

# Advisory Board on Acupuncture

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Virginia Board of Medicine

October 22, 2025

10:00 a.m.



Virginia Department of

**Health Professions**

# Advisory Board on Acupuncture

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Board of Medicine

Wednesday, October 22, 2025, at 10:00 a.m.

9960 Mayland Drive, Suite 201, Henrico, VA

**Training Room 1**

Call to Order – William Harp, MD

Emergency Egress Procedures – Kathleen LaMotte

Roll Call – Kathleen LaMotte

Introduction of Members – William Harp, MD

Approval of minutes from June 5, 2024, Meeting

Adoption of the Agenda

Public Comment on Agenda Items (15 minutes)

## New Business

1. Recommendation of draft amendments for licensure by endorsement – Erin Barrett
2. Reference to National Association for Foreign Student Affairs (NAFSA) for submission of transcripts in the instructions for applications that applies to graduates of non-ACOM approved programs – William Harp, MD
3. Election of Officers – William Harp, MD
4. Approval of 2026 Meeting Calendar – Chair
5. Orientation to the Board – William Harp, MD

## Announcements

Next meeting: Wednesday, February 4, 2026, at 10:00 a.m.

## Adjournment



**PERIMETER CENTER CONFERENCE CENTER**  
**EMERGENCY EVACUATION OF BOARD AND TRAINING ROOMS**  
(Script to be read at the beginning of each meeting.)

PLEASE LISTEN TO THE FOLLOWING INSTRUCTIONS ABOUT EXITING THESE PREMISES IN THE EVENT OF AN EMERGENCY.

In the event of a fire or other emergency requiring the evacuation of the building, alarms will sound.

When the alarms sound, leave the room immediately. Follow any instructions given by Security staff

**Training Room 1**

Exit the room using one of the doors at the back of the room. **(Point)**. Upon exiting the room, turn **LEFT**. Follow the corridor to the emergency exit at the end of the hall.

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.

**DRAFT**

**ADVISORY BOARD ON ACUPUNCTURE**

Minutes

June 5, 2024

The Advisory Board on Acupuncture met on Wednesday, June 5, 2024, at 10:00 a.m. at the Department of Health Professions at 9960 Mayland Drive, Henrico, VA 23233.

**MEMBERS PRESENT:** Janet L. Borges, L.Ac- Chair  
Luke Robinson, DO  
Haley Parker, L.Ac

**MEMBERS ABSENT:**

**STAFF PRESENT:** William L. Harp, MD - Executive Director  
Michael Sobowale, LL.M - Deputy Director for Licensure  
Erin Barrett, JD - DHP Director of Legislative and Regulatory Affairs  
Roslyn Nickens, Licensing Supervisor  
Beulah Baptist Archer - Licensing Specialist

**GUESTS PRESENT:** Katie Clifton, L.Ac, ASVA

**CALL TO ORDER**

Janet L. Borges called the meeting to order at 10:03 am.

**EMERGENCY EGRESS PROCEDURES**

Dr. Harp announced the emergency egress procedures.

**ROLL CALL**

The roll was called; a quorum was declared.

**APPROVAL OF THE MINUTES**

There were no minutes to approve.

## **ADOPTION OF AGENDA**

Janet Borges motioned to adopt the agenda; Dr. Robinson seconded. Motion carried.

## **PUBLIC COMMENT ON AGENDA ITEMS**

None

## **NEW BUSINESS**

### 1. Regulatory Update

Mrs. Barrett advised the Board of the fast-track periodic review items that are still in the Secretary's office.

### 2. Legislative Update

Mrs. Barrett stated that the Board has no jurisdiction over auricular acupuncture and can provide no guidance regarding the modality. Mrs. Barrett addressed questions pertaining to any parameters that could be set for this modality by saying that the Virginia Board of Medicine cannot take action if the practitioner is not licensed by another Virginia Board.

### 3. Request to Add Occupational English Test to Regulations for Foreign-Trained Applicants

Mrs. Borges addressed the Advisory Board regarding the need to add an Occupational English examination to the acupuncture requirements for licensure. Dr. Harp advised that the Advisory Board could agree to take no action at this time and revisit the matter, as an agenda item. Haley Parker motioned that the Advisory Board take no action on the OET; Dr. Robinson seconded. Motion carried.

### 4. Orientation to the Board of Medicine and Advisory Board

Dr. Harp provided a detailed presentation of the history, function and importance of the Medicine and Advisory Boards as both maintain the commitment to protect the public.

