

#### **Board of Chiropractic Examiners**

Alaska Division of Corporations, Business and Professional Licensing Friday, December 5, 2025 at 9:00 AM- 3:00 PM AKST

#### **Agenda**

1. Call to Order and Roll Call	9:00 AM
2. Board Member Ethics Disclosure	
3. Approve Meeting Agenda	9:02 AM
4. October 10, Meeting Minutes Approval	9:04 AM
October 10, Meeting Minutes	
5. Virtual Meeting Code of Conduct	9:06 AM
6. Public Comment Period	9:07 AM
7. Fiscal Year (FY) 2025- 4th Quarter Financial Report	9:22 AM
Melissa Dumas, Administrative Operations Manager	
8. Investigations Report	9:52 AM
Josh Hardy, Investigator	

#### 9. Board Business

#### AO360 Regulation Reform Plan Recommendation

- 1. AO360 Staff Recommendations
- 2. AO360 Department Recommendations
- 3. Chiropractic Statues/Regulations
- 4. ACA Code of Ethics
- 5. CHI AO 360 Reform Plan and Decisional Document

#### Regulation Change Request- ACA Submission

#### 10. Correspondence

**ACS Question for BOCE** 

#### 11. Task Delegations

Set next meeting date (AO360 deadline February 13, 2026)

#### 12. Adjournment



#### Alaska Board of Chiropractic Examiners October 10, 2025, Meeting

Alaska Division of Corporations, Business and Professional Licensing Friday, October 10, 2025, at 9:00 AM AKDT

Meeting called to order at 09:00am

#### 1. Call to Order/Roll Call

The meeting was called to order by Board President Dr. John Lloyd, at 09:00am All members were present except Dr. Tim Kanady and guest acknowledged.

#### Members:

Dr. John Lloyd - Board Chair

Dr. Tim Kanady - Vice Chair

Dr. Walter Campbell -Member

Dr. Edward Barrington- Member

Ronald Gherman-Public Member

#### Guests:

Reid Bowman – Program Coordinator II Shane Bannarbie – Program Coordinator Sara Chambers- Board Advisor Debbie Ryan- Alaska Chiropractic Society (ACS) Josh Hardy- Investigator Melissa Dumas- Admin Operations Manager

- 2. Virtual Meeting Code of Conduct Agreement
- 3. Review/Approve Agenda

MOTION to move Debbie Ryans presentation and Dr. Walter Campbell discussion to earlier in the meeting agenda. MOVED by Dr. Edward Barrington, seconded by Ron Gherman, motion passed unanimously.

#### 4. Ethics Reporting

Members were polled by rollcall to declare any conflict or ethical disclosures. No conflicts announced.

#### 5. Introduction of New Board Member Dr. Edward Barrington

Dr. Edward Barrington provided a brief introduction to the members, as the new board member. Dr. Barrington and expressed he is pleased to be back on the CHI board.

Dr. Barrington did disclose that he is the Legislative Chairman for the Chiropractic Society. Reid Bowman provided guidance that association affiliations should be declared during the ethics disclosure process. Dr. Barrington responded he would make his declaration known moving forward.

#### 6. Public Comment Period

Dr. Aaron Shoemaker provided public comments to the board. Dr. Shoemaker stated he would like to acknowledge his past conduct and sincerely apologizing for any unprofessional behavior during the COVID period. He opined the period was disruptive and disorienting for all of us, and he did not handle those

challenges as well as he should have. He went on to express that he has worked hard to rebuild himself and cited practice record of practicing in Columbia and Texas, he was issued a license to practice in Texas about a year after his license was revoked in Alaska. Dr. Shoemaker added that there's never been a valid complaint of sexual misconduct against him in Alaska, Columbia, or in Texas. Dr. Shoemaker presented to the board that he has spent time reflecting on his practice in Alaska and working to rebuild himself and his career, where is expressed he demonstrated professionalism, discipline, and growth. Dr. Shoemaker went on to express that he believes the process never allowed him to fully tell his side of the story or to clarify what actually happened. He clarified, he is not asking for special treatment, only fairness, and the opportunity for the facts to be fully understood. Dr. Shoemaker respectfully asked that this board consider his record since that time of his incident, the years of clean practice, the patience he's helped, and work he's done to rebuild his life and career.

Dr. Barrington advised Dr. Shoemaker that he should apply for his license and go through that process for the board to address his consideration

#### 7. Melissa Dumas: Division Update\_FY25 Fiscal Update

Melissa Dumas provided the third quarter fiscal report, and explained the Division is working on closing out the fourth quarter financials. Ms. Dumas instructed the board on where to find information relevant to the board on the Divisions webpage. Dr. Lloyd asked if chiropractic had any licenses that needed legal action and if the expenditures of such are reflected in the current report. Ms. Dumas explained that the amount would be reflected in the expenditures section as "services" or "inter agency legal". Dr. Lloyd asked how costly it is to deal with a case that requires legal action, Ms. Dumas explained that these cases may be costly depending on how long it takes to resolve it.

#### 8. Debbie Ryan: Alaska Chiropractic Society (ACS) Report

Ms. Debbie Ryan provided the ACS update to the board, highlighting progress of the ACS convention. Ms. Ryan explained the speakers have been secured, and a new hybrid attendance option, that allows attendees to buy full in person packets or partial in person and partial online packages to attend the convention. The convention will continue to be hosted at the Hotel Captain Cook over the course of four days. Tickets should be available in December or at the latest January. Ms. Ryan also provided the following updates: the ACS was able to secure an executive proclamation from the governor for October to be Chiropractic Health Month and ACS did lose the Coalition for Reliable Medical Access at the 80th percentile rule case, (all of the providers, Alaska State Medical Associations, the PT Association, and others in the group elected to ask the state to forego). Ms. Ryan explained ACS is considering action through statute change and considers it an opportunity for chiropractors to work with other professions to get laws passed. Ms. Ryan added the ACS has new member benefits, such as software to communicate with the Satisfy compliance dashboard which should help chiropractors with compliance issues. She explained the software will have an artificial intelligence component that helps you track your completion progress. It helps with drafting policies and training manuals among other features. The next Radiology club will be October 23, 2025, sponsored by Northern Lights Imaging. Dr. Robert Brenteson will present on navigating diagnostic modalities. Ms. Ryan, finalized by inquiring about the peer review element of the board. Dr. Campbell responded that the board had a hard time getting people to utilize it and agreed that the process was somewhat confusing. Dr. Campbell requested that peer review be an agenda for the next board meeting. The board agreed it should be added to the board webpage to provide clarity of its function and use to the public.

The board MOTION to move Josh Hardy investigations briefing to the current timeslot in the meeting agenda. MOVED by Dr. John Lloyd, SECOND by Ron Gherman, motion passed unanimously.

9. Josh Hardy: Investigative Report and Annual Board Member Training Mr. Hardy presented the investigative report to the board for the period of March 14th, 2025, through September 25th of 2025. The report included cases, complaints, and intake matters that were handled since the last board report and matters that were opened by the paralegals in Anchorage and Juneau regarding

continuing education audits and license action rules from those matters. Investigator Hardy explained there are one or two providers with multiple cases within the report, but for the most part, these are individual providers reported. Further details of the report are not permitted to be shared publicly. Investigator Hardy provided an overview of the investigative process and the board member review process which took place in executive session due to information confidentiality, as part of annual training.

#### MOTION to enter executive session.

In accordance with the provisions of Alaska Statute 44.62.310C. I, John, Lloyd, MOVE to go into executive session for the purpose of discussing matters which by law, municipality, charter, or ordinance are required to be confidential. SECOND, by Dr. Walter Campbell, motion passed unanimously.

#### Call to Order/Roll Call

The meeting was called to order by Board President Dr. John Lloyd, 11:35am. All members were present, and guests acknowledged.

Dr. Campbell briefed the board on the Federation of Chiropractic Licensing Boards (FCLB) and said that they want to hold their next regional district meeting in Anchorage, Alaska. He suggested board members may be able to reach out and help identify a venue for the event.

MOTION to move the agenda topics for Sara Chambers: Medical Spa Workgroup FAQ Draft Review and Lazer and Adjunctive Modalities State Medical Board Position Letter to CHI Board on the use of Lasers to Treat or Operate on Human Conditions to the current spot in the agenda. MOVED by Dr. Walter Campbell, SECOND by Ron Gherman, motion passed unanimously.

Dr. Campbell provided commentary on the Medical Board Position Letter to CHI Board on the use of Lasers to Treat or Operate on Human Conditions, sharing that if the use of lasers does not enter the surgical component or in other words, if there's no tissue debridement or anything like that, it absolutely falls within chiropractic scope. Dr. Lloyd commented the Medical Board misstated him when it wrote: Dr. Lloyd advised the Medical Board chiropractors are providing laser tattoo removal. Dr. Lloyd clarified that his statement was that chiropractors can do laser treatments. The board agreed with the position of Dr. Campbell.

Sara Chambers joined the conversation to urge the board to lean on what's in their scope as stated in statute and regulation. Dr. Campbell summarized by saying he wants to be able to freely do the task that the governor appointed the board to do, which is interpret the statutes, help devise the regs underneath them and then adjudicate if something falls within or without scope. The members of the board had no objections or comments to the statements.

The board discussed the current Administrative Orde (AO)360 that request boards develop a plan to reduce regulations by 15% in calendar year 2026 and a total reduction of 25% by the end of calendar year 2027. AO360 requires boards to review their regulations, count the number of requirements, determine which are discretionary, and make recommendations on which regulation can be truncated without affecting public safety and increases application and information processes.

Dr. Campbell introduced a MOTION to form an AO 360 regulations work group consisting of Dr. Barrington, Dr. Campbell, and Dr. Larson (if he's amenable to work on the dry needling project), to work on the definition of surgery as it pertains to use of lasers, and response to the A360 regulation mandate.

MOVED by Dr. Campbell, SECOND by Dr. John Lloyd, motion passed unanimously.

Sara Chambers spoke to the board on current Medical Spa frequently asked questions document presented to the board for review and response. Ms. Chambers provided an explanation of what a medical spa is, explaining that for the purposes of the Medical Spa Board, a medical spa is a clinic where medical procedures and services may be delivered, albeit in a more casual or consumer focused setting than a traditional clinic and potentially alongside nonmedical services. Ms. Chambers clarified medical directors are considered as anyone who has the legal authority to supervise or delegate medical or nursing activities. Ms. Chambers made it known that a chiropractor cannot be a medical director of a medical spa hydration clinic. The board discussed the med spa services and compared them to the allowable scope of chiropractic practice. Dr. Barrington summarized that there are some things in chiropractic statute that are tripping us up a bit, preventing chiropractors from administering certain services. He offered that as a board, we say that we encourage the effort of the med spa, but the board would like to be able to continue to offer input to the med spa for decision making. Dr. Lloyd provided the following statement on the matter. The board applauds the efforts of the med spa and thinks that it's an excellent idea. However, the board would like some time to look at its regulations in terms of the chiropractic scope of practice.

MOTION to continue looking at the Med Spa FAQ document for further evaluation, looking through it closely to determine how it matches with chiropractic regulations to ensure the Chiropractic Board has not been excluded for certain services. MOVED by Dr. Campbell, SECOND by Ron Gherman, motion passed unanimously

Break

Call to Order/Roll Call

The meeting was called to order by Board President Dr. John Lloyd, 01:40pm. All members were present except Dr. Walter Campbel and guests acknowledged.

In the interest of time the board chose to form a motion to cancel the scheduled ethics training.

MOTION to cancel the boards in person ethics training and allow each member to take the online training at their convenience. MOVED by Dr. Edward Barrington, SECOND by Dr. Tim Kanady, motion passed unanimously.

