

**American Board of Chiropractic Acupuncture (ABCA)**

**Candidate Handbook**

**AMERICAN BOARD OF CHIROPRACTIC ACUPUNCTURE (ABCA)  
CANDIDATE HANDBOOK  
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**ABCA APPLICATION FORM**  
(please print clearly and legibly)

NAME: \_\_\_\_\_  
(as you want it to appear on your file and certificate)

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

OFFICE PHONE: ( ) \_\_\_\_\_ EMAIL: \_\_\_\_\_

OFFICE FAX: ( ) \_\_\_\_\_ CELL: ( ) \_\_\_\_\_

License # \_\_\_\_\_ Other States Licensed in: \_\_\_\_\_

Chiropractic College: \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Total Acupuncture Hours Completed: \_\_\_\_\_

CCE Postgraduate College/Instructor(s): \_\_\_\_\_

OTHER EDUCATION & DEGREES: \_\_\_\_\_

Are you a member of the ACA? Yes / No Supply Member ID# \_\_\_\_\_

Are you a member of the Acupuncture College(CCA)? Yes / No

Do you require special accommodations for this test? Yes / No

Documentation for special accommodations must include a diagnosis by an appropriate certified professional as well as any test and/or procedure used to determine that diagnosis.

Application for Test (non-refundable)	\$200	Maintain Active Status	\$150
Incomplete Application Fee	\$ 50		
Late Submission Fee	\$ 50	See Fee Schedule in	
Examination Fee	\$695	Candidates Handbook	
Retake Written	\$350	for Entire Fee Schedule	
Retake Oral	\$200		
Score Report/Certification Status	\$ 50	TOTAL FEES:	_____

Payment Options: Credit Card via PayPal or cashiers check, money order, or business check.  
Make checks payable to: ABCA

Has your license ever been revoked or suspended, or is it currently under review? Yes No

Have you ever been convicted of a felony? Yes No

Have you ever been treated for alcohol or drug abuse? Yes No

Have you ever been diagnosed with mental illness? Yes No

If you answered yes to any of the above questions, please provide appropriate documentation.

With this application, please be sure to include:

1. Copy of current chiropractic license
2. Copy of official transcripts documenting 300 hours of CCE approved hours
3. Necessary documentation as noted above for all that applies
4. 2" x 2" photo with name printed on back
5. Payment in full

Signature \_\_\_\_\_ Date \_\_\_\_\_

By signing this application, you agree to the terms defined in the ABCA Candidate Handbook, and indicate that you have read and agree to abide by the code of ethics of the ACA.

Please mail application to:

**American Board of Chiropractic Acupuncture**  
c/o Dr. Gary Estadt  
ABCA Vice President  
9031 Mentor Ave  
Mentor, OH 44060

**FOR YOUR RECORDS:  
ABCA WRITTEN APPLICATION SUBMISSION CHECKLIST**

- COMPLETE THE APPLICATION FORM: Type or Print - Verify all fields for correct information and spelling. Sign and date application. (see page 2 for application, see page 8-9 for fee schedule)
- AUTHORIZATION FOR CANDIDATES TAKING EXAM:
  - Send proof of successfully completing 300 hours of acupuncture from a CCE accredited college or state association.
  - Sign the exam application indicating you understand and agree to be bound by the American Chiropractic Association Code of Ethics.
  - See requirements for submission of grandfathering (page 5)
- PHOTO IDENTIFICATION: Submit one (1) photo ID that meets the listed criteria on page 6 of the Candidate's Handbook. Legibly print your full name on the back of the photo; then attach photo to the application.
- IF APPLICABLE: TEST ACCOMMODATIONS: Download the Religious Conviction, Disability, Special Courtesy Form. Complete the section for your specific accommodation requested. All forms must be included with the application along with the appropriate fee and documentation for the provided service. See page 19-22 in the Candidate's Handbook for forms.
- ENCLOSE A SELF ADDRESSED STAMPED ENVELOPE for your **official notification to test.**
- Enclose documentation for ACA & ACA CCA membership
- FEES: Remit the total fees due, payable to ABCA in the form of a cashier's check, money order or business check. The ABCA does not accept personal checks or credit cards. Your application will be returned to you unprocessed if the appropriate guaranteed fees are not enclosed. See page 8-9 for determined fees.

It is your responsibility to ensure your application is complete and mailed on time.