## **ANNOUNCEMENTS**

### Licensing Statistics

Beulah Baptist Archer provided the acupuncture licensing report. The Board currently has 626 Licensed Acupuncturists.

Next Scheduled Meeting

The next scheduled meeting is October 9, 2024 at 10:00 a.m.

**ADJOURNMENT**

With no other business to conduct, Janet L. Borges adjourned the meeting at 11:42 a.m.

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William L. Harp, M.D., Executive Director

**18VAC85-110-80. Examination requirements for licensure.**

The examination requirements for initial licensure shall consist of:

1. Passing the NCCAOM examination, resulting in current, active certification by the NCCAOM at the time the application is filed with the board; and
2. Completing the CNT course as administered by the CCAHM.

**18VAC85-110-90. Test of spoken English requirements.**

A. An applicant applying for initial licensure to practice as an acupuncturist whose native language is not English and whose acupuncture education was also not in English shall submit evidence of having achieved a passing score as acceptable to the board on either the Test of Spoken English (TSE) or the Test of English as a Foreign Language (TOEFL) administered by the Educational Testing Services.

B. An applicant applying for initial licensure to practice as an acupuncturist whose native language is not English and whose acupuncture education was also not in English shall be exempt from the requirement for TSE or TOEFL if the majority of his clients speak the language of the acupuncturist.

**18VAC85-110-91. Licensure by endorsement.**

An applicant for licensure by endorsement shall submit the following:

1. Evidence of a current, active license in a United States jurisdiction or Canada that is in good standing;
2. A completed application and fee;
3. Evidence of a current, active NCCAOM certification;
4. Evidence of completion of a CNT course as administered by the CCAHM; and
5. A current report from the National Practitioner Data Bank

**18VAC85-110-150. Biennial renewal of licensure.**

A. A licensed acupuncturist shall renew his license biennially during his birth month in each odd-numbered year by:

1. Paying to the board the renewal fee as prescribed in subdivision 2 of 18VAC85-110-35; and
2. Attesting to having current, active certification by the NCCAOM.

B. A licensed acupuncturist whose license has not been renewed by the first day of the month following the month in which renewal is required shall not be licensed in Virginia.

C. An additional fee to cover administrative costs for processing a late application renewal shall be imposed by the board as prescribed by subdivision 3 of 18VAC85-110-35.

DRAFT

## Excerpts of Advisory Board on Acupuncture and Full Board Minutes

May 7, 2003

### **#4. Clarification of 18 VAC 85-110-60 and discussion of Credentials Evaluation Services.**

Ms. Powers asked for clarification of the regulations to determine if graduates of non American, non-accredited acupuncture schools could apply under 18 VAC 85-110-60. There was also concern about which evaluation services were approved by the Board. After some discussion Ms. Forman moved that the Advisory Board on Acupuncture recommend that the Board approve any credential evaluation service that is a member of the National Association of Credential Evaluation Services (NACES) or is approved by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM). Since these organizations only review credentials of graduates outside of the US, the recommendation would solve both issues.

May 10, 2003

### **#1. Advisory Recommendation on Credentials Evaluation Services.**

Ms. Yeatts informed the Advisory Board that their recommendation from the May 2003 meeting that the Board approve any credential evaluation service that is a member of the National Association of Credential Evaluation Services or is approved by the National Certification Commission for Acupuncture and Oriental Medicine was approved by the full Board on June 5, 2003.

June 5, 2003 - Full Board

### **4. CREDENTIALS EVALUATION SERVICE FOR ACUPUNCTURE**

Ms. Yeatts presented a recommendation by the Advisory Board on Acupuncture that the Board approve any credential evaluation service that is a member of the National Association of Credential Evaluation Services (NACES) or is approved by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM). Dr. Leming moved to accept the recommendation. The motion was seconded, discussed and carried.

**BYLAWS FOR  
ADVISORY BOARDS OF THE BOARD OF MEDICINE**

**Article I - Members of the Advisory Board**

The appointments and limitations of service of the members shall be in accordance with the applicable statutory provision of the advisory board governing such matters.

**Article II - Officers**

Section 1. Titles of Officers - The officers of the advisory board shall consist of a chairman and vice-chairman elected by the advisory board. The Executive Director of the Board of Medicine shall serve in an advisory capacity.

Section 2. Terms of Office - The chairman and vice-chairman shall serve for a one-year term and may not serve for more than two consecutive terms in each office. The election of officers shall take place at the first meeting after July 1, and officers shall assume their duties immediately thereafter.