#### 10. Division Notices

Federal Servicemembers Civil Relief Act (SCRA) Delegation The board reviewed and agreed to approve the SCRA license delegation to the Division.

I, Dr. Edward Barrington MOTION that licenses applied for under the Federal Servicemembers Civil Relief Act's (or "SCRA") licensure portability laws be reviewed, approved, and issued by the division, rather than by the board, in order to comply with federal law requiring expediency and due to the fact that the board's authority and requirement to approve and issue licenses is under Alaska Statute Title 8, rather than federal law. Once licensed is issued pursuant to the SCRA, these licensees will be subject to the requirements of Title 8 of Alaska Statutes and subject to the board's authority, same as all other Alaska professional licensees under the board's jurisdiction.

MOVED by Dr. Edward Barrington, SECOND by Dr. Tim Kanady, motion passed unanimously.

Industrial Hemp and Intoxicating Hemp Products FAQ for Professional Licensees No board action taken

Administrative Order 360 Memo to Boards

The Board reviewed the AO360 deliverables and deadlines. Discussion on AO360 was held during the med spa discussion. No further action taken.

#### 11. Business Board

New VA procedures

Dr. Lloyd presented to the board that there are significant changes with the VA affecting providers within the state as far as what is required of providers to get visits authorized for things that are outside of the scope of the traditional Medicare-Medicaid guidelines. Dr. Lloyd opined, as a board, the question is, do we want to be involved in that, and put a statement together to send to the governor, or is this something that the board wants to have the Alaska Chiropractic Society participate in and write a letter through?

Dr. Lloyd believes the board is going to get a lot of questions from colleagues in the state that may be asking what's happening with the VA and thinks the board should understand the new procedures and be able to have an explanation in the event practitioners have questions about the new procedures. Dr. Kanady, stated he will be able to update the board on what he has noticed with the VA after talking with his wife who works more closely with the VA. Dr. Barrington added that he has noticed it looks like the VA is trying to put a wedge in between chiropractors and their massage therapists, even though chiropractors bill for massage therapists services. Dr. Barrington opined the consensus is that chiropractors do not really want massage therapists to bill under their own license, so this may create an issue. Dr. Lloyd added the main issue that chiropractors are running into is needing to get massage services authorized, and the chiropractor services authorized. So, it's now two services that now need to be authorized, which may take up to two to four weeks. After further discussion the board decided to reach out to the ACS for support with addressing the VA issue and provide support where needed. It was decided Dr. Lloyd will reach out to ACS to establish communication of the board's needs.

#### 12. Correspondence

The Council on Chiropractic Education (CCE) Election Announcement No action taken

#### Medical Director for Med Spa

Chiropractic Dr. Derek Larsen questioned if he could serve as a medical director of a medical spa in Juneau. The board decided to allow Dr. Lloyd to draft a response to Dr. Larsen's question, stating that he may not serve as a medical director of a medical spa. He could, however, provide services within the spa, if the services fell within the scope of practice. Once drafted the response will be reviewed and voted on by the full board in OnBoard.

Locum Tenens Extension Request: Marie Gravel #244357 (executive session) MOTION to enter executive session.

In accordance with the provisions of Alaska Statute 44.62.310C. I, Dr. Edward Barrington, MOVE to go into executive session for the purpose of discussing matters that tend to prejudice the reputation and character of any person, provided the person may request a public discussion. SECOND, by Dr. Tim Kanady, motion passed unanimously.

#### Call to Order/Roll Call

The meeting was called to order by Board President Dr. John Lloyd at 02:15pm. All members were present except Dr. Walter Campbel and guests acknowledged.

Dr. Tim Kanady, I MOTION for the board to approve Dr. Marie Gravel's request for locum tenens extension. The extension will be for an additional 30 days. SECOND by Ron Gherman, motion passed unanimously.

#### 13. Schedule Next Board Meeting

The next board meeting was scheduled for January 16, 2025.

#### 14. Tasks

- Dr. Barrington and Dr. Campbell are working on a project for regulation of laser and dry needling, as a part of the AO360 regulation consolidation project, due in February, or at next board meeting.
- Dr. John Lloyd will draft a letter to the board liaison (Shane Bannarbie) providing the boards response to Dr. Larsen's question on if a chiropractor may serve as a medical spa director.
- At the next Med Spa meeting the Chiropractic Board's Med Spa member will provide an oral response rather than a written declaration of the board's response, expressing the board appreciates the efforts, but has concerns that we're working through.

#### 15. Adjourn

Dr. Tim Kanady MOTION to adjourn the meeting at 02:21pm. SECOND by Dr. Edward Barrington, motion passed unanimously.



## Department of Commerce Community, and Economic Development Corporations, Business and Professional Licensing

# Summary of All Professional Licensing Schedule of Revenues and Expenditures

Board of Chiropractic Examiners		FY 18	FY 19	Biennium		FY 20	FY 21	Biennium	] L	FY 22	FY 23	Biennium		FY 24	FY 25	Biennium
Revenue																
Revenue from License Fees	\$	36,390 \$	211,760	\$ 248,150	\$	24,395 \$	208,070	\$ 232,465		. , .	206,007	•	\$	22,988 \$	315,785	
General Fund Received						\$	-	-		\$ 6,407 \$	170,699	177,106	\$	4,957 \$	-	4,95
Allowable Third Party Reimbursements		505	244 762	505	\$	\$	-	-	5	\$ \$	-	-	\$	\$	1,200	1,20
TOTAL REVENUE	<u> </u>	36,895 \$	211,760	\$ 248,655	\$	24,395 \$	208,070	\$ 232,465	\$	\$ 30,412 \$	376,706	\$ 407,118	\$	27,945 \$	316,986	\$ 344,93
Expenditures																
Non Investigation Expenditures																
1000 - Personal Services		51,958	59,328	111,286		73,885	73,112	146,997		33,415	86,985	120,400		112,881	145,420	258,3
2000 - Travel		15,220	6,618	21,838		5,152	, 0,	5,152	1 1	1,925	4,811	6,736		1,353	4,509	5,8
3000 - Services		6,067	4,456	10,523		13,719	10,278	23,997		2,810	14,829	17,639		3,599	4,415	8,0:
4000 - Commodities		123	108	231			10,270	23,337		2,010	1,023	17,000		2,333	1,713	0,01
5000 - Capital Outlay		-	100	231												
Total Non-Investigation Expenditures		73,368	70,510	143,878		92,756	83,390	176,146	1	38,150	106,625	144,775		117,833	154,344	272,17
						<u>-</u>										
Investigation Expenditures		7.010	c ===	40		-	25.222	<b></b>		40.645	45 713	64.6==		40.000	40.000	22 =
1000-Personal Services		7,019	6,773	13,792		5, <u>6</u> 22	35,093	40,715		48,645	15, <u>7</u> 12	64,357		10, <u>3</u> 92	18, <u>3</u> 38	28,73
2000 - Travel			-	-		-	-	-		-	-			-	-	
3023 - Expert Witness		-		-				-		1,475	2,310	3, <u>7</u> 85				
3088 - Inter-Agency Legal		6,780		6,780		7,077	16,797	23,874		37,410	40,460	77,870		66,061	19,004	85,06
3094 - Inter-Agency Hearing/Mediation		326		326			1,693	1,693	1 1	21,027	9,280	30,307		-		
3000 - Services other			78	78			46	53		970	132	1,102				
4000 - Commodities			=		<u> </u>		<u>-</u>		┧┝		_	_				
Total Investigation Expenditures		14,125	6,851	20, <u>9</u> 76	$\vdash$	12, <u>7</u> 06	53,629	66, <u>3</u> 35	┨┞	109,527	67,894	177, <u>4</u> 21		76,453	37 <u>,3</u> 51	113,80
Total Direct Expenditures		87,493	77,361	164,854		105,462	137,019	242,481		147,677	174,519	322,196		194,286	191,695	385,98
Indirect Expenditures				-										9	9	
Internal Administrative Costs		15,029	- 16,664	7 31, <u>6</u> 93		- 15,826	- 16,254	32, <u>0</u> 80		- 15,340	18,964	34, <u>3</u> 04		- 17,991	20,659	38,65
Departmental Costs		12,087	14,108	26,195		10,926	14,010	24,936		12,581	12,547	25,128		17,014	19,726	36,74
Statewide Costs		6,591	6,797	13,388		10,474	14,851	25,325	1 1	10,314	11,168	21,482		11,931	13,973	25,90
Total Indirect Expenditures		33,707	37,569	71,276		37,226	45,115	82,341		38,235	42,679	80,914		46,936	54,358	101,29
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TOTAL EXPENDITURES	\$	121,200 \$	114,930	\$ 236,130	\$	142,688 \$	182,134	\$ 324,822	\$	\$ 185,912 \$	217,198	\$ 403,110	\$	241,222 \$	246,053	\$ 487,27
Cumulative Surplus (Deficit)																
Beginning Cumulative Surplus (Deficit)	ا ا د	65,940 \$	(18,365)		۶ ا	78,465 \$	(39,828)		,	\$ (13,892) \$	(169,392)		Ġ	(9,884) \$	(223,161)	
Annual Increase/(Decrease)	'	(84,305)	96,830			(118,293)	25,936		'	(155,500)	159,508			(213,277)	70,933	
Ending Cumulative Surplus (Deficit)	\$	(18,365)	78,465		\$	(39,828) \$	(13,892)		-	\$ (169,392) \$	(9,884)		Ś	(223,161) \$	(152,228)	
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Statistical Information																
Number of Licenses for Indirect calculation		379	361			343	356			381	355			328	342	
Tamber of Elections for manifest edicaletion		3,3	501			5-5	330			301	333			320	J-2	

### **Additional information:**

- General fund dollars were received in FY21-FY24 to offset increases in personal services and help prevent programs from going into deficit or increase fees.
- Most recent fee change: Fee increase FY25
- Annual license fee analysis will include consideration of other factors such as board and licensee input, potential investigation load, court cases, multiple license and fee types under one program, and program changes per AS 08.01.065.