<b>APPLICATION Postmark Deadline</b>	<b>July 23, 2011</b>
<b>LATE APPLICATION CUTOFF Postmark Deadline</b>	<b>August 02, 2011</b>

After completing all sections of the application, your application must be sent with guaranteed funds for total fees due to:

**American Board of Chiropractic Acupuncture  
c/o Dr. Gary Estadt  
ABCA Vice President  
9031 Mentor Ave.  
Mentor, OH 44060**

**AMERICAN BOARD OF CHIROPRACTIC ACUPUNCTURE (ABCA)**  
**Candidate Handbook**  
**Ensuring Testing Excellence for the Chiropractic Profession**

**ABOUT THE ABCA**

The American Board of Chiropractic Acupuncture (ABCA) is dedicated to promoting excellence in the chiropractic profession by providing national testing for Diplomate status in the field of chiropractic acupuncture. The ABCA is a non-profit organization established in 2005. Its mission is to credential knowledgeable and effective chiropractic practitioners in the art, science, and philosophy of chiropractic acupuncture within nationally recognized standards. In providing standardized written and oral/practical assessment for the chiropractic profession, the ABCA develops, administers, scores and reports test results for DABCA (Diplomate of the American Board of Chiropractic Acupuncture) licensure. The ABCA is dedicated to promoting high standards of competence and preserving the integrity of using acupuncture as an adjunct therapy to chiropractic treatment.

Based on American Chiropractic Association (ACA) policies relating to the use of chiropractic acupuncture, (taken directly from the ACA policies) all applicants are obligated to review and accept the policies set forth by the ACA. [www.acatoday.org](http://www.acatoday.org)

**FOR IN DEPTH REVIEW, PLEASE REFER TO THE AMERICAN CHIROPRACTIC ASSOCIATION POLICY ON THE FOLLOWING:**

- **Chiropractic Definition – ACA Master Plan**
- **Chiropractic Disciplines**
- **Chiropractic Practice and Procedures**
- **Chiropractic Medicine**
- **Chiropractic Principle**
- **Diplomate Definition**
- **Diplomate Programs**
- **Code of Ethics**

**The ABCA strictly adheres to all ACA policies.**

**Disciplinary Action:**

The ABCA adheres to the principles found in the above listed documents and reserves the right to take disciplinary action relating to noncompliance of said rules.

### **Appeals of Disciplinary Actions:**

The ABCA has an Appeals and Disciplinary Committee (ADC) which reviews judgments on disciplinary actions.

### **State Licensure:**

Decisions regarding licensure of successful completion of DACBA (Diplomate of the American Board of Chiropractic Acupuncture) rest with individual state licensing boards. Any questions should be directed to the board of each individual state.

ABCA Certification represents professional recognition. It does not authorize or license an individual to practice chiropractic acupuncture. Chiropractic acupuncture licensure and registration are state regulatory functions.

## **APPLICANT ELIGIBILITY CERTIFICATION REQUIREMENTS**

In order to sit for the American Board of Chiropractic Acupuncture Exam, you must meet the following requirements:

Candidate must be a licensed chiropractor in good standing with their state.

Candidate must be a member of the ACA and the ACA CCA.

Successfully complete 300 hours of an acupuncture program from a CCE accredited college or state association.

Sign the exam application indicating you understand and agree to be bound by the American Chiropractic Association Code of Ethics.

No application will be accepted for scheduled testing until the above criteria has been met. ABCA will retain incomplete applications for 6 months. Following that time the applicant's original application will be returned, however, please note: application fees will not be refunded. ALL DOCUMENTS SUBMITTED WILL BE HELD IN THE STRICTEST CONFIDENCE OF THE ABCA BOARD.

### **Grandfathering: Deadline for Grandfathering is December 31, 2010. In lieu of the requirements above:**

An applicant must submit copy of current Chiropractic license along with submitting proof of certification by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) or state acupuncture licensure (L.Ac.) or doctors who have been post-graduate instructors at CCE Colleges on the topic of acupuncture for a minimum of 10 years must submit their credentials to receive status of Diplomate of the American Board of Chiropractic Acupuncture (D.A.B.C.A.) Submit 2 x2 picture for website posting.

## COMPLETING THE APPLICATION FORM

Applicants are cautioned to read and provide all requested information on the application form. Applications may be rejected for any of the following reasons:

1. An illegible or improperly completed application.
2. A postmark (official postal cancellation stamp) or envelope contents dated after the cut off deadline. All exams will require 60 day advance application submission. A late fee of \$50 must be paid with applications received after the required deadline. Candidates may or may not be allowed to sit for earliest exam date due to processing of necessary documentation.
3. Absence of documentation of required 300 hours. Documentation may come from College or accredited instructors teaching chiropractic acupuncture.
4. Submission of application without correct and guaranteed fees.
5. Omission of current photo of the applicant.