Section 3. Duties of Officers.

- (a) The chairman shall preside at all meetings when present, make such suggestions as may deem calculated to promote and facilitate its work, and discharge all other duties pertaining by law or by resolution of the advisory board. The chairman shall preserve order and conduct all proceedings according to and by parliamentary rules and demand conformity thereto on the part of the members. The chairman shall appoint all committees as needed.

The chairman shall act as liaison between the advisory board and the Board of Medicine on matters pertaining to licensing, discipline, legislation and regulation of the profession which the advisory board represents.

When a committee is appointed for any purpose, the chairman shall notify each member of the appointment and furnish any essential documents or information necessary.

- (b) The vice-chairman shall preside at meetings in the absence of the chairman and shall take over the other duties of the chairman as may be made necessary by the absence of the chairman.

### **Article III - Meetings**

Section 1. There shall be at least one meeting each year in order to elect the chairman and vice-chairman and to conduct such business as may be deemed necessary by the advisory board.

Section 2. Quorum - Three members shall constitute a quorum for transacting business.

Section 3. Order of Business - The order of business shall be as follows:

- (a) Calling roll and recording names of members present
- (b) Approval of minutes of preceding regular and special meetings
- (c) Adoption of Agenda
- (d) Public Comment Period
- (e) Report of Officers
- (f) Old Business
- (g) New Business

The order of business may be changed at any meeting by a majority vote.

### **Article IV - Amendments**

Amendments to these bylaws may be proposed by presenting the amendments in writing to all advisory board members prior to any scheduled advisory board meeting. If the proposed amendment receives a majority vote of the members present at that advisory board meeting, it shall be represented as a recommendation for consideration to the Board of Medicine at its next regular meeting.

**Advisory Board on:**

<b>Behavioral Analysts</b>			<b>10:00 a.m.</b>
Mon -February 2	May 11	September 28	
<b>Genetic Counseling</b>			<b>1:00 p.m.</b>
Mon -February 2	May 11	September 28	
<b>Occupational Therapy</b>			<b>10:00 a.m.</b>
Tues - February 3	May 12	September 29	
<b>Respiratory Care</b>			<b>1:00 p.m.</b>
Tues - February 3	May 12	September 29	
<b>Acupuncture</b>			<b>10:00 a.m.</b>
Wed - February 4	May 13	September 30	
<b>Radiological Technology</b>			<b>1:00 p.m.</b>
Wed - February 4	May 13	September 30	
<b>Athletic Training</b>			<b>10:00 a.m.</b>
Thurs - February 5	May 14	October 1	
<b>Physician Assistants</b>			<b>1:00 p.m.</b>
Thurs - February 5	May 14	October 1	
<b>Midwifery</b>			<b>10:00 a.m.</b>
Fri - February 6	May 15	October 2	
<b>Polysomnographic Technology</b>			<b>2:30 p.m.</b>
Fri - February 6	May 15	October 2	
<b>Surgical Assisting</b>			<b>10:00 a.m.</b>
Mon - February 7	May 18	October 5	

# Orientation to the Board of Medicine & Your Advisory Board

October 2025

# Executive Branch

- Governor Glenn Youngkin
- Secretary of Health and Human Resources – Janet Kelly
- DHP Director – Arne Owens
- Board of Medicine President – Peter Apel, MD
- Board members cannot speak for the Board or anyone in the Executive Branch.

# Department of Health Professions

- Umbrella Agency for 13 Health Regulatory Boards
- Director Owens appointed by the Governor
- Administration, Communications, Finance, Enforcement, Administrative Proceedings, Prescription Monitoring, Health Practitioners' Monitoring, Healthcare Workforce Data Center, IT
- Medicine joined the Department in 1977

# Today's Board of Medicine

18 members  
appointed by  
the Governor

1 MD from each  
Congressional  
District

1 DO

1 DPM

1 DC

4 citizen  
members

# Today's Board

- Pure Board of Medicine – only licenses MD's
- Composite Board – licenses other professions as well
- Doctors of Medicine, Osteopathy, Podiatry & Chiropractic
- Physician Assistants, Acupuncturists, Athletic Trainers, Licensed Midwives, Occupational Therapists, Occupational Therapy Assistants, Radiologic Technologists, Radiologic Technologists-Limited, Radiologist Assistants, Respiratory Therapists, Polysomnographic Technologists, Behavior Analysts, Assistant Behavior Analysts, Genetic Counselors, Licensed Surgical Assistants, Certified Surgical Technologists, Anesthesiologist Assistants, Advanced Practice Registered Nurses & Licensed Certified Midwives