5	Sub Unit	(All)
F	PL Task Code	CHI1

Sum of Budgetary Expenditures	Object Type Name (Ex)			
Object Name (Ex)	1000 - Personal Services	2000 - Travel	3000 - Services	<b>Grand Total</b>
1011 - Regular Compensation	88,397.86			88,397.86
1023 - Leave Taken	11,852.73			11,852.73
1028 - Alaska Supplemental Benefit	6,155.26			6,155.26
1029 - Public Employee's Retirement System Defined Benefits	18,679.38			18,679.38
1030 - Public Employee's Retirement System Defined Contribution	1,599.32			1,599.32
1034 - Public Employee's Retirement System Defined Cont Health Reim	819.86			819.86
1035 - Public Employee's Retiremnt Sys Defined Cont Retiree Medical	253.87			253.87
1037 - Public Employee's Retiremnt Sys Defined Benefit Unfnd Liab	5,502.35			5,502.35
1039 - Unemployment Insurance	140.37			140.37
1040 - Group Health Insurance	24,305.90			24,305.90
1041 - Basic Life and Travel	2.15			2.15
1042 - Worker's Compensation Insurance	479.55			479.55
1047 - Leave Cash In Employer Charge	2,315.96			2,315.96
1048 - Terminal Leave Employer Charge	1,433.38			1,433.38
1053 - Medicare Tax	1,411.44			1,411.44
1069 - SU Business Leave Bank Contributions	259.16			259.16
1077 - ASEA Legal Trust	18.77			18.77
1079 - ASEA Injury Leave Usage	0.92			0.92
1080 - SU Legal Trst	129.29			129.29
1970 - Personal Services Transfer	-			-
2000 - In-State Employee Airfare		771.8	0	771.80
2001 - In-State Employee Surface Transportation		129.0	5	129.05
2002 - In-State Employee Lodging		1,173.5	6	1,173.56
2003 - In-State Employee Meals and Incidentals		480.0	0	480.00
2007 - In-State Non-Employee Lodging		189.0	0	189.00
2008 - In-State Non-Employee Meals and Incidentals		135.0	0	135.00
2009 - In-State Non-Employee Taxable Per Diem		61.0	0	61.00
2010 - In-State Non-Employee Non-Taxable Reimbursement		620.4	2	620.42
2020 - Out-State Non-Employee Meals and Incidentals		279.0	0	279.00
2021 - Out-State Non-Employee Taxable Per Diem		30.0	0	30.00
2022 - Out-State Non-Employee Non-Taxable Reimbursement		640.5	5	640.55
2970 - Travel Cost Transfer		-		-
3002 - Memberships			1,290.00	1,290.00
3045 - Postage			25.87	25.87
3046 - Advertising			976.05	976.05
3085 - Inter-Agency Mail			210.08	210.08
3088 - Inter-Agency Legal			20,925.56	20,925.56
Grand Total	163,757.52	4,509.3	8 23,427.56	191,694.46

#### **FY 2025 CBPL COST ALLOCATIONS**

Name	Task Code	Direct Revenues	General Fund Received	3rd Party Reimbursement	Total Revenues	Direct Expense	Percentage of board licenses/total licensees:	Department certified transactions % by Fiscal Revenue \$	Indirect Expense (Total Non-PCN Allocated)	Percentage of program direct Personal Services:	Total Indirect Expenses	Total Expenses	2025 Annual Surplus (Deficit)	FY24 Direct Expense	FY24 Indirect Expenses	FY24 Total Expenses
Acupuncture	ACU1	\$ 36,704		\$ -	\$ 36,704	\$ 7,610	\$ 3,586	\$ -	\$ 3,586	1,873	\$ 5,459	\$ 13,069	\$ 23,635	\$ 6,651 \$	5,234 \$	11,885
Architects, Engineer	AEL1	\$ 188,460		7	\$ 191,653	\$ 449,475		\$ 4,018	230,386	105,959	336,345	785,820	(594,167)	337,247	290,445	627,692
Athletic Trainers	ATH1	\$ 5,120		\$ -	\$ 5.120	\$ 3,035	2,045		2,963	803	3,766	6,801	(1,681)	1,642	2,538	4.180
Audiology and Speech Pathologists	AUD1	\$ 98,651		\$ -	\$ 98,651	\$ 54,058		\$ 1,439	34,899	13,362	48,261	102,319	(3,668)	41,069	41,314	82,383
Barbers & Hairdressers	BAH1	\$ 303,803		\$ -	\$ 303,803	\$ 447,826	201,888	\$ 6,299	208,187	108,174	316,361	764,187	(460,384)	364,706	299,416	664,122
Behavior Analysts	BEV1	\$ 16,771		\$ -	\$ 16,771	\$ 13,162	4,090	\$ -	4,090	3,270	7,360	20,522	(3,751)	8,861	6,382	15,243
Chiropractors	CHI1	\$ 315,785		\$ 1,200	\$ 316,985	\$ 191,694	10,136	\$ 868	11,004	43,354	54,358	246,052	70,933	194,286	46,936	241,222
Collection Agencies	COA1	\$ 19,430		\$ -	\$ 19,430	\$ 49,960	17,101	\$ 1,811	18,912	12,787	31,699	81,659	(62,229)	11,743	22,895	34,638
Concert Promoters	CPR1	\$ 13,875		\$ -	\$ 13,875	\$ -	830	\$ 372	1,202		1,202	1,202	12,673	44	774	818
Construction Contractors	CON1	\$ 1,408,302		\$ -	\$ 1,408,302	\$ 786,652	287,154	\$ 5,134	292,288	135,461	427,749	1,214,401	193,901	607,170	333,943	941,113
Home Inspectors	HIN1	\$ 8,495		\$ -	\$ 8,495	\$ 21,906	2,638	\$ 1,339	3,977	5,800	9,777	31,683	(23,188)	19,253	9,692	28,945
Dental	DEN1	\$ 630,810	\$ -	\$ -	\$ 630,810	\$ 310,844	71,070	\$ 3,472	74,542	77,402	151,944	462,788	168,022	350,066	157,023	507,089
Dietitians/Nutritionists	DTN1	\$ 13,060		\$ -	\$ 13,060	\$ 18,722	13,811	\$ 1,190	15,001	4,947	19,948	38,670	(25,610)	24,885	21,145	46,030
Direct Entry Midwife	MID1	\$ 104,366		\$ -	\$ 104,366	\$ 18,786	1,482	\$ -	1,482	4,909	6,391	25,177	79,189	24,961	3,268	28,229
Dispensing Opticians	DOP1	\$ 30,433		\$ -	\$ 30,433	\$ 18,914	5,542	\$ -	5,542	4,881	10,423	29,337	1,096	24,239	12,672	36,911
Electrical Administrator	EAD1	\$ 32,310		\$ -	\$ 32,310	\$ 88,422	27,059	\$ 223	27,282	14,330	41,612	130,034	(97,724)	96,254	46,081	142,335
Euthanasia Services	EUT1	\$ 3,500		\$ -	\$ 3,500	\$ 735	445	\$ -	445	194	639	1,374	2,126	488	548	1,036
Geologists	GEO1	\$ 1,150		\$ -	\$ 1,150	\$ 45	652	\$ -	652	7	659	704	446	991	925	1,916
Guardians/Conservators	GCO1	\$ 10,100		\$ -	\$ 10,100	\$ 60,548	741	\$ 322	1,063	4,905	5,968	66,516	(56,416)	6,758	2,881	9,639
Guide-Outfitters	GUI1	\$ 285,923		\$ -	\$ 285,923	\$ 537,908	47,212		51,007	118,688	169,695	707,603	(421,680)	434,101	166,507	600,608
Marine Pilots	MAR1	\$ 73,700		\$ -	\$ 73,700	\$ 106,816	4,090	\$ 273	4,363	21,217	25,580	132,396	(58,696)	85,392	20,286	105,678
Foreign Pleasure Craft	FPC1	\$ 70,215		\$ -	\$ 70,215		-	\$ -	-		-	-	70,215		334	334
Marital & Family Therapy	MFT1	\$ 101,579		\$ -	\$ 101,579	\$ 97,649	5,542	\$ 570	6,112	24,843	30,955	128,604	(27,025)	29,916	13,629	43,545
Massage Therapists	MAS1	\$ 54,925		\$ 330	\$ 55,255	\$ 236,819	37,639	\$ 2,059	39,698	56,561	96,259	333,078	(277,823)	225,078	95,655	320,733
Mechanical Administrator	MEC1	\$ 21,305		\$ -	\$ 21,305	\$ 85,553	16,893		17,811	10,618	28,429	113,982	(92,677)	95,639	32,432	128,071
Medical	MED1	\$ 2,690,026		\$ -	\$ 2,690,026	\$ 1,961,011	,	\$ 4,935	307,204	284,600	591,804	2,552,815	137,211	1,707,753	482,539	2,190,292
Mortuary Science	MOR1	\$ 26,555		\$ -	\$ 26,555	\$ 8,854	4,475	\$ 372	4,847	2,275	7,122	15,976	10,579	8,230	6,524	14,754
Naturopaths	NAT1	\$ 8,280		7	\$ 8,280	\$ 7,098	1,126		1,126	1,826	2,952	10,050	(1,770)	4,147	2,744	6,891
Nurse Aides	NUA1	\$ 225,185		\$ 132	\$ 225,317	\$ 239,914	83,814		85,327	34,781	120,108	360,022	(134,705)	101,931	110,655	212,586
Nursing	NUR1	\$ 5,462,496	\$ -	\$ 3,777	\$ 5,466,273	\$ 2,218,313	896,404		900,471	473,604	1,374,075	3,592,388	1,873,885	1,843,890	1,145,143	2,989,033
Nursing Home Administrators	NHA1	\$ 16,700		\$ -	\$ 16,700	\$ 2,250	1,956		1,956	56	2,012	4,262	12,438	2,044	1,575	3,619
Optometry	OPT1	\$ 136,631		\$ -	\$ 136,631	\$ 46,014	7,646		7,820	11,608	19,428	65,442	71,189	41,753	19,413	61,166
Pawnbrokers	PAW1	\$ 350		\$ -	\$ 350	\$ 3,076	474		474	814	1,288	4,364	(4,014)	4,222	2,035	6,257
Pharmacy	PHA1	\$ 363,853	\$ -	\$ 2,506	\$ 366,359	\$ 829,496	204,111		210,485	213,141	423,626	1,253,122	(886,763)	658,578	364,788	1,023,366
Physical/Occupational Therapy	PHY1	\$ 163,679		*	\$ 164,398	\$ 226,724	72,611	\$ 3,993	76,604	54,249	130,853	357,577	(193,179)	185,128	124,363	309,491
Prescription Drug Monitoring Program	PDMP	\$ -		\$ 1,170	\$ 1,170	\$ 1,190		\$ -	-	-	-	1,190	(20)	1,721	-	1,721
Professional Counselors	PCO1	\$ 105,550		\$ 644	\$ 106,194	\$ 208,103	,	\$ 2,034	38,932	53,127	92,059	300,162	(193,968)	204,504	91,681	296,185
Psychology	PSY1	\$ 168,552		\$ -	\$ 168,552	\$ 198,579	,	\$ 645	12,500	47,869	60,369	258,948	(90,396)	173,098	59,195	232,293
Public Accountancy	CPA1	\$ 153,165	\$ -	-,	\$ 160,024	\$ 288,048	45,760		46,752	70,939	117,691	405,739	(245,715)	318,407	130,590	448,997
Real Estate	REC1	\$ 148,775			\$ 148,775	\$ 326,027	108,176		110,011	76,980	186,991	513,018	(364,243)	391,392	191,680	583,072
Real Estate Appraisers	APR1	\$ 180,565		\$ -	\$ 180,565	\$ 151,483	12,507		15,310	37,416	52,726	204,209	(23,644)	104,135	39,303	143,438
Social Workers	CSW1	\$ 126,150		\$ -	\$ 126,150	\$ 246,022	,	\$ 2,109	44,935	63,348	108,283	354,305	(228,155)	197,753	97,794	295,547
Storage Tank Workers	UST1	\$ 1,080		\$ -	\$ 1,080	\$ 4,678	,	\$ -	1,838	1,238	3,076	7,754	(6,674)	11,150	5,691	16,841
Veterinary	VET1	\$ 316,829	•	\$ 1,953	\$ 318,782	\$ 247,029	26,347	\$ 1,339	27,686	61,279	88,965	335,994	(17,212)	147,383	67,057	214,440
No longer existent board/commission (ie Atl	hletic)		\$ -									-	-			
Totals All Boards		\$ 14,143,193	\$ -	\$ 22,483	\$ 14,165,676	\$ 10,821,048	\$ 2,882,567	\$ 68,205	\$ 2,950,772	\$ 2,263,495	\$ 5,214,267	\$ 16,035,315	\$ (1,869,639)	\$ 9,098,659 \$	4,575,725 \$	13,674,384
							-	-		-	-					
ABL & Corporations	DA0801005	\$ 13,065,329		\$ -	\$ 13,065,329	\$ 474,829	\$ 1,348,575	\$ 9,301	\$ 1,357,876	\$ 256,212	\$ 1,614,088	\$ 2,088,917	10,976,412			
													-			
Fines & Forfeit GF		223,196	-		223,196							-				