Type or print all information. Verify all fields for correct information and spelling. Enter your legal name as it appears on your driver's license or other government-issued identification card. ABCA will not issue a certificate under a different name without a copy of a marriage certificate or court-ordered name change.

Send proof of your official transcripts supporting post graduate acupuncture training reflecting adequate number of hours required.

### **Photo Identification:**

A passport quality photograph must accompany the written application. The photograph must accurately represent the applicant's appearance as it is used for identification purposes at the test site. Print your name legibly on the back of the photograph and staple to your application. Note: Candidate must present exact photo on examination day as previously submitted with application.

Submission of a signed application signifies the applicant's agreement to comply with published ABCA testing policies. (See ABCA Testing Policies – Page 10)

### **Test Accommodations:**

Indicate any special accommodations, i.e. Disability or Religious conviction. Documentation supporting the need for your request is required. (See page 19-22).

### **Non Discrimination:**

The American Board of Chiropractic Acupuncture (ABCA) does not condone discrimination with regard to age, color, disability, nationality, race, religion or sex. The ABCA makes every attempt to honor requests for accommodations for any of the following reasons:

1. A religious conviction requiring a modified test schedule:

If religious convictions prohibit you from taking the ABCA exam on a Saturday, you may submit a request to delay the exam until sundown. A minimum fee of \$150 is required for this service. This bill **MUST** be paid before your exam date. In some cases, this amount may double and you will be billed for the remainder within 2 weeks after the written exam. All sequestration costs incurred cover only the Sequestering Proctor(s) fees and are paid for solely by the examinee. In order to process your request, you must submit the regular ABCA application, the Religious Conviction Registration Form (**download**), and all appropriate fees (money order, cashier's check, business check) by the published postmark deadline.

2. A physical or learning disability:

Indicate any special accommodations needed. NOTE: All test sites comply with the Americans with Disabilities Act, but prior notification will be necessary. Documentation supporting the need for your request is required. Documentation must include diagnosis by a licensed professional as well as any tests and/or procedures used to determine that diagnosis. In order to process your request, you must submit the regular ABCA application, The Disability Request Form (**download**), and all appropriate fees (money order, cashier's check or business check) by the published postmark deadline.

3. Courtesies, while not full accommodations, may be granted in cases of nursing mothers, broken limbs, etc. A courtesy must be applied for with the Accommodation Form (**download**).

NOTE: Although the ABCA will make every attempt to obtain the service of a sequestering proctor, the ABCA is not responsible for any failure to provide this service due to unavailability of a qualified individual.

### **Insufficient Funds:**

You must include payment with your application in the form of a **cashier's check, money order or a business check** - made payable to: ABCA. A \$35 fee will be charged if funds are not honored by the issuing bank for any reason.

**Application via Certified Mail:**

The ABCA can assume no responsibility for misdirected mail. Applications should be sent via **CERTIFIED MAILED, RETURN RECEIPT REQUESTED**. Applicants are encouraged to keep a copy of the application for their records. **REMEMBER TO SIGN AND DATE APPLICATION. ENCLOSE A SELF ADDRESSED STAMPED ENVELOPE FOR NOTIFICATION TO TEST.**

Application and fees should be sent to:

American Board of Chiropractic Acupuncture  
c/o Dr. Gary Estadt  
ABCA Vice President  
9031 Mentor Ave.  
Mentor, OH 44060

After all submitted applications are reviewed and approved candidates will receive, by return mail in provided self-addressed stamped envelope, an **Official Notification to Test**. This notification will include location of exam, date and time, and pertinent hotel information. **THIS LETTER MUST BE PRESENTED THE DAY OF THE EXAM!**

**GENERAL INFORMATION**

**Maintenance of Documents**

The ABCA will retain all documents pertaining to applications for a period of 6 months. This will include applications of candidates who do not meet ABCA eligibility requirements. Improperly completed applications and/or applications without guaranteed fees will be RETURNED and charged a \$50 incomplete application fee. Applicants must then RESUBMIT a complete application with the \$50 fee, postmarked by the late cutoff deadline or it will be rejected. The ABCA assumes no responsibility for misdirected mail due to illegible address or postal error. The ABCA recognizes and accepts only official U.S. Postal Service postal cancellation marks.