# Today's Advisory Boards

## Today's Advisory Boards

- 11 Advisory Boards
- Similar structure & function
- 5 members
  - 3 of the profession
  - 1 physician
  - 1 citizen member

# Today's Advisory Boards

## Today's Advisory Boards (cont.)

- Chair & Vice-Chair
- Meet at least once a year
- May attend 1 meeting a year electronically for good cause
- Advise the Board of Medicine on:
  - Licensing
  - Discipline
  - Regulations

# **THE BOARD'S MISSION**

- The protection of the public by
- Licensing only qualified applicants
- Disciplining for unprofessional conduct
- Promulgating regulations to implement law

# THE BOARD'S DISCIPLINARY PROCESS

Begins with a complaint or a report

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graph TD; A[Begins with a complaint or a report] --> B[Investigated by the Enforcement Division of DHP]; B --> C[Completed investigation sent to the Board]; C --> D[Probable Cause Review];
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Investigated by the Enforcement Division of DHP

Completed investigation sent to the Board

Probable Cause Review

# PROBABLE CAUSE REVIEW



Board staff and Board members



Review to understand what happened in the case



Apply the law and the regulations to determine if a violation has occurred



Two Board members must agree on violations of standard of care for physicians



If specialized review is required, retain an expert reviewer for the standard of care

# OPTIONS FOR RESOLVING THE MATTER

- 85% are closed administratively
- Other options
  - Advisory letters
  - Confidential Consent Agreements
  - Pre-Hearing Consent Orders
  - Informal Conferences
  - Formal Hearings
  - Summary Suspensions

# DISCIPLINARY PROCEEDINGS

- Informal Conference
- Formal Hearing
- Summary Suspension
  
- When a proceeding is being held for a profession not represented on the Board of Medicine, there will be a member of the appropriate Advisory Board

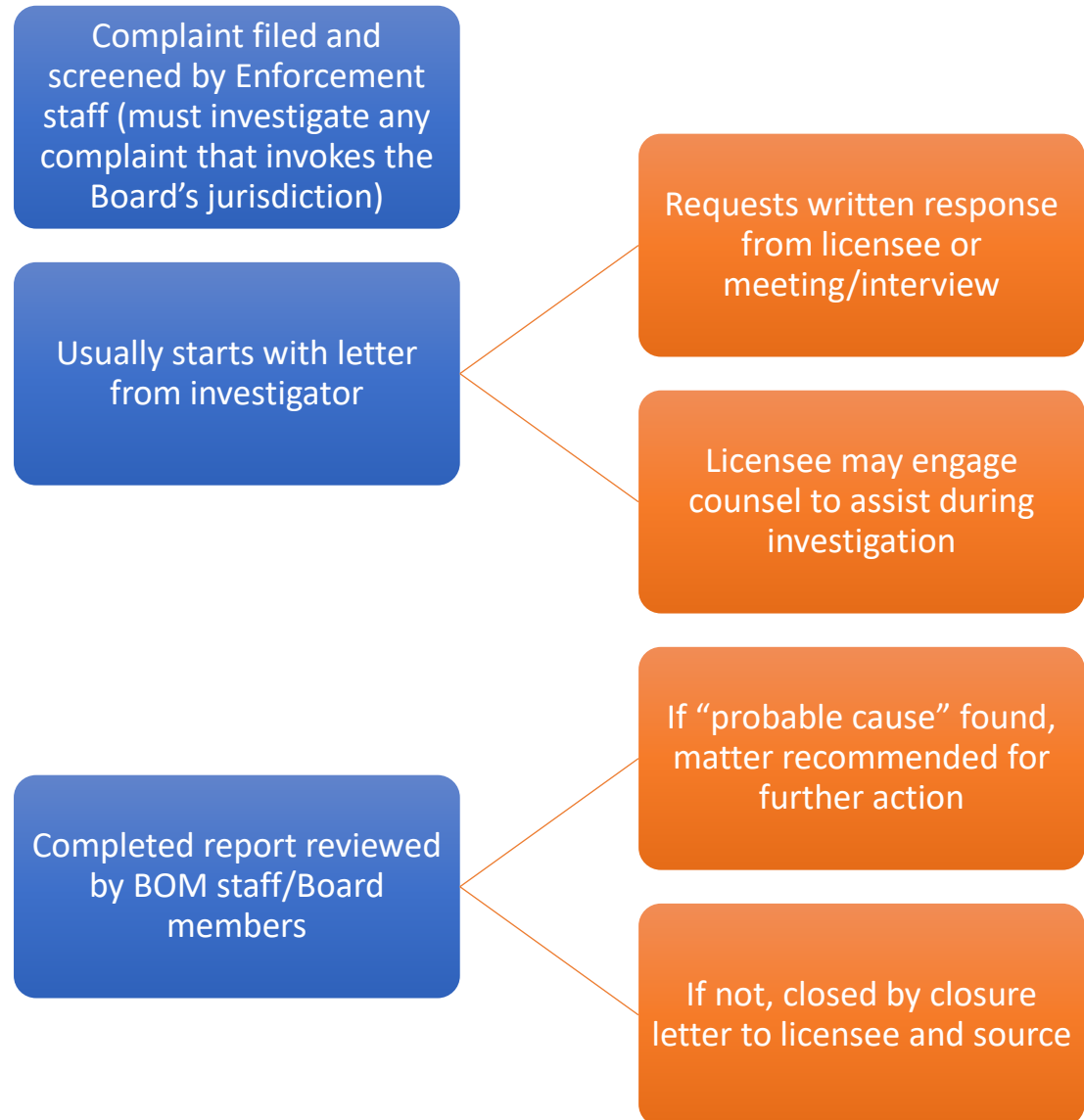
# **PRINCIPLES OF THE DISCIPLINARY PROCESS**