ABL & Corporations	DA0801005	\$ 13,065,329	\$	- \$ 13,065,329	\$ 474,829 \$	1,348,575 \$	9,301 \$ 1,357,876 \$	<b>256,212</b> \$ 1,614,088 \$ 2,088,917
Fines & Forfeit GF		223,196	-	223,196	5			-
Revenue Transfer In (Carry Forward N	et) CFWD	2,011,431	-	2,011,431				-
Reimbursable Service Agreements AR	DA0801007	-						
RSA 0825023- DHSS Nurse Aide Pro	gram	129,571		129,571	129,571			129,571
RSA 0825024- DHSS PFS- DOA PDM	ИP	306,958		306,958	306,958			306,958
RSA 0825022- DHSS PFS- DOA BJA	PDMP	447,963		447,963	447,963			447,963
RSA 0825025- DHSS EPI PDMP		198,352		198,352	198,352			198,352
RSA 0825021 Child Support Assistan	ce	302		302	302			302
RSA 0825309- DHSS PFS- PDMP		195,000		195,000	195,000			195,000
nteragency clearing		-		-	-			-
Direct Professional Licensing TASK 80	00			-	73,036			73,036
General Fund Received TASK 8000		-	288,274	288,274	288,274			288,274
Telemedicine Business Registry	TBR1	107,800		107,800				-
DWAD - Emergency Authorizations				-				-
Real Estate Recovery Fund	ZSU1	39,020		39,020	123,846			123,846
Third Party Reimbursement	080801108		-					-
Total CBPL		\$ 30,868,114 \$	288,274 \$	22,483 \$ 31,178,872	2 \$ 13,059,180 \$	4,231,142 \$	77,506 \$ 4,308,648 \$	2,519,707 \$ 6,828,355 \$ 19,887,535

Printed 10/31/2025
I:\Revenue\CBPL Allocations & Issues\CBPL FY2025 Indirect Allocation-FY25 CBPL Indirect Allocation-FINAL

1 125 maneet cost Wethodology			
DIVISION INDIRECT EXPENSES	Total	Prof Lic	Corp & Bus Lic
Percentage of program direct Personal Services:			
Business Supplies	25,582	25,478	104
Office Equipment	195,244	189,754	5,490
State Vehicles	2,641	2,324	317
Storage and Archives	17,687	15,112	2,575
Legal Support	51,005	51,005	-
Central Mail Services Postage	46,394	21,267	25,127
Software Licensing and Maintenance	93,639	93,639	-
Division Administrative Expenses - all other	262,518	262,518	-
Division allocated by percentage of direct personal services:	694,710	661,097	33,613
Percentage of board licenses/total licensees:			
Investigations indirect Personal Services	360,659	331,542	29,117
Division Administration Personal Services	3,179,249	1,942,740	1,236,509
Division allocated by percentage of board licenses/total licensees:	3,539,908	2,274,282	1,265,626
Division anocated by porton age of board noonbook total noonbook.	0,000,000	2,211,202	1,200,020
Total Division Indirect Expenses	4,234,618	2,935,379	1,299,239
	1,201,010	2,000,010	1,200,200
DEPARTMENT INDIRECT EXPENSES	Total	Prof Lic	Corp & Bus Lic
Percentage of program direct Personal Services:	205 702	404.000	24.004
Commissioner's Office	205,782	181,088	24,694
Administrative Services - Director's Office	98,735	86,887	11,848
Administrative Services - Human Resources	81,583	71,793	9,790
Administrative Services - Fiscal	134,815	118,637	16,178
Administrative Services - Budget	77,293	68,018	9,275
Administrative Services - Information Technology	229,784	202,210	27,574
Administrative Services - Information Technology - Network & Database/ Management &	149,044	131,159	17,885
Administrative Services - Mail	14,875	13,090	1,785
Administrative Services - Facilities - Maintenance	-	-	-
Department allocated by percentage of direct personal services:	991,911	872,882	119,029
Percentage of board licenses/total licensees:			
Department administrative services support: Fiscal, IT, Procurement	691,234	608,285	82,949
Receipting transaction % by Personal Services:			
Department certified transactions % by Fiscal Revenue \$	77,506	68,205	9,301
Total DEPARTMENT INDIRECT EXPENSES	1,760,651	1,549,372	211,279
TOTAL DEPARTMENT INDIRECT EXPENSES	1,700,031	1,545,572	211,213
STATEWIDE INDIRECT EXPENSES	Total	Prof Lic	Corp & Bus Lic
Percentage of program direct Personal Services:			
Accounting and Payroll Systems	86,615	76,221	10,394
State Owned Building Rental (Building Leases)	297,003	261,363	35,640
State OIT Server Hosting & Storage	7,712	6,787	925
State OIT SQL	8,040	7,075	965
State Software Licensing	-	-	-
Human Resources	78,602	69,170	9,432
IT Non-Telecommunications (Core Cost)	316,458	274,883	41,575
IT Telecommunications	36,340	31,979	4,361
Risk Management	2,316	2,038	278
Statewide allocated by percentage of direct personal services:	833,086	729,516	103,570
FY25 TOTALS BY METHODOLOGY	Total	Prof Lic	Corp & Bus Lic
Descentage of program direct Descend Comission	0.540.707	2 262 405	050.040
Percentage of program direct Personal Services:	2,519,707	2,263,495	256,212
Percentage of board licenses/total licensees:	4,231,142	2,882,567	1,348,575
Receipting transaction % by Personal Services:	77,506	68,205	9,301
Grand Total	6,828,355	5,214,267	1,614,088
	<del>-</del>		·



## Department of Commerce, Community, and Economic Development

DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING

550 West Seventh Avenue, Suite 1500 Anchorage, AK 99501-3567 Main: 907.269.8160

Fax: 907.269.8156

#### **MEMORANDUM**

DATE: November 20, 2025

TO: Board of Chiropractic Examiners

THRU: Erika Prieksat, Chief Investigator 84/

FROM: Joshua Hardy, Investigator

RE: Investigative Report for the December 05, 2025 Meeting

The following information was compiled as an investigative report to the Board for the period of September 26, 2025 thru November 20, 2025; this report includes cases, complaints, and intake matters handled since the last report.

Matters opened by the Paralegals in Anchorage and Juneau, regarding continuing education audits and license action resulting from those matters are covered in this report.

#### **OPEN - 9**

Case Number	<u>Violation Type</u>	<u>Case Status</u>	<b>Status Date</b>
CHIROPRACTIC PHYSI	CIAN		
2025-001112	Unethical conduct	Intake	11/20/2025
2024-000467	Sexual misconduct	Complaint	06/01/2024
2025-000364	Standard of care	Complaint	06/02/2025
2025-000365	Continuing education	Complaint	05/06/2025
2025-000864	Violation of Profession Statute or Regulation	Complaint	09/18/2025
2023-000568	Fraud or misrepresentation	Investigation	11/20/2024
2024-000743	Unethical conduct	Investigation	08/20/2025
2024-000744	Unethical conduct	Investigation	10/16/2025
2025-000450	Continuing education	Investigation	11/05/2025

#### $\underline{\text{Closed - 1}}$

Case #	Violation Type	<u>Case Status</u>	Closed	Closure
CHIROPRACTIC PHYSI	CIAN			
2025-000021	License Application Review/Referral	Closed-Complaint	11/06/2025	No Action - No Violation

END OF REPORT



## Department of Commerce, Community, and Economic Development

BOARD OF PHYSICAL THERAPY AND OCCUPATIONAL THERAPY

P.O. Box 110806 Juneau, Alaska 99811-0806 Main: 907.269.6425

Fax: 907.465.2974

December 1, 2025

Alaska Board of Chiropractic Examiners PO Box 110806 Juneau, AK 99811-0806

Subject: Stakeholder Input on Title Protection for Physiotherapy

Dear Members of the Board:

The Alaska Physical Therapy and Occupational Therapy Board's PT Scope Modernization Work Group is requesting stakeholder input regarding proposed changes to AS 08.84.130. Specifically, we are seeking feedback on whether to pursue **title protection** for "physiotherapist" instead of **term protection**, as initially proposed in the PT scope modernization draft.

Please review the updated statutory draft language dated November 26, 2025.

I plan to attend the board meeting on December 5, 2025, to discuss this draft language further and gather the board's official thoughts on how best to accomplish this goal.

Sincerely,

-Signed by:

#### **Jonathan Gates**

Jonathan Gates, DPT, PT PT Scope Modernization Work Group Chair

#### CHAPTER 84. PHYSICAL THERAPISTS AND OCCUPATIONAL THERAPISTS

#### Article

- 1. State Physical Therapy and Occupational Therapy Board (§§ 08.84.010, 08.84.020)
- 2. Licensing (§§ 08.84.030 08.84.120)
- 3. Unlawful Acts (§§ 08.84.130 08.84.180)

#### ARTICLE 1. STATE PHYSICAL THERAPY AND OCCUPATIONAL THERAPY BOARD

#### Section

#### 01. Legislative Intent

- 10. Creation and membership of board
- 20. Applicability of Administrative Procedure Act

#### Sec. 08.84.001. Legislative Intent

This act is enacted for the purpose of protecting the public health, safety, and welfare, and provides for jurisdiction administrative control, supervision, licensure, and regulation of the practice of physical therapy and occupational therapy. It is the legislature's intent that only individuals who meet and maintain prescribed standards of competence and conduct may engage in the practice of physical therapy and occupational therapy as authorized by this act. This act shall be liberally construed to promote the public interest and to accomplish the purpose stated herein.

Sec. 08.84.120. Refusal, revocation, and suspension of license; discipline. (a) The board may refuse to license an applicant, may refuse to renew the license of a person, may discipline a person, and may suspend or revoke the license of a person who

- (1) has obtained or attempted to obtain a license by fraud or material misrepresentation;
- (2) uses drugs or alcohol in any manner that affects the person's ability to practice physical therapy or occupational therapy competently and safely;
- (3) has been convicted of a state or federal felony or other crime that effects the person's ability to practice competently and safely;
- (4) is guilty, in the judgement of the board, of gross negligence or malpractice or has engaged in conduct contrary to the recognized standards of ethics of the physical therapy profession or the occupational therapy profession;

- (5) has continued to practice physical therapy or occupational therapy after becoming unfit because of physical or mental disability;
- (6) has failed to refer a patient to another qualified professional when the patient's condition is beyond the training or ability of the person;
- (7) as a physical therapist assistant, has attempted to practice physical therapy that has not been initiated, supervised, and terminated by a licensed physical therapist;
- (8) as an occupational therapy assistant, has attempted to practice occupational therapy that has not been supervised by a licensed occupational therapist; or
- (9) has failed to comply with this chapter, a regulation adopted under this chapter, or an order of the board.
- (10) Practicing or offering to practice beyond the scope of the practice of physical therapy.
- (11) Acting in a manner inconsistent with generally accepted standards of physical therapy practice, regardless of whether actual injury to the patient is established.
- (b) The refusal or suspension of a license may be modified or rescinded if the person has been rehabilitated to the satisfaction of the board.
- (c) The board may not impose disciplinary sanctions on a licensee for the evaluation, diagnosis, or treatment of a person through audio, video, or data communications when physically separated from the person if the licensee
  - (1) or another licensed health care provider is available to provide follow-up care;
  - (2) requests that the person consent to sending a copy of all records of the encounter to a primary care provider if the licensee is not the person's primary care provider and, if the person consents, the licensee sends the records to the person's primary care provider; and
  - (3) meets the requirements established by the board in regulation.
- (d) The board shall adopt regulations restricting the evaluation, diagnosis, supervision, and treatment of a person as authorized under (c) of this section by establishing standards of care, including standards for training, confidentiality, supervision, practice, and related issues.
- AS 08.84.130 False claim of license prohibited. (a) A person not licensed as a physical therapist, or whose license is suspended or revoked, or has lapsed, who uses in connection with the person's name the words or letters "D.P.T.," "Doctor of Physical Therapy", "P.T.," "Physical Therapist," "L.P.T." "Licensed Physical Therapist," "Physiotherapist," or other letters, words, or insignia indicating or implying that the

person is a licensed physical therapist, or who, in any way, orally or in writing, directly or by implication, holds out as a licensed physical therapist, is guilty of a class B misdemeanor.