**FEE SCHEDULE (see page 3 for submission checklist to assist proper filing)**

Acupuncture Certification Fees:

Application Fee (non-refundable)	\$ 200.00
Incomplete Application Fee	\$ 50.00
Late Submission Fee	\$ 50.00
Examination Fee	\$ 695.00

Miscellaneous Fees:

Returned Check Fee	\$ 35.00
Retake Oral Practical	\$ 200.00
Retake Written	\$ 350.00
Duplicate Certificate	\$ 50.00
Score Report/Certification Status (sent to state licensing)	\$ 50.00

Certification for Grandfathering: \$ 350.00

**Recertification**

Maintain Active Status (every 2 years)	\$ 150.00
Inactive Status (expiration: day 31 – up to 1 year)	\$ 200.00

**LAPSED STATUS:**

Reactivate Active Status (certification currently lapsed):

The fees below represent the recertification fee of \$200.00 plus a reinstatement fee of \$75.00 for each year certification lapsed.

One year	\$ 275.00
Two years	\$ 350.00
Three years	\$ 425.00
Four years	\$ 500.00

Expired (lapsed more than 4 years):

Diplomates with certification lapsed more than four years must apply for Chiropractic acupuncture certification as a new applicant and retest.

Applications received without complete payment will not be processed until full payment is received.

It is the candidate's responsibility to ensure the application is complete and mailed on time.

**Application Review:**

After verification and processing of the application is complete, each candidate will receive an **official notification to test**. Remember to enclose a self addressed, stamped envelope for this notification.

If an applicant's address changes after submission of the application, the ABCA should be notified in writing as soon as possible. **IT IS OF UTMOST IMPORTANCE THAT EACH APPLICANT KEEPS THE ABCA SECRETARY INFORMED OF ANY ADDRESS CHANGES AND CONTACT PHONE INFORMATION AFTER SUBMITTING APPLICATION, AS THE ABCA SECRETARY MAY NEED TO CONTACT YOU FOR ADDITIONAL INFORMATION AFTER REVIEWING APPLICATION AND DOCUMENTATION.**

**Withdrawal and Refund Policy:**

A written request to withdraw from the examination will be accepted within 14 days of the testing date; however, the ABCA will withhold \$125.00 for administrative costs. No refund requests will be accepted after this time. Refunds will be issued approximately two weeks after receipt of written notice to withdraw. Reminder: Application fees are not refundable.

**ABCA TESTING POLICIES**

**BEING PREPARED FOR THE EXAMINATION**

**What to bring with you on exam day:**

1. One form of photo identification – exact identification mailed with application. You will not be admitted without proper ID.
2. Official Notification to Test letter from the ABCA.
3. No lunch will be provided, however, you will be allowed to eat food in the reception area of the test site. **YOU WILL NOT BE ALLOWED TO LEAVE THE RECEPTION AREA WITH FOOD.** Absolutely no food or drink (with the exception of bottled water) is allowed in the testing rooms.
4. Sweater (without pockets) as the temperature may be below personal comfort levels in the testing rooms.
5. Clean Needle Kit.
6. Wear loose fitting clothing for acupoint location in oral/practical exam.

**What you MAY NOT bring to the examination:**

1. Cell phones, pagers, blackberries, cameras coats, purses, backpacks or notes will be allowed in the testing room.
2. An area will be designated for safe keeping of personal belongings at the front of the testing room. All personal belongings will be tagged with name.

**Tardiness:**

Candidates who are not present on time for examination will be barred from entering the test site and will forfeit the full examination fee. **NO EXCEPTIONS.**

**Excused Absences:**

If, for unforeseen reason, you are unable to sit for the examination due to one of the following reasons:

- Illness: personal illness or that of an immediate family member
- Disabling accident
- Death: immediate family member
- Military or Jury duty
- Weather disasters

You must submit written verification or documentation supporting necessary absence within 7 business days of your scheduled examination date.

**Unexcused Absences:**

If you failed to show, did not previously reschedule or cancel according to policy for a scheduled examination and do not have the necessary documentation for an excused absence, you will forfeit all exam fees paid for said examination. NO EXCEPTIONS.

**Rescheduling a Previously Scheduled Exam:**

If you must reschedule your scheduled exam date, you must do so with a minimum of 30 business days prior to the next testing date. All previously submitted fees will be held for rescheduled exam.

**Unforeseen Weather Difficulties:**

If, for any unforeseen reason, severe weather or natural disaster occurs making it necessary to reschedule a test date or site, the ABCA has the right to cancel and reset a date and location as soon as possible without incurring additional fees to the candidate.