- Confidentiality
- Protection of the public
- Due process for respondents
- Proportionate sanctions
- Strive to be fair to all parties

# INVESTIGATIONS

- **Who Complains?**
  - The Public (e.g., patients, family members, anonymous, media)
  - Other licensees of the BOM (mandated reporters)
  - Employers
  - Healthcare institutions (e.g., hospital CEO = mandated reporter)
  - Medical malpractice insurance carriers

# COMPLAINT PROCESS



# ADVICE FOR RESPONDING TO COMPLAINTS

- Take the complaint seriously (even if you believe it to be frivolous)
- Fully cooperate w/the investigator (DHP/BOM is “health oversight agency” under HIPAA)
- You are responsible for ensuring a response and complete records are provided (not your office manager)
- Do NOT contact Board members to discuss your complaint
- Consult with an attorney (familiar with DHP/regulatory boards)

# LAWS AND REGULATIONS TO KNOW

Fraud or Dishonesty

Substance abuse

Negligence in practice – standard of care

Mental or Physical Incapacity

Aiding and Abetting Unlicensed Practice

Ethical lapses – standards of professional conduct

# LAWS AND REGULATIONS TO KNOW

Felony convictions or misdemeanors of moral turpitude

Any provision of the drug law

Failure to timely sign a death certificate

Opioid prescriptions submitted electronically

Surprise billing

Treating self and family

Patient records

# LAWS AND REGULATIONS TO KNOW

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Confidentiality

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Communication/Termination

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Subordinates and Disruptive Behavior

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Sexual Boundary Violations

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Reporting requirements

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Continuing Medical Education

# LAWS AND REGULATIONS TO KNOW



Office-Based Anesthesia



Prescription Monitoring Program



Health Practitioners' Monitoring Program



Renew License every 2 years

# Hearing Protocol

Virginia Board of Medicine

June 14, 2018



## Panel Members at Hearings

- Purpose of disciplinary proceedings is to protect the public by regulating professional conduct and provide fair and impartial consideration of the matter before the Board
- Panel members should avoid actual conflicts and the appearance of impropriety—if you receive case material and think you have a conflict, call staff! (procedure for potential conflict at hearing)
- Strive to be fair and impartial—goal is fairness to *respondent* and *also to the public*

# Open vs. Closed Sessions

- Board business takes place in open, public forums to foster public accessibility and confidence of the public in the integrity of the regulatory process
- Any meeting of three or more members of the Board at which the members discuss *anything* related to the Board should be considered an open meeting for FOIA purposes (includes group emails).
- Closed meetings: for the Board to deliberate or receive legal advice
- Disciplinary proceedings may also close to deliberate and to protect health information of a respondent



# Formal Hearings – You are on the record!

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A court reporter attends formal hearings



Your words are recorded



The transcript will be reviewed by the Circuit Court if the respondent appeals for evidence of violations of a respondent's constitutional rights, failure of the Board to observe required procedure, indications that the Board may not have had substantial evidence (Erin ex.)