Nothing in this section shall be construed to prohibit a person licensed under AS 08.20 from practicing within the scope of practice authorized by that chapter, including the use of physiological therapeutics as an ancillary methodology, provided the person does not use the titles or insignia specified in subsection (a) of this section indicating or implying licensure as a physical therapist.

#### **ARTICLE 5. GENERAL PROVISIONS**

Section 190. Definitions 200. Short title

Sec. 08.84.190. Definitions. In this chapter, unless the context otherwise requires,

- (1) "board" means the State Physical Therapy and Occupational Therapy Board;
- (2) "occupational therapist" means a person who practices occupational therapy;
- (3) "occupational therapy" means, for compensation, the use of purposeful activity, evaluation, treatment, and consultation with human beings whose ability to cope with the tasks of daily living are threatened with, or impaired by developmental deficits, learning disabilities, aging, poverty, cultural differences, physical injury or illness, or psychological and social disabilities to maximize independence, prevent disability, and maintain health; "occupational therapy" includes
  - (A) developing daily living, play, leisure, social, and developmental skills;
  - (B) facilitating perceptual-motor and sensory integrative functioning;
  - (C) enhancing functional performance, prevocational skills, and work capabilities using specifically designed exercises, therapeutic activities and measure, manual intervention, and appliances;
  - (D) design, fabrication, and application of splints or selective adaptive equipment;
  - (E) administering and interpreting standardized and nonstandardized assessments, including sensory, manual muscle, and range of motion assessments, necessary for planning effective treatment; and
  - (F) adapting environments for the disabled;
- (4) "occupational therapy assistant" means a person who assists in the practice of occupational therapy under the supervision of an occupational therapist; (5) "physical therapist" means a person who practices physical therapy;

- (6) "physical therapist assistant" means a person who assists in the practice of physical therapy or an aspect of physical therapy as initiated, supervised, and terminated by a licensed physical therapist; the responsibilities of a physical therapist assistant do not include evaluation:
- (7) "physical therapy" means the examination, treatment and instruction of human beings to detect, assess, prevent, correct, alleviate and limit physical disability, bodily malfunction, pain from injury, disease and other bodily or mental conditions and includes the administration, interpretation and evaluation of tests and measurements of bodily functions and structures; the planning, administration, evaluation and modification of treatment and instruction including the use of physical measures, activities and devices for preventive and therapeutic purposes; the provision of consultative, educational and other advisory services for the purpose of reducing the incidence and severity of physical disability, bodily malfunction and pain; "physical therapy" does not include the use of roentgen rays and radioactive materials for diagnosis and therapeutic purposes, the use of electricity for surgical purposes, and the diagnosis of disease.
- (2) "Competence" is the application of knowledge, skills, and behaviors required to function effectively, safely, ethically and legally within the context of the patient/client's role and environment.
- (3) "Consultation" means a physical therapist seeking assistance from, or rendering professional or expert opinion or advice to, another physical therapist or professional healthcare provider via electronic communications, telehealth, or in-person.)"Consultation" means a therapist seeking assistance from, or rendering professional or expert opinion or advice to, another professional healthcare provider or individual involved in the plan of care via electronic communications, telehealth, or in-person.
- (4) "Continuing competence" is the lifelong process of maintaining and documenting competence through ongoing self-assessment, development, and implementation of a personal learning plan, and subsequent reassessment.
- (5) "Electronic Communications" means the science and technology of communication (the process of exchanging information) over any distance by electronic transmission of impulses including activities that involve using electronic communications to store, organize, send, retrieve, and/or convey information.
- (6) "Nexus to practice" means the criminal act of the applicant or licensee posing a risk to the public's welfare and safety relative to the practice of physical therapy.
- (7) Patient/client" means any individual receiving physical therapy from a licensee, permit, or compact privilege holder under this Act.

- (8) Physical therapist assistant" means a person who assists in the practice of physical therapy or an aspect of physical therapy as initiated, supervised, and terminated by a licensed physical therapist; the responsibilities of a physical therapist assistant do not include evaluation.
- (9) "Physical therapist" means a person who is a licensed healthcare practitioner pursuant to this act to practice physical therapy. The terms "physiotherapist" or "physio" shall be synonymous with "physical therapist" pursuant to this act. A Physical Therapist may evaluate, initiate, and provide physical therapy treatment for a client as the first point of contact without a referral from other health service providers.
- "Physical therapy" means the care and services provided in-person (10)or via telehealth by or under the direction and supervision of a physical therapist who is licensed pursuant to this act. The term "physiotherapy" shall be synonymous with "physical therapy" pursuant to this act.
  - "Practice of physical the rapy" means: (11)
  - a. Examining, evaluating, and testing patients/clients with mechanical, physiological and developmental impairments, functional limitations, and disabilities or other health and movement-related conditions in order to determine a diagnosis, prognosis and plan of treatment intervention, and to assess the ongoing effects of intervention.
  - b. Alleviating impairments, pain, functional limitations and disabilities; promoting health; and preventing disease by designing, implementing and modifying treatment interventions that may include, but not limited to: therapeutic exercise; needle insertion; patient-related instruction; therapeutic massage; airway clearance techniques; integumentary protection and repair techniques; debridement and wound care; physical agents or modalities; mechanical and electrotherapeutic modalities; manual therapy including soft tissue and joint mobilization/manipulation; functional training related to movement and mobility in self-care and in home, community or work integration or reintegration; as well as prescription application and, as appropriate, fabrication of assistive, adaptive, orthotic, prosthetic, protective and supportive devices and equipment.
  - c. Reducing the risk of injury, impairment, functional limitation, and disability, including performance of participation-focused physical examinations and the promotion and maintenance of fitness, health, and wellness in populations of
  - d. Serving as primary care providers for patients and clients experiencing healthcare concerns.

- e. Referring a patient/client to healthcare providers and facilities for services and testing to inform the physical therapist plan of care.
- f. Engaging in administration, consultation, education, and research.
- (12) "Teleheath" is the use of electronic communications to provide and deliver a host of health-related information and healthcare services, including, but not limited to physical therapy related information and services, over large and small distances. Telehealth encompasses a variety of healthcare and health promotion activities, including, but not limited to, education, advice, reminders, interventions, and monitoring of interventions.
- (13) "Testing" means standard methods and techniques used to gather data about the patient/client, including but not limited to imaging, electrodiagnostic and electrophysiologic tests and measures.

(Will need to incorporate new occupational therapy definitions in alphabetical order under AS 08.84.190)

Work Group Recommendations for associated Regulations Project:

#### \*Telehealth:

Omit phrase from 12 AAC 54.530(a).

Change Telerehabilitation to Telehealth - 12 AAC 54.530. (regulation project) and omit wording limiting to "geographic constraints or health and safety constraints." See Centralized Statute 08.02.130

(a) The purpose of this section is to establish standards for the practice of telerehabilitation telehealth by means of [an interactive telecommunication system] by a physical therapist licensed under AS 08.84 and this chapter in order to provide physical therapy to patients who are located in this state. and do not have access to a physical therapist in person due to geographic constraints or health and safety constraints.



### Board of Chiropractic Examiners (CHI) AO360 Regulation Reduction Strategic Plan

Highlighted text = Division identified "discretionary" regulation (not statutory) that may be considered for reduction to meet AO360. Board considerations are limited to what's been identified by the Division. Removal of guidance adopted by reference are included as a reduction. For example. The American Chiropractic Association code of ethics referenced in 12 AAC 16.010(b).

#### Reduction Breakdown

Baseline CHI regulation	Number of reductions needed to	COMMENTS
requirements	meet 25% reduction target	
136- Regulation requirements 46-Requirements adopted by reference in regulation	46 (0.25 x 182)	
Baseline Number of		
Requirements Total: 182		
CHI regulation requirements	?	
elimination recommendation		
CHI requirements adopted by	46	The American Chiropractic Association (ACA) has 46 total
reference regulations		requirements adopted by reference in 12 AAC 16.010.
elimination recommendation		OBJECTIVES (b).
		<b>Note:</b> The regulation also states the International Chiropractic Association is a basis for considering what comprises the duties and obligations of chiropractors to the public. Removal of ACA still allows the public to rely on the international code referenced

## **Regulation Reduction Recommendations**

12 AAC 16.030		APPLICATION FOR LICENSURE BY EXAMINATION.
	(a)	A person applying for chiropractic licensure by examination shall submit
	(a)(1)	A completed application on a form provided by the department.
	(a)(2)	The fees set out under 12 AAC 02.150.
	(a)(3)	Official college transcripts that show that the applicant has met the education requirements set out in AS 08.20.120(a)(1), (3), and (4).
	(a)(4)	An official grade transcript sent directly to the department from the National Board of Chiropractic Examiners that shows that the applicant has passed the applicable examination under 12 AAC 16.037.
	(a)(5)(A)	Official college transcripts that show that the applicant has met the education requirements set out in AS 08.20.120(a)(2).
	(a)(5)(B)	Evidence of active licensed practice of chiropractic for at least three of the four years preceding the date of the application.
	(a)(6)(A)	Verification of the status of the applicant's license from each licensing jurisdiction where the applicant holds or has held a license to practice chiropractic, sent directly to the department from the licensing jurisdiction.
	(a)(6)(B)	Documentation of continuing education that meets the requirements set out under (b) of this section.
	(a)(7)	A report under AS 12.62 containing the applicant's criminal history record information, issued not more than 90 days before the date of the application.
	(a)(8)	If the applicant primarily resides in another state or holds or has held a license to practice chiropractic in another state, an equivalent report to the report under AS 12.62 containing the applicant's criminal history record information, issued by that state not more than 90 days before the date of the application.
	(b)	An applicant's documentation of continuing education required under (a) of this section must document 32 credit hours of continuing education, approved by the board or another licensing jurisdiction, earned within the two years preceding the date of the application, and (1) must include at least
	(b)(1)(A)	Eight hours in radiographic safety, radiographic techniques and interpretation, or diagnostic imaging.
	(b)(1)(B)	Two hours in coding and documentation.
	(b)(1)(C)	Two hours in ethics and boundaries.

