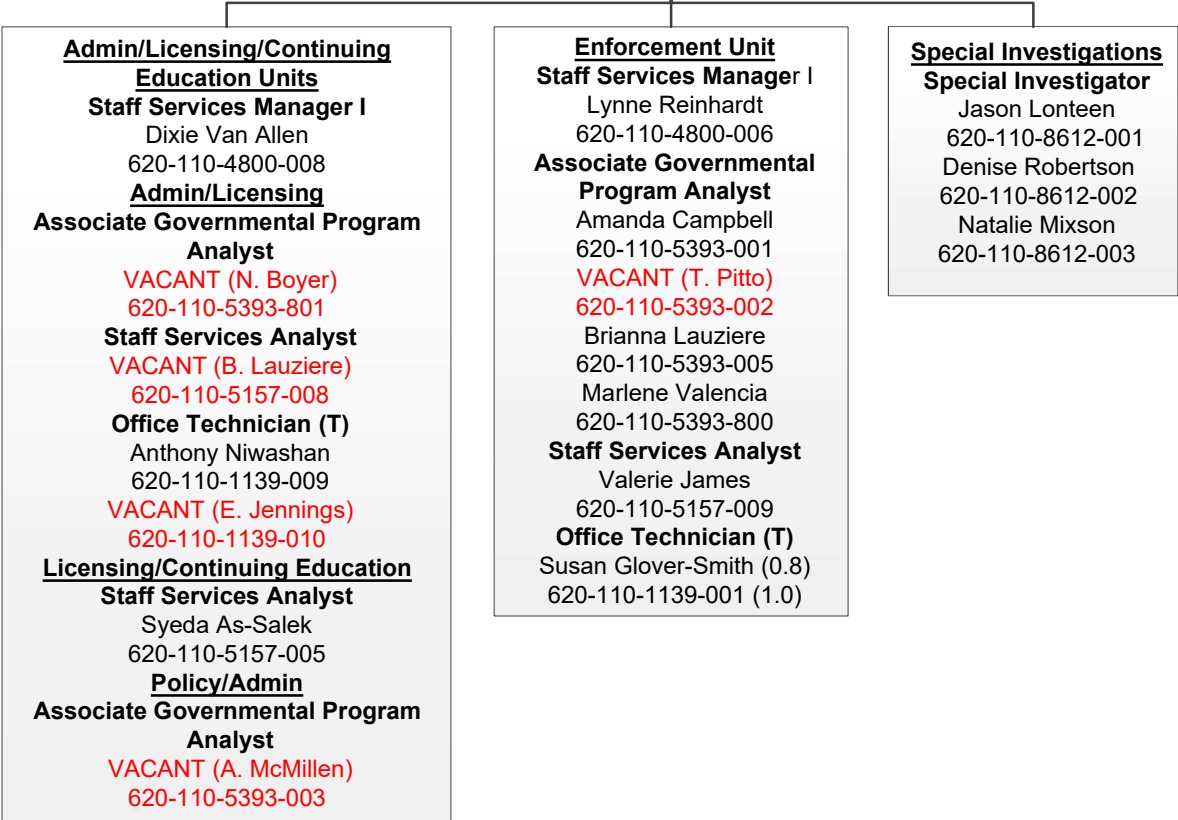
Board Members (7)
620-110-8861-901

LEGEND
Red: Vacant
All Positions CORI

CURRENT
BCE STAFFING
Authorized Positions: 19
Blanket Positions: 0
Total: 19

Executive Officer
Kristin Walker
620-110-8862-001

Assistant Executive Officer (SSM II)
Tomoko (Tammi) Pitto
620-110-4801-001



Executive Officer or Designee

Date

Classification & Recruitment Analyst

Date

ATTACHMENT D4

2024-25 YEAR-END ORGANIZATION CHART



Board Members (7)
620-110-8861-901

LEGEND
Red: Vacant
All Positions CORI

CURRENT
BCE STAFFING
Authorized Positions: 19
Blanket Positions: 0
Total: 19

Executive Officer
Kristin Walker
620-110-8862-001

Staff Services Manager II (Supervisory)
Tomoko (Tammi) Pitto
620-110-8862-001

Staff Services Manager I
VACANT (D. Van Allen)
620-110-4800-008

Staff Services Manager I
Lynne Reinhardt
620-110-4800-006

ADMINISTRATION UNIT

Associate Governmental Program Analyst
VACANT (A. McMillen)
620-110-5393-003

Staff Services Analyst
VACANT (B. Lauziere)
620-110-5157-008

Office Technician (Typing)
Anthony Niwashan
620-110-1139-009

LICENSING AND CONTINUING EDUCATION UNIT

Associate Governmental Program Analyst
Amanda Ah Po
620-110-5393-801

Staff Services Analyst
Syeda As-Salek
620-110-5157-005

Program Technician II
Shelley Anderson
620-110-9928-001

ENFORCEMENT UNIT

Case Management Section

Associate Governmental Program Analyst
Rebecca Lyke
620-110-5393-002

Brianna Huse
620-110-5393-005

Office Technician (Typing)
Susan Glover-Smith (0.8)
620-110-1139-001 (1.0)

ENFORCEMENT UNIT (Continued)

Investigations Section

Associate Governmental Program Analyst
VACANT (A. Ah Po)
620-110-5393-001

Marlene Valencia
620-110-5393-800

Staff Services Analyst
VACANT (V. James)
620-110-5157-009

ENFORCEMENT UNIT (Continued)

Special Investigations Section

Special Investigator
Jason Lonteen
620-110-8612-001

Denise Robertson
620-110-8612-002

Natalie Mixson
620-110-8612-003

Executive Officer or Designee _____ Date _____

Classification & Recruitment Analyst _____ Date _____



BOARD *of*
CHIROPRACTIC
EXAMINERS
STATE OF CALIFORNIA

BOARD OF CHIROPRACTIC EXAMINERS

SUNSET REVIEW REPORT 2026

PRESENTED TO THE SENATE COMMITTEE ON BUSINESS, PROFESSIONS AND ECONOMIC
DEVELOPMENT AND THE ASSEMBLY COMMITTEE ON BUSINESS AND PROFESSIONS



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GOVERNOR

TOMIQUIA MOSS
SECRETARY, BUSINESS CONSUMER
SERVICES AND HOUSING AGENCY

KIMBERLY KIRCHMEYER
DIRECTOR, CALIFORNIA DEPARTMENT
OF CONSUMER AFFAIRS

KRISTIN WALKER
EXECUTIVE OFFICER, BOARD OF CHIROPRACTIC EXAMINERS

BOARD OF CHIROPRACTIC EXAMINERS
1625 N MARKET BLVD SUITE N-327, SACRAMENTO, CA 95834