**Scoring of Examination:**

Following the presentation of the examination, the examination booklets and answer sheets are returned to the ABCA for scoring and analysis. Once scanning and scoring has been accomplished, the answer sheets are returned to the Board for analysis and review. This analysis and review is accomplished for the purpose of determining whether or not the examination has been performed in a valid manner, has demonstrated internal consistency and has produced a standard deviation consistent with the intent of the ABCA. It will also reveal any question which has not performed as anticipated, which needs elimination or reworking or is found to be lacking either in discrimination or difficulty. The performance of each item or question is recorded

individually so that statistical evidence of its performance will be available in the future. The statistical evidence will aid future examinations in the predictability of performance.

A score of 70% is passing. The examinee will receive a letter indicating "pass" or a letter indicating "fail" with the % correct.

#### **Test Score Results:**

All test score results should be received in written form approximately six weeks after the date examination was taken via U.S. Postal Service.

#### **Security Screening/Exam Disqualification:**

**Examinees may be subject to individual security screening procedures. Refusal to submit to an individual security screening may result in denied entrance to or expulsion from the testing area.**

An examinee can be disqualified from taking or continuing to take an examination or from receiving test scores from any examination taken if the ABCA test administrator or other ABCA official concludes:

1. Any statement or information contained in the application is false or misleading.
2. The examinee takes an examination for another person or another person takes an examination in the examinee's place.
3. The examinee is cheating, based either upon observation or statistical analyses of answer sheets.
4. The examinee has engaged in any act or conduct which has jeopardized or could jeopardize the security or integrity of ABCA examinations, including (but not limited to) the copying, removal or reproduction of any portion of the examination, including the memorization of questions and answers for possible disclosure to any other person at any time.
5. The examinee has engaged in any other conduct which might invalidate the examination results or disrupt the testing situation.
6. The examinee has failed to adhere to instructions given at the examination administration.
7. The examinee has engaged in any form of communication during an examination in which information has been given to or obtained from another examinee.
8. The examinee has engaged in any unethical action which gave him/her or any other examinee an advantage he/she would otherwise not have had.
9. The examinee has any extraneous items, such as coats, purses, backpacks, notes and any electronic devices, such as cell phones, pagers, blackberries, cameras. An area will be designated for safe keeping of personal belongings at the front of the testing room.

**10. If expulsion of examinee occurs for any of the above reasons, ALL FEES PREVIOUSLY PAID WILL BE FORFEITED. NO EXCEPTIONS.**

NOTE: The ABCA may contact school officials and annotate transcripts of examinees whose conduct is deemed inappropriate or disruptive to the testing process.

**Time Allowed for Taking Examination:**

**WRITTEN EXAM:**

Three (3) hours will be allowed to complete the written examination, which will consist of 200 multiple choice questions. A,B,C,D format only. There will be NO “all of the above” or “none of the above” answers in multiple choice questions.

Applicants who have provided the necessary documentation to substantiate a learning disability will be allowed four and one half (4 ½) hours to complete the written examination, which will consist of 200 multiple choice questions. A, B, C, D format only. There will be NO “all of the above” or “none of the above” answers in the multiple choice questions.

**ORAL/PRACTICAL EXAM:**

Examinee will move through three (3) stations with two (2) proctors per station. Fifteen (15) minutes will be allowed per station.

Station 1: Point Location – choose one of several cards. Each card will have twelve (12) acupoints listed. Examinee will choose ten (10) of the twelve (12) acupoints and demonstrates point location on themselves.

Station 2: Clean Needle – examinee will bring their own clean needle kit with them and demonstrate on themselves the ability to perform clean needle technique.

Station 3: Case Study – examinee will choose one of several cards with a case study reflecting chiropractic healthcare. The examinee is responsible for diagnosing the condition in chiropractic and chiropractic acupuncture terminology. Examinee will then describe how they would treat the case and explain how they chose the particular acupuncture points.

**DEVELOPING THE D.A.B.C.A.**

As with the development of all state and national board exams, a group of experienced doctors of chiropractic throughout the nation, licensed to practice acupuncture per their state laws, were selected by the ACA CCA (American Chiropractic Association Council of Chiropractic Acupuncture) to weight an extensive and exhaustive

outline of acupuncture data pertaining to the chiropractic profession. After gathering this data, a content database was put in place.

The ABCA Board consists of five (5) board members, of which four (4) board members shall be Diplomates of the American Board of Chiropractic Acupuncture (DABCA) each with one vote and one (1) non-voting lay representative.

Together the ABCA Board formulates both written and oral/practical examinations. The ABCA Board is also responsible for writing a Candidates Handbook, a Proctor's Manual, a Standards and Procedures Manual, Job Analysis and forming committees to carry out the responsibilities of the ABCA Board.