	(b)(1)(D)	Two hours in cardiopulmonary resuscitation.
	(b)(1)(E)	Eighteen hours in education that does not include business management.
	(5)(1)(L)	(2) may not include more than four total hours in the following subject areas:
	(b)(2)(A)	
	(b)(2)(A)	Cardiopulmonary resuscitation (CPR) training.
	(b)(2)(B)	Automated external defibrillator (AED) training.
	(b)(2)(C)	Basic life support (BLS) training.
	(b)(3)	May not include more than 16 hours obtained over the Internet or through distance learning.
12 AAC 16.031		APPLICATION FOR TEMPORARY PERMIT FOR LOCUM TENENS PRACTICE.
	(a)	A person applying for a temporary permit for locum tenens practice must meet the applicable requirements of AS 08.20.163 and this section, including passing the state chiropractic examination described in 12 AAC 16.130.
	(b)(1)	A completed application on a form provided by the department.
	(b)(2)	The applicable fees established in 12 AAC 02.150.
	(b)(3)	Official college transcripts showing that the applicant meets the education requirements of AS 08.20.120(a)(2)–(4).
	(b)(4)	An official grade transcript sent directly to the department from the National Board of Chiropractic Examiners showing that the applicant has successfully passed the applicable national examinations described in 12 AAC 16.037.
	(c)(1)	A completed application on a form provided by the department.
	(c)(2)	The applicable fees established in 12 AAC 02.150.
	(c)(3)	Official college transcripts showing that the applicant meets the education requirements of AS 08.20.163(b)(2)(C) and (D).
	(c)(4)	An official grade transcript sent directly to the department from the National Board of Chiropractic Examiners showing that the applicant has successfully passed the examinations described in AS 08.20.163(b)(2)(D) and (E).
	(c)(5)	Verification of practice showing that the applicant meets the requirements of AS 08.20.163(b)(2)(B).
	(c)(6)	Verification of the applicant's licensure status and complete information regarding any disciplinary action or investigation taken or pending, sent directly to the department from all licensing jurisdictions where the applicant holds or has ever held a chiropractic license.
	(c)(7)	A <mark>notarized,</mark> sworn statement by the applicant that the applicant has not been, within the five years preceding the date of application, the subject of an unresolved review or an adverse decision based upon a complaint, investigation, review procedure, or disciplinary proceeding undertaken by a state, territorial, local, or federal

		chiropractic licensing jurisdiction, chiropractic society, or law enforcement agency that relates to criminal or
		fraudulent activity, chiropractic malpractice, or negligent chiropractic care and that adversely reflects on ability or
		competence to engage in the practice of chiropractic or the safety or well-being of patients.
	(c)(8)	[Repealed 5/27/2006.]
	(4)	An applicant applying for a temporary permit for locum tenens practice under AS 08.20.163 and this section
	(d)	shall submit
		A notarized, sworn statement by the chiropractor licensed in this state for whom the applicant will substitute,
	(d)(1)	including the dates of the substitute practice and the date that the chiropractor licensed in this state will resume
		practice; and
		A report under AS 12.62 containing criminal history record information concerning the applicant and issued no
		earlier than 90 days before the application; if a state other than this state is the applicant's primary state of
	(d)(2)	residence, or if the applicant holds or has ever held a license in a state other than this state to practice chiropractic,
	( , , ,	the applicant shall also submit an equivalent report issued by that other state and issued no earlier than 90 days
		before the application.
_	I	NATIONAL EXAMINATION REQUIREMENTS
12 AAC 16	.037	
		To satisfy the examination requirements of AS 08.20.120(a)(6), an applicant must successfully pass each subject of
	(a)	the following parts of the examination of the National Board of Chiropractic Examiners, and the elective
		physiotherapy examination;
		If the applicant graduated before 1987 from a school or college of chiropractic that meets the requirements of AS
	(a)(1)	08.20.120(a)(3), parts one and two of the national examination.
		If the applicant graduated after 1986 from a school or college of chiropractic that meets the requirements of AS
	(a)(2)	08.20.120(a)(3), parts one, two, and three of the national examination.
		An applicant who has been in the active practice of chiropractic for five continuous years before the date of
		application for a license in this state may substitute successful passage of the Special Purposes Examination of
	(b)	Chiropractic (SPEC) of the National Board of Chiropractic Examiners for parts three and four of the national
		examination.
		To pass a national examination subject, an applicant must achieve a minimum score of 75 percent for an
	(c)(1)	examination taken before October 1983.
		To pass a national examination subject, an applicant must achieve a minimum score of 375 for an examination
	(c)(2)	taken on or after October 1983.
		taken on or after October 1303.

	(d)	If the applicant graduated after September 1, 1998 from a school or college of chiropractic that meets the requirements of AS 08.20.120(a)(3), in addition to the requirements of (a) of this section, an applicant must also pass part four of the national examination.
12 AAC 16.041		PRECEPTOR SCOPE OF PRACTICE  A chiropractic preceptor
	(1)	may supervise not more than one chiropractic intern at a time.
	(2)	A chiropractic preceptor may permit a chiropractic intern to perform the chiropractic adjustment as set out in AS 08.20.900 only under personal supervision.
	(3)	Before any chiropractic manipulative therapy performed by the intern, the preceptor must provide a patient with an informed consent document that states that the chiropractic intern is a chiropractic student and not a licensed chiropractic physician in this state.
	(4)	A chiropractic preceptor must maintain a malpractice insurance policy with coverage limits of at least \\$1,000,000 per claim, and a minimum aggregate limit of \\$3,000,000 per policy period.
	(5)	A chiropractic preceptor must have been licensed under this chapter in this state for not less than five years preceding the acceptance of a chiropractic intern.
12 AAC 16.042		INTERN SCOPE OF PRACTICE
	(a)	A chiropractic intern may, under the personal supervision of a chiropractic preceptor, use chiropractic core methodologies as defined in AS 08.20.900, except that chiropractic diagnosis must be provided by the chiropractic preceptor.
	(b)	A chiropractic intern may, under the general supervision of a chiropractic preceptor,
	(b)(1)	perform diagnostic imaging studies.
	(b)(2)	A chiropractic intern may, under the general supervision of a chiropractic preceptor, perform examination procedures.
	(b)(3)	A chiropractic intern may, under the general supervision of a chiropractic preceptor, use ancillary methodologies as defined in AS 08.20.900.
	(c)	A chiropractic preceptor is subject to disciplinary action if an intern is in violation of this chapter.
	(d)	An intern must be enrolled in a graduate-level course of study at a chiropractic institution accredited by the Council on Chiropractic Education (CCE) and be accepted into and approved to participate in an internship program. Internship placement will be made by and overseen by the accredited chiropractic college program.

		An intern may practice under a chiropractic preceptor for a period of not more than six months or the time period
	(e)	approved by the intern's accredited chiropractic college, whichever comes first. Written extensions of an internship
		may be granted by the board.
12 AAC 16.200	•	TEMPORARY PERMITS
	(0)	The board may issue a temporary permit to an applicant for licensure by examination or credentials who is
	(a)	scheduled to sit for the next state chiropractic examination and who otherwise
	(a)(1)	meets the requirements of 12 AAC 16.030 or 12 AAC 16.033, as applicable.
	(0)(2)	Furnishes the board with the name of the licensed chiropractor in the state with whom the applicant will associate
	(a)(2)	while practicing under the authority of the temporary permit.
	(a)(3)	Has not previously taken the examination before and failed.
	(a)(4)	Has not previously held a temporary permit.
	(b)	[Repealed 12/7/97.]
	(c)	A temporary permit holder must
		provide the board with a statement, sworn to by a licensed chiropractor in the state with whom the temporary
	(c)(1)	permit holder will practice, that the licensed chiropractor assumes all legal liability for the practice of the temporary
		permit holder and is physically present in the same facility when the temporary permit holder is practicing.
	(c)(2)	Display the temporary permit in a conspicuous place in the office where the holder practices chiropractic.
	(c)(3)	Inform the board of a change in the temporary permit holder's mailing and practicing address.
		A temporary permit is valid until the results of the next scheduled examination are received by the applicant. If an
	(4)	applicant is unable to appear for the first scheduled examination, the board may extend the temporary permit until
	(d)	the results of the next scheduled examination are received. The board will not extend a temporary permit more than
		once.
	(e)	If, after having been warned by the board once, a permittee continues to practice in an unethical or unlawful
	(0)	manner, the board may terminate that permittee's temporary permit.
12 AAC 16.205		COURTESY LICENSE
		The board will issue a courtesy license to an applicant who meets the requirements of this section. A courtesy
	(a)	license authorizes the licensee to practice chiropractic for a special event only. A courtesy license does not
		authorize the licensee to conduct a general chiropractic practice or to perform services outside the scope of
		practice specified in the courtesy license required for that special event.
	(b)	An applicant for a courtesy license must submit a complete application on a form provided by the department

		no later than 45 days before the special event for which the courtesy license is requested. A complete application
	-	<mark>includes</mark>
(b)(1	1)	The applicable fees established in 12 AAC 02.150.
(b)(2	2)	A current signed photograph of the applicant.
(b)(3	3)	A certification from the applicant certifying that the applicant is not a resident of this state.
(b)(4	4)	Verification of a valid and active license to practice chiropractic in another state or other jurisdiction for the scope of practice specified in the application.
(b)(5	5)	A description of the special event for which the courtesy license is requested.
(b)(6	6)	The scope of practice required for the special event.
(b)(7	7)(A)	Certification that the applicant has not had a chiropractor license suspended or revoked in any jurisdiction.
(b)(7	, , , , ,	Certification that the applicant has not been convicted of a felony or other crime that affects the applicant's ability to practice chiropractic competently and safely.
(b)(7	/)(B)(II	Certification that the applicant has not been convicted of a crime involving the unlawful procurement, sale, prescription, or dispensing of a controlled substance listed in AS 11.71.140 – 11.71.190 or a similar crime in another jurisdiction.
(b)(8	8)	a report, issued by the applicant's primary state of residence no earlier than 90 days before the application, and that is equivalent to a report under AS 12.62 issued by this state containing criminal history record information concerning the applicant; if the applicant holds or has ever held a license in a state other than this state to practice chiropractic, a complete application also includes a report, issued by that state no earlier than 90 days before the application, and that is equivalent to a report under AS 12.62 issued by this state containing criminal history record information concerning the applicant
(c)		A courtesy license will be issued only after the department receives the results of a background check from the Federation of Chiropractic Licensing Boards that reports no disciplinary action against the applicant.
(d)		The board may waive the 45-day application deadline if the applicant's failure to meet the deadline is for good cause. A notarized copy of the license may be submitted in place of verification.
(e)		A document required by (b) or (d) of this section that is not in English must be accompanied by a certified English translation of the document
(f)		A courtesy license is valid for a period beginning seven days before and ending seven days after the event. No more than two courtesy licenses may be issued in a 12-month period.
(g)		The holder of a courtesy license must meet the minimum professional standards of 12 AAC 16.920 and is subject to discipline under AS 08.01.075 and AS 08.20.170.