# Hearings (IFC or formal)

- Cannot deviate earlier from noticed start time
- Choose your questions carefully (avoid answering questions from R)
- Hearings can be emotional; avoid engaging on emotional level (try not to be swayed by tears or manipulative behavior)
- Avoid texting board members (e.g., Loudoun meeting; FOIA Council)
- Do not state you have more knowledge than others-- or less-- based on specialty or non-MD status. All board members are experts in the matters before the board. This has been clearly stated by CAV.
- Do not give practice advice—do not want to bind the Board (especially if you are wrong)

# Hearings (IFC or formal)

- Questions should relate to facts of the case and the allegations contained in the Statement of Particulars
- Do not sermonize, do not inject personal, religious, or political beliefs
- Do not express your personal opinion (i.e., "Well, I think your record-keeping was fine.")
- Do not argue with other panel members during hearings, or make statements disparaging other members' statements or questions
- Do not argue with witnesses, respondents, or counsel for respondents – we understand it can be hard with some!

# Hearings (IFC or formal)



PANEL CHAIR WILL RULE ON ISSUES RELATED TO RELEVANCE OR THE ADMISSION OF EVIDENCE (WITH BOARD COUNSEL GUIDANCE)



AVOID "ATTORNEY TESTIMONY", THIS IS YOUR OPPORTUNITY TO HEAR FROM THE LICENSEE



DELIBERATION HAPPENS IN CLOSED SESSION



DO NOT ENGAGE, INFORM, INSTRUCT ONCE PROCEEDINGS ARE OVER (STAFF WILL HANDLE; E.G. FRIENDLY ATTORNEY AND PATIENT FAMILY IN AUDIENCE)

# Procedural mysteries

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Board counsel records and enters evidence

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Evidence must be formally admitted even though Board members received evidence prior to hearing

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Must initial and date evidence to provide record on appeal.

# **Procedural mysteries, cont.**

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Some cases appear old when they reach the formal hearing stage

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Can be for any number of reasons (continuances prior to IFC or formal, length of investigation, etc.)

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Staff and counsel will answer procedural questions in closed session – NOT open session!

# What happens in closed session?



Decision on sanction



Craft order, including findings of fact  
(refer to helpful notes you made  
during proceeding)



Review conclusions of law alleged;  
determine what stays



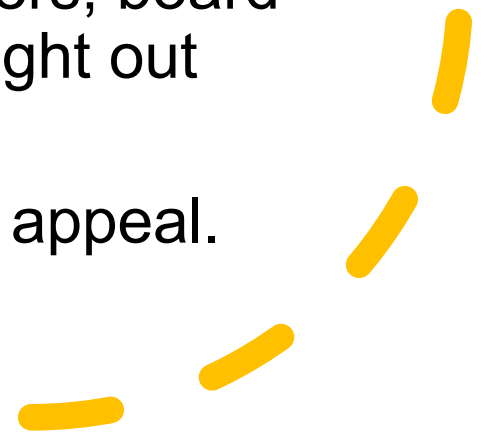
# What are grounds for an appeal?

- (1) Violation of a Constitutional right, power, or privilege;
- (2) Failure to comply with statutory authority;
- (3) Failure to observe required procedure where the failure did not result in harmless error; and
- (4) Substantial evidence did not support Board decision.

(Va. Code § 2.2-4027.)

# Helping to ensure that the Board's decisions do not get overturned

- Follow staff guidelines, procedures, and scripts for hearings.
- Ask legal questions in *closed session*. Do not state specific legal questions for board counsel on the record. This raises privilege issues.
- Only the chair of a panel may rule on motions made at a hearing.
- Avoid stating opinions on the record (i.e., "That does not sound like a standard of care issue to me.")
- Work with your fellow panel members, board counsel, and staff to craft well thought out orders.
- Be aware that any respondent can appeal.



A black and white photograph showing a hand holding a pen, writing the words "Thank you" in a cursive script on a white card. The card is tilted slightly to the right. The background is a dark blue gradient with a large, lighter blue circular shape on the left side.

Thank you



The travel regulations require that “travelers must submit the Travel Expense Reimbursement Voucher within 30 days after completion of their trip”. (CAPP Topic 20335, State Travel Regulations, p.7). Vouchers submitted after the 30-day deadline cannot be approved.

In order for the agency to be in compliance with the state travel regulations, please submit your request for today’s meeting on or before

**November 22, 2025**