Working together as a team, the ABCA and a group of field experts write a vast bank of multiple choice questions (book and page referenced) to meet the criteria set up by the ACA and ABCS. All questions are scrutinized carefully by the ABCA then fine tuned into a clearly written format with only one correct answer to each multiple choice question.

Along with the written examination, the ABCA and field experts spend a great deal of time writing a bank of oral/practical case studies for the examinees. Each case study is built upon having the examinee diagnose the case, explain their treatment plan, choose which acupuncture points they would use to treat each case and demonstrate point location along with clean needle technique.

It is important to note the ABCA pools their knowledge of chiropractic acupuncture training from various backgrounds and teachers. No one single authority is represented as the totality of the Diplomate examination.

The ABCA is dedicated to creating an examination that will demonstrate understanding, knowledge and skill as a Chiropractic Acupuncture Physician who has earned their Diplomate certification.

### **Summary of the Diplomate Acupuncture Examination:**

While the requirements to sit for the examination include successfully completing 300 hours of acupuncture training from a CCE accredited college or state association, programs and seminars being taught vary in structure and training. Please refer to the 2008 JOB ANALYSIS BREAKDOWN for a complete listing of acupuncture topics and data that will be covered in the Diplomate exam.

The examinee will be expected to take a two part examination:

- 200 multiple choice question comprehensive written acupuncture exam.

- There will be no “all of the above” or “none of the above” answers.
- There will be one correct answer per question.
- Three (3) hours will be appropriated for the written exam. Four and one half (4½) hours will be appropriated for those who have provided the necessary documentation to substantiate need.
- Examinees will not be given extra time to review their test at the end of the designated time allowed. It is important to carefully read each question and give your answer to the best of your knowledge.
- Oral/Practical acupuncture exam.
  - Examinee will move through three (3) stations with three (2) proctors per station.
  - Fifteen (15) minutes will be allowed per station.
  - Station 1: Point Location – choose one of several cards. Each card will have 12 acupoints listed. Examinee will choose 10 of 12 acupoints and demonstrate point location on themselves.
  - Station 2: Clean Needle – examinee will bring their own clean needle kit with them and demonstrate on themselves the ability to perform clean needle technique.
  - Station 3: Case Study – examinee will choose one of several cards with a case study reflecting chiropractic acupuncture. The examinee is responsible for diagnosing the condition in chiropractic and chiropractic acupuncture terminology. Examinee will then describe how they would treat the case, explain how they chose the particular acupuncture points and treatment plan.

The ABCA will send test scores and certification status to state licensing bodies for a fee of \$50.

#### **Failure to Pass Diplomate Examination/Additional Training Requirements:**

If a doctor of chiropractic fails his/her initial attempt of the two part examination, they will be allowed to retest within a 12 month period. Candidate will only be required to retest the portion of the exam he/she did not pass. If failure occurs after the second attempt of the two part examination, the candidate will be required to take 48 additional hours of chiropractic acupuncture training at an accredited college, state association or accredited post-graduate course. Candidate will be required to submit proof of these 48 additional hours of training to the ABCA board before retaking the Diplomate examination again.

### **Examination Appeals:**

If a candidate is convinced there is an error in any of the questions on the examination, their grievance must be submitted in writing to the ABCA within 30 days of the mailing of the test scores. There will be a \$75 fee for grievance to review score sheet. There will be a \$150 fee for grievance to review test. NO EXCEPTIONS. Each appeal must include:

1. Candidates name and address
2. Test date and location
3. Portion of Exam (Written or Oral/Practical)
4. Detailed description of the challenged grievance
5. All grievances will be reviewed by the ABCA Appeals and Disciplinary Committee (ADC). A decision will be made and the candidate will receive a written explanation to their grievance by the U.S. Postal Service within 60 days of receiving the grievance. THE ABCA DOES NOT ALLOW CANDIDATES TO REVIEW EXAMINATION QUESTIONS IN THIS APPEALS PROCESS.

### **ABCA Appeals and Disciplinary Committee Responsibilities:**

It is the responsibility of the ABCA Appeals and Disciplinary Committee (ADC) to thoroughly review the appeal and determine the action which will be taken. Every effort will be made to ensure the candidate is treated fairly and respectfully regarding their submitted appeal. Either a direct decision will be made to each appeal or a formal investigation will be set forth if deemed appropriate. The ADC has every right to dismiss a grievance determined to be frivolous.