	(h)	The holder of a courtesy license is limited to the practice of chiropractic identified under AS 08.20.100, 08.20.230,
	( )	and 08.20.900, and may not exceed the scope of practice specified in the courtesy license.
	(i)	The holder of a courtesy license may offer chiropractic services only to individuals involved with the special event, such as athletes, coaches, and staff.
	(j)	"Special event" means an athletic, educational, cultural, or performing arts event held in this state.
12 AAC 16.206		TEMPORARY MILITARY COURTESY LICENSE
	(a)	The board will issue a temporary military courtesy license to an active duty military member or spouse of an active duty military member of the armed forces of the United States to practice as a chiropractic physician who meets the requirements of AS 08.01.063 and this section not later than 30 days after the board receives a completed application.
	(b)(1)	Must submit a completed application on a form provided by the department.
	(b)(2)	Must pay the temporary license application fee and fee for a temporary license set out under 12 AAC 02.105.
	(b)(3)(A)	Must submit a copy of the applicant's current active duty military orders showing assignment to a duty station in this state.
	(b)(3)(B)	If the applicant is the spouse of an active duty military member, must submit the spouse's current active duty military orders showing assignment to a duty station in this state.
	(b)(4)	must submit documentation showing the applicant is currently licensed in another licensing jurisdiction and the applicant's license in the other jurisdiction is not suspended, revoked, or otherwise restricted except for failure to apply for renewal or failure to obtain the required continuing education requirements; and
	(b)(5)	May not have been convicted of a crime that affects the applicant's ability to practice chiropractic competently and safely, as determined by the board.
	(c)	A temporary military courtesy license will be issued for a period of 180 days and may be renewed for one additional 180-day period, at the discretion of the board.
	(d)	While practicing under a temporary military courtesy license, the holder must comply with the standards of practice set out in AS 08.20 and this chapter.
	(e)	The board may refuse to issue a temporary military courtesy license for the same reasons it may deny, suspend, or revoke a license under AS 08.20.170.
12 AAC 16.290		HOURS OF CONTINUING EDUCATION REQUIRED

	(0)	An applicant for renewal of a chiropractic license who has been licensed at least two years must complete 32 credit
	(a)	hours of approved continuing education earned during the concluding licensing period, including at least
	(a)(1)	eight hours in radiographic safety, radiographic techniques and interpretation, or diagnostic imaging.
	(a)(2)	Two hours in coding and documentation.
	(a)(3)	Two hours in ethics and boundaries.
	(a)(4)	Two hours in cardiopulmonary resuscitation (CPR) training.
	(h)	An applicant licensed at least one year but less than two years must complete 16 credit hours of approved
	(b)	continuing education earned during the concluding licensing period, including at least
	(b)(1)	eight hours in radiographic safety, radiographic techniques and interpretation, or diagnostic imaging.
	(b)(2)	Two hours in coding and documentation.
	(b)(3)	Two hours in ethics and boundaries.
	(b)(4)	Two hours in cardiopulmonary resuscitation (CPR) training.
	(-)	Two of the required hours will be credited for completing the jurisprudence review prepared by the board. The
	(c)	applicant must verify completion in an affidavit before license renewal.
	(4)	An applicant must submit a sworn statement of the continuing education completed during the concluding
	(d)	licensing period on a form provided by the department.
	(e)(1)	Up to four hours of credit may be earned from CPR training.
	(e)(2)	Automated external defibrillator (AED) training.
	(e)(3)	Basic life support (BLS) training.
	(f)	No more than 16 credit hours may be obtained over the Internet or by distance learning.
	(g)	An applicant licensed more than 90 days but less than one year of the concluding biennial license period is not required to submit proof of continuing education.
		APPROVED SUBJECTS
12 AAC 16.320		To be approved by the board, a subject must contribute directly to the professional competency of a person
		licensed to practice as a chiropractor and be directly related to the concepts of chiropractic principles, philosophy,
		and practice, including the following:
	(1)	Treatment and adjustment technique, including physiotherapy, nutrition and dietetics.
	(2)	Examination and diagnosis or analysis including physical, laboratory, orthopedic, neurological and differential.
	(3)	Radiographic technique and interpretation involving all phases of roentgenology as permitted by law.
	(4)	Study of the methods employed in the prevention of excessive radiation and safety precautions to the patient.

	(5)	Diagnostic imaging.
12 AAC 16.330		NONACADEMIC PROGRAM CRITERIA
	(a)	Nonacademic continuing education programs requiring class attendance are approved by the board if
	(a)(1)	the program is at least one hour in length.
	(a)(2)	The program is conducted by a qualified instructor.
	(a)(3)	A record of registration or attendance is maintained.
	(a)(4)	An examination or other method of assuring satisfactory completion of the program by the participant is incorporated.
	(b)	A qualified instructor or discussion leader is anyone whose background, training, education, or experience makes it appropriate for the person to lead a discussion on the subject matter of the particular program.
12 AAC 16.345		APPLICATION FOR CONTINUING EDUCATION COURSE APPROVAL
	(a)	Except as provided in 12 AAC 16.340(a), to be approved by the board to meet the continuing education requirements of 12 AAC 16.290, 12 AAC 16.320, and 12 AAC 16.330, an applicant for continuing education course approval shall submit to the board, not less than 90 days before the date of the proposed program presentation date,
	(a)(1)	A completed application on a form provided by the department
	(a)(1)	The continuing education course approval fee specified in 12 AAC 02.150.
	(a)(3)	The name of the course provider.
	(a)(4)	A complete course description, including the course title and a description of the learning objectives.
	(a)(5)	A course syllabus.
	(a)(6)	An outline of the major topics covered by the course and the number of classroom hours allowed for each topic.
	(b)	Approval of a continuing education course is valid until December 31 of the next even-numbered year.
	(c)	A sponsor who has a change in a condition required under (a)(3) – (6) of this section during the approval period described in (b) of this section must
	(c)(1)	reapply to the board for continuing education credit approval; and
	(c)(2)	submit the continuing education course change approval fee specified in 12 AAC 02.150.
	(d)	Notwithstanding the provisions of (a) of this section, the board may award continuing education credit for attendance at a course or seminar that has not previously been approved by the board if course or seminar meets the

		requirements of 12 AAC 16.320 and 12 AAC 16.330 and if the applicant submits supporting documentation to the board with the application for credit. The amount of credit awarded, if any, will be determined by the board on an individual basis.
	(e)	Falsification of any written evidence submitted under this section is unprofessional conduct and grounds for censure, reprimand, or license revocation or suspension.
12 AAC 16.350		INDIVIDUAL STUDY
	_	The number of hours of continuing education credit awarded for completion of a formal correspondence or other individual study program that requires registration and provides evidence of satisfactory completion will be determined by the board on an individual basis. A request for board approval for credit of hours of continuing education for an individual study program must be made to the board in writing before the applicant begins the individual study program.
12 AAC 16.360		INSTRUCTOR OR DISCUSSION LEADER
	(a)	One hour of continuing education credit is awarded for each hour completed in preparation for instruction or discussion as an instructor or discussion leader of educational programs meeting the requirements of 12 AAC 16.280 – 12 AAC 16.390. The number of hours of credit so awarded may not exceed twice the number of hours awarded under (b) of this section.
	(b)	One hour of continuing education credit is awarded for each hour completed as an instructor or discussion leader of educational programs meeting the requirements of 12 AAC 16.280 – 12 AAC 16.390. Credit is awarded only for the initial course of instruction of the subject matter unless there have been substantial new developments in the subject since the prior presentation.
	(c)	The total credit awarded under this section may not exceed one-third of the total hours of continuing education reported in any licensing period.
12 AAC 16.400		UTILIZATION REVIEW COMMITTEE
	(a)	For the purposes of AS 08.20.185, the board may appoint a utilization review committee that is advisory to the board.

		A utilization review committee appointed by the board will consist of four individuals. Three members of the
	(b)	utilization review committee must be chiropractic physicians licensed under AS 08.20, and one member must be a
		public member who meets the requirements of AS 08.01.025.
	(c)	A member of a utilization review committee may not review a case if the member is in a direct business relationship
	(0)	with the chiropractic physician, insurer, or patient in the case being reviewed.
	(d)	In this section, a "direct business relationship" includes an employer-employee relationship, doctor-patient
	(4)	relationship, and a legal contractual relationship.
12 AAC 16.410		TERM OF APPOINTMENTS TO UTILIZATION REVIEW COMMITTEE
	(a)	Members of the utilization review committee are appointed for staggered terms of two years.
	(b)	Repealed 1/29/2009.
	(c)	A member of the utilization review committee may be removed by the board for cause.
	(d)	A member of the utilization review committee may not serve on the committee for more than four consecutive years.
	(u)	The member may not be reappointed until two years have elapsed since the member last served on the committee.
12 AAC 16.420	CONDU	CT OF UTILIZATION REVIEW
	(a) —	A patient, patient's representative, insurer, or the patient's chiropractic physician may file a request for utilization
		review with the board by submitting to the department:
	(a) (1)	a written request for review of the care provided, fees charged, or services rendered by a licensee to a patient;
	(a) (2)	the utilization review fee established in 12 AAC 02.150; and
	(a) (3)	if the utilization review committee requires a patient's treatment records for review, a completed release, on a form
	(5)	provided by the department, signed by the patient.

12 AAC 16.430		PROFESSIONAL STANDARDS AND GUIDELINES
	(g) —	Repealed 1/6/2002.
	(f) —	If the utilization review committee determines that reasonable cause exists to believe the licensee has violated a provision of AS 08.20 or this chapter for which a licensee may be disciplined, the utilization review committee may not report its finding to the board, but instead shall refer the matter to the department's investigative section. The utilization review committee shall provide all information gathered in connection with the utilization review to the department's investigative section.
	(e) (2)	fees charged are a reasonable and appropriate cost of treatment; in determining the reasonableness and appropriateness of costs, the committee may consider, among other appropriate factors, charges by health care providers other than chiropractic physicians for the same or similar services.
	(e) (1)	licensee provided or ordered appropriate treatment or services; and
	(e) —	The findings of the utilization review committee must include a determination of whether the:
		third-party payor involved in the case.
	(d) —	The utilization review committee shall conduct a utilization review for each request for utilization review submitted to it in accordance with guidelines established by the board. Except as provided in (f) of this section, the utilization review committee shall report its findings to the board and furnish a copy of its findings to the patient, licensee, and
	(c) —	A licensee involved in a case submitted to the utilization review committee shall submit to the utilization review committee all necessary records and other information concerning the patient's treatment.
	(b) —	A licensee's acceptance of or request for payment for treatment given to a patient constitutes the licensee's consent to submit to the utilization review committee the information required in (c) of this section.

	When making a determination as to whether a licensee provided reasonable and appropriate treatment or services
(0)	or charged reasonable and appropriate costs of treatment to a patient, the utilization review committee appointed
(a) —	under 12 AAC 16.400 may rely on the guidelines, standards, or recommendations of the following organizations
	accepted by the board:
(a) (1)	Alaska Worker's Compensation Board
(a) (2)	American Chiropractic Association
(a) (3)	Canadian Chiropractic Association
(a) (4)	Council on Chiropractic Education
(a) (5)	Croft Guidelines published by the Spine Research Institute of San Diego
(a) (6)	Federation of Chiropractic Licensing Boards
(a) (7)	Repealed 9/7/2012
(a) (8)	International Chiropractors Association
(a) (9)	National Board of Chiropractic Examiners
(a) (10)	World Chiropractic Alliance
(a) (11)	World Federation of Chiropractic
(a) (12)	A successor organization to an organization specified in this subsection
	The utilization review committee shall take into consideration the differences between the standards and guidelines
(b) —	of the organizations listed in (a) of this section when making a determination as to whether the care provided by the
	licensee was provided in a manner required of a reasonably competent practitioner acting under the same or similar
	<mark>circumstances.</mark>
	(a) (2) (a) (3) (a) (4) (a) (5) (a) (6) (a) (7) (a) (8) (a) (9) (a) (10) (a) (11)

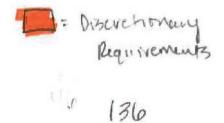
12 AAC 16.920	MINIMUM PROFESSIONAL STANDARDS		
		Chiropractic care that may adversely affect the health and welfare of the public constitutes conduct that does not	
	(a) —	conform to minimum professional standards established under AS 08.20.170(a)(5) and this section. Conduct that	
		does not conform to minimum professional standards in this chapter includes:	
	(a) (1)	Failing to use sufficient knowledge, skills, or judgment in the practice of chiropractic.	
	(a) (2)	Failing to perform patient care within the chiropractor's scope of competence, which are necessary to prevent	
	(a) (2)	substantial risk or harm to a patient.	
	(a) (3)	Engaging in patient care outside the scope of chiropractic practice.	
	(a) (4)	Engaging in patient care outside the scope of the chiropractor's training and expertise.	
	(a) (5)	Violating established protocols in the delivery of chiropractic treatment or care.	
	(a) (6)	Violating the confidentiality of information or knowledge concerning a patient.	
	(a) (7)	Physically or verbally abusing a patient.	
	(a) (8)	Failing to maintain a record for a patient that accurately reflects the chiropractic problems and interventions for the patient.	
	(a) (9)	Falsifying a patient's records.	
	(a) (10)	Intentionally making an incorrect entry in a patient's chart.	
	(a) (11)	Discrimination in the provision of chiropractic care on the basis of race, religion, color, national origin, ancestry, or sex.	
	(a) (12)	Exploiting a patient for financial gain or offering, giving, soliciting, or receiving fees for referral of a patient.	
	(a) (13)	Knowingly violating laws regulating health insurance, including those laws established in AS 21.36.360.	