If an investigation is warranted, the ADC will collect any and all necessary data to substantiate the appeal and proceed to carry out a thorough review. If the appeal is directly related to the examination, documentation will be provided by the ADC to back up their final decision of the appeal. If a disciplinary action is being appealed by a candidate, the candidate will be given the opportunity to present evidence, in writing, to the ADC and the ADC's final decision or action taken will be issued within 90 days of receiving the written appeal.

If the candidate should choose to reject the ADC's final ruling of their submitted appeal, they may resend their appeal to the ABCA Board within 30 days of receiving the ruling sent by the ADC. The ABCA Board will then gather all necessary data from the ADC and conduct a secondary review. The ABCA's final decision will be submitted to the candidate in writing within 90 days of receiving the appeal.

If for any unforeseen reason a unanimous decision cannot be agreed upon by the ADC and the ABCA, the grievance will be forwarded to the ACA CCA (American Chiropractic Association Council of Chiropractic Acupuncture) Executive Board.

Candidates will receive a FINAL decision regarding their said grievance by written notice within 90 days of receipt from the ABCA.

### **Resolving Candidate Complaints Regarding Test Site:**

If for any reason, an environmental problem should arise during any time of the sequestered examination, the candidate may bring their concern to the attention of the ABCA testing administration and every effort will be made to accommodate the candidate:

- Too hot, too cold
- Inadequate lighting
- Disruptive noise

If a complaint is not resolved to the candidate's satisfaction, the candidate may submit a complaint in writing to the ABCA within 14 business days of said examination. The ADC will do all it can to conduct a thorough investigation of the complaint and respond back to the candidate within 30 business days, once again in writing.

### **Maintaining Diplomate Certification:**

Once you have earned your Diplomate Certification, it remains valid for two (2) years from the date of issue (day/month/year). It is expected by the ACA CCA and the ABCA that you maintain your Diplomate status by participating in accredited chiropractic acupuncture study. The ACA CCA and ABCA are committed to bringing you, as a certified Diplomate, quality and cutting edge education to uphold practice standards set forth by the ACA for the chiropractic profession.

### **Recertification Requirements – Active Status:**

Every two years, the Diplomate MUST re-apply for certification by completing an ABCA recertification application and paying a recertification fee of \$150, payable to the ABCA. Along with the required application and recertification fee (no application fee is required for active recertification,) the Diplomate MUST meet the following requirements:

1. Submit documentation for attendance at the ACA CCA Symposium once every two years.
2. Submit documentation showing a minimum of 24 CCE accredited chiropractic acupuncture hours attained within the previous 2 years.

3. Maintain ACA membership
4. Maintain CCA membership
5. Have NO disciplinary action pending from your state, college or ABCA.
6. Be free from drug or alcohol dependency.
7. Be mentally and physically competent.

If compliance with requirements 3, 4 and 5 cannot be met, candidate will be required to submit documentation along with his/her recertification application. Any documentation pertaining to 3, 4, and 5 will be held in the strictest of confidence by the ABCA Eligibility Committee. The Diplomate will be notified in writing the decision made by the ABCA Eligibility Committee within 30 days.

**Recertification Grace Period:**

The Diplomate will be given a 30-day grace period after the expiration date of their active certification in which he/she may reapply for active recertification. Your current certification will be considered INACTIVE beginning on the 31st day and up to one (1) year. From one (1) year on, the candidate will be considered in LAPSED status.

**Recertification Requirements for LAPSED OR INACTIVE Status:**

If a Diplomate has allowed his/her active certification to become inactive or lapsed, he/she is required to reapply for active status by completing the recertification application and submit the appropriate fee to resume active status. In addition, the lapsed Diplomate must pay the appropriate LATE fee for each year he/she has been lapsed. (SEE FEE SCHEDULE, page 8-9, TO DETERMINE TOTAL DUE).

If any additional requirements are developed and added to the Diplomate Examination after the time your certification has become inactive or lapsed, you will be required to pay for and be retested for any new portion of the exam that has been added.

The Doctor of Chiropractic must provide documentation confirming:

1. A copy of current chiropractic licensure from their state association.
2. Provide your ACA membership number.
3. Provide documentation of CCA membership
4. Be free of and show evidence of no disciplinary action being taken against them by their state chiropractic association.
5. Meet a minimum of 12 hours per year of lapsed status in CCE accredited chiropractic acupuncture study.
6. Be free from drug or alcohol dependency.
7. Be mentally and physically competent.

ANY DOCTOR OF CHIROPRACTIC WHO HAS ALLOWED THEIR DIPLOMATE CERTIFICATION TO LAPSE FOR MORE THAN FOUR (4) YEARS, MUST REAPPLY FOR CERTIFICATION AS A NEW APPLICANT AND MEET ALL REQUIREMENTS AS STATED THROUGHOUT THIS CANDIDATES HANDBOOK.

**AMERICAN BOARD OF CHIROPRACTIC ACUPUNCTURE**

Dr. Tim Green  
President

Dr. Gary Estadt  
Vice President

Joan Estadt  
Secretary

Dr. James Campbell  
Treasurer

Dr. Coleen Denton  
Board Member

For ABCA use only  
Date Recv'd \_\_\_\_\_  
Proctor Fees Paid \_\_\_\_\_

**RELIGIOUS CONVICTION  
DISABILITY  
SPECIAL COURTESY REGISTRATION FORM**

**SECTION 1**

\_\_\_\_\_  
(Last Name) (First Name) (Middle Name)

\_\_\_\_\_  
(Street) (City) (State)  
(Zip)

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Male** \_\_\_\_ **Female** \_\_\_\_  
(month) (date) (year)

**Telephone:** \_\_\_\_\_(work) \_\_\_\_\_(home) \_\_\_\_\_(cell)

**EmailAddress:** \_\_\_\_\_ **Religion:** \_\_\_\_\_

**Religious Conviction:**

1.) I choose to be sequestered on Saturday, \_\_\_\_\_, by an ABCA proctor from the time I am scheduled to register for an exam until sundown, at which time the exam will be administered. Attached is the \$150.00 minimum sequestration fee. Further I understand if the ABCA incurs costs over \$150.00 for this service I will receive a bill for the excess and will pay it within eight (8) weeks after the exam or my scores will be held.

I, \_\_\_\_\_, due to my religious convictions, respectfully  
(Examinee Name)

request that the ABCA allow me to take the Saturday exam after sundown on Saturday. I understand and agree to abide by the policies and procedures of the ABCA for religious convictions.

This section must be completed if this is the **FIRST** time you are requesting exemption from taking an exam on Saturday. By completing the following section, your religious leader (pastor, rabbi, etc.) attests to the seriousness and regular practice of your religious convictions.

This is to certify that \_\_\_\_\_ is known to me, is a Sabbath observer and is not  
(Examinee Name)

permitted to take examinations on the Sabbath until after sundown.

Name of Religious Leader (please print) \_\_\_\_\_

Title \_\_\_\_\_ Religion \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Religious Leader \_\_\_\_\_ Date \_\_\_\_\_

Examinee named above, and who signed the foregoing application for the written examination attests that he/she has read the information stated herein, and that the same is true.

Subscribe and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
(Day) (Month) (Year)  
State of \_\_\_\_\_ County of \_\_\_\_\_

\_\_\_\_\_  
(Notary Public Signature)

\_\_\_\_\_  
(Date Commission Expires)

**SECTION II:**

**INFORMATION ABOUT CANDIDATES DISABILITY: Print legibly**

What type of disability do you have? Please describe your documented disability.

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Proper documentation supporting the diagnosis by a licensed professional as well as any tests and/or procedures used to determine that diagnosis must be provided.

**SECTION III: Special Courtesy**

Courtesies, while not full accommodations, may be granted in cases of nursing mothers, broken limbs, etc. Please give specific information regarding courtesy request.

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**Authorization and Notarization**

If clarification or additional information is needed to process my request for accommodations, I hereby authorize the ABCA or its independent professional consultants to contact the professional(s) who diagnosed my disability and/or those entities who have previously granted me test accommodations. I authorize such professionals and/or entities to release documentation and/or communicate with the ABCA or its independent consultants to discuss my disability documentation. Furthermore, I understand that my application, request form and documentation may be discussed with pertinent ABCA employees or board members. I also understand that any documentation or information submitted in support of my request for accommodations will not be disclosed to anyone other than the above mentioned parties without my specific written consent.

By signing this form, I certify that I have read and understand the instructions and guidelines provided in this request form. I also certify that the information I have provided on this form is true and accurate.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Notarization of Signature: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_  
(Signed in the presence of notary)

Being first duly sworn, on her/his oath, the applicant whose signature appears above states that she/he is the examinee who is named in and who signed the foregoing Test Accommodation Request Form, and that she/he has read the information stated therein and that the same is true.

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_.

Notary Public Signature: \_\_\_\_\_

State of \_\_\_\_\_, County of \_\_\_\_\_

My commission expires: \_\_\_\_\_ Seal/Stamp