	(a) (14)	Using unsanitary or unsafe equipment.
	(a) (15)	Failing to adhere to the Code of Ethics of the American Chiropractic Association, as revised as of September 2007, adopted by reference.
	(a) (16)	Failing to provide copies of complete patient records in the licensee's custody and control within 30 days after receipt of a written request for the records from the patient or patient's guardian.
	(b) —	A licensee shall evaluate patient care on an individual basis and make a reasonable judgment on the course of treatment for each patient.
12 AAC 16.930		LEWD OR IMMORAL CONDUCT WITH PATIENTS PROHIBITED
	(a) —	A licensee may not engage in lewd or immoral conduct in connection with the delivery of professional services to a patient or solicit sexual contact or a romantic relationship with a patient.
	(b) (1)	At the time of, or immediately preceding, the contact the patient was the licensee's spouse, or was in a dating, courtship, or engagement relationship with the licensee.
	(b) (2)	The licensee terminated the doctor-patient professional relationship with the former patient more than six months before the contact occurred.
	(c) (1)	With the consent of the patient.
	(c) (2)	Outside professional treatment sessions.
	(c) (3)	Off of the premises regularly used by the licensee for the professional treatment of patients.
	(d) —	"Lewd or immoral conduct" includes sexual misconduct, sexual contact, or attempted sexual contact, with a patient outside the scope of generally accepted methods of examination or treatment during the time the patient is receiving professional treatment.
	(e) (1)	"Attempted sexual contact" means engaging in conduct that constitutes a substantial step towards sexual contact.

	"Sexual contact" means touching, directly or through clothing, a patient's genitals, anus, or female breast, or
(e) (2)(A)	causing the patient to touch, directly or through clothing, the licensee's or patient's genitals, anus, or female
	breast.
(e) (2)(B)	Includes sexual penetration.
(e)	Does not include acts that may reasonably be construed to be normal caretaker responsibilities for a child,
(2)(C)(i)	interactions with a child, or affection for a child.
(e) (2)(C)(i	
i)	examination or treatment.
(e) (3)(A)	"Sexual misconduct" includes encouraging the patient to masturbate in the presence of the licensee or
	masturbation by the licensee while the patient is present.
(e) (3)(B)	Offering to provide controlled substances or other drugs in exchange for sexual contact.
(e) (3)(C)	Disrobing or draping practice that is seductive, sexually suggestive, or sexually demeaning.
(e) (3)(D)	Making comments that are sexually suggestive or demeaning, including about the patient's body, sexual orientation,
(i–v)	or sexual performance.
(e) (3)(E)	Initiating conversation with a patient about the licensee's sexual problems, preferences, or fantasies.
(e) (3)(F)	Using the doctor-patient relationship to solicit sexual contact or a romantic relationship.
(e) (3)(G)	Kissing a patient in a romantic or sexual manner.
(e) (4)(A)	"Sexual penetration" means genital intercourse, cunnilingus, fellatio, anal intercourse, or intrusion of an object or
(6) (4)(A)	body part into the genitals or anus.
(e) (4)(B)	Does not include acts performed for the purpose of administering a recognized and lawful chiropractic examination
(5) (1)(5)	or treatment.

# Statutes and Regulations Chiropractors

March 2025





DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT

DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING

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Rev. 3/13/2025

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#### CHAPTER 20. CHIROPRACTORS

#### Article

- 1. Board of Chiropractic Examiners (§§ 08.20.010 08.20.090)
- 2. Licensing and Regulation (§§ 08.20.100 08.20.195)
- 3. Unlawful Acts and Penalties (§§ 08.20.200, 08.20.210)
- 4. General Provisions (§§ 08.20.230, 08.20.900)

#### ARTICLE 1. BOARD OF CHIROPRACTIC EXAMINERS

#### Section

- 10. Creation and membership of Board of Chiropractic Examiners
- 20. Members of board
- 25. Removal of board members
- 40. Organization of board
- 50. Power of officers to administer oaths and take testimony
- 55. Board regulations
- 60. Seal
- 90. Quorum of board

Sec. 08.20.010. Creation and membership of Board of Chiropractic Examiners. There is created the Board of Chiropractic Examiners consisting of five members appointed by the governor.

Sec. 08.20.020. Members of board. Four members of the board shall be licensed chiropractic physicians who have practiced chiropractic in this state not less than two years. One member of the board shall be a person with no direct financial interest in the health care industry. Each member serves without pay but is entitled to per diem and travel expenses allowed by law.

Sec. 08.20.025. Removal of board members. A member of the board may be removed from office by the governor for cause.

Sec. 08.20.030. Members' terms; vacancies. [Repealed, Sec. 49 ch 94 SLA 1987.]

Sec. 08.20.040. Organization of board. Every two years, the board shall elect from its membership a president, vice-president and secretary.

Sec. 08.20.050. Power of officers to administer oaths and take testimony. The president and the secretary may administer oaths in conjunction with the business of the board.

Sec. 08.20.055. Board regulations. The board shall adopt regulations necessary to effect the provisions of this chapter, including regulations establishing standards for

- (1) continuing education;
- (2) the application, performance, and evaluation of chiropractic core methodology;
- the training, qualifications, scope of practice, and employment of chiropractic interns and chiropractic preceptors;
- (4) the designation of one or more nationally recognized certification programs for chiropractic clinical assistants; and
  - (5) the performance of patient examinations authorized under AS 08.20.100(b).

Sec. 08.20.060. Seal. The board shall adopt a seal and affix it to all licenses issued.

Sec. 08.20.070 - 08.20.080. Secretary; records; reports and accounts of board. [Repealed, Sec. 3 ch 59 SLA 1966.]

Sec. 08.20.090. Quorum of board. A majority of the board constitutes a quorum for the transaction of business.

#### ARTICLE 2. LICENSING AND REGULATION

#### Section

100. License to practice chiropractic

- 110. Application for license
- 120. Qualifications for license
- 130. Examinations
- 141. Licensure by credentials
- 155. Professional designation
- 160. Temporary permits
- 163. Temporary permit for locum tenens practice
- 165. Inactive license status
- 167. Retired license status
- 168. Chiropractic clinical assistant
- 170. Disciplinary sanctions; refusal to issue or renew license
- 180. Fees
- 185. Utilization review committee; confidentiality
- 195. Limitation of practice

Sec. 08.20.100. License to practice chiropractic. (a) A person may not practice chiropractic or use chiropractic core methodology in the state without a license.

(b) A person licensed under this chapter may

- (1) analyze, diagnose, or treat the chiropractic condition of a patient by chiropractic core methodology or by ancillary methodology;
  - (2) accept referrals for treatment by chiropractic core methodology or by ancillary methodology;

(3) consult on chiropractic matters;

(4) refer patients to other health care professionals;

(5) perform, within the scope of chiropractic practice, physical examinations of children for school physical examinations and preparticipation physical examinations for sports and school activities;

(6) sign

(A) reports for excuses from employment and from attendance at school or participation in sports activities;
 and

(B) authorizations for sick leave;

(7) perform preemployment and workplace health examinations;

(8) provide disability and physical impairment ratings;

- (9) provide retirement health and disability authorizations and recommendations;
- (10) employ nationally certified chiropractic clinical assistants; and

(11) employ chiropractic interns and chiropractic preceptors.

(c) A person licensed under this chapter is not authorized to sign affidavits exempting school children from immunization requirements under AS 14.30.125 or to administer or interpret the results of infectious disease tests required by statute or regulation.

(d) This section does not apply to a chiropractic intern who is acting within the scope of practice authorized by

the board and is under the personal supervision of a licensed chiropractor.

Sec. 08.20.110. Application for license. A person desiring to practice chiropractic shall apply in writing to the board.

Sec. 08.20.115. Malpractice insurance. [Repealed, Sec. 40 ch 177 SLA 1978.]

Sec. 08.20.120. Qualifications for license. (a) An applicant shall be issued a license to practice chiropractic if the applicant

(1) has a high school education or its equivalent;

(2) has successfully completed at least two academic years of study in a college of liberal arts or sciences or has engaged in the active licensed practice of chiropractic for three of the four years preceding the filing of the application;

(3) is a graduate of a school or college of chiropractic that

(A) is accredited by or a candidate for accreditation by the Council on Chiropractic Education or a successor accrediting agency recognized by the board; or

(B) if an accrediting agency under (A) of this paragraph does not exist, requires the completion of a minimum of 4,000 hours of formal education and training in order to graduate, including

(i) 150 hours of chiropractic philosophy or principles;

(ii) 1,200 hours of basic sciences, including anatomy, chemistry, physiology, and pathology;

(iii) 1,400 hours of preclinical technique, including diagnosis, chiropractic technique, and x-ray; and

(iv) 700 hours of clinical training;

(4) completes 120 hours of formal training in physiological therapeutics;

(5) passes an examination given by the board; and

- (6) passes, to the satisfaction of the board, the parts of the examination of the National Board of Chiropractic Examiners required by the board.
  - (b) [Repealed, Sec. 2 ch 93 SLA 1996.]

Sec. 08.20.130. Examinations. (a) Examinations for a license to practice chiropractic may be held in the time and manner fixed by the board.

- (b) The examination may include practical demonstration and oral and written examination in those subjects usually taught in accredited chiropractic schools.
  - (c) A general average rating of 75 percent is a passing grade on the examination.
  - (d) An applicant may take a reexamination within one year after failing the examination.

Sec. 08.20.141. Licensure by credentials. The board may issue a license by credentials to an applicant who pays the appropriate fee and presents satisfactory proof that the applicant

(1) is a graduate of a school or college of chiropractic that

- (A) is accredited by or a candidate for accreditation by the Council on Chiropractic Education or a successor accrediting agency recognized by the board; or
- (B) if an accrediting agency under (A) of this paragraph does not exist, requires the completion of a minimum of 4,000 hours of formal education and training in order to graduate, including

(i) 150 hours of chiropractic philosophy or principles;

- (ii) 1,200 hours of basic sciences, including anatomy, chemistry, physiology, and pathology;
- (iii) 1,400 hours of preclinical technique, including diagnosis, chiropractic technique, and x-rays; and

(iv) 700 hours of clinical training;

(2) has held a license in good standing to practice chiropractic in another jurisdiction for the five years preceding the date of application; for purposes of this paragraph, "good standing" means that

 (A) no action has been reported about the applicant in the national licensee database of the Federation of Chiropractic Licensing Boards;

- (B) the applicant has not, within the five years preceding the date of application, been the subject of an unresolved review or an adverse decision based on a complaint, investigation, review procedure, or disciplinary proceeding undertaken by a foreign, state, territorial, local, or federal chiropractic licensing jurisdiction, chiropractic society, or law enforcement agency that relates to criminal or fraudulent activity, chiropractic malpractice, or negligent chiropractic care and that adversely reflects on the applicant's ability or competence to engage in the practice of chiropractic or on the safety or well-being of patients;
  - (C) the applicant has not been convicted of a felony within the five years preceding the date of application:
- (3) has been in active licensed clinical chiropractic practice for at least three of the five years immediately preceding the date of application;
- (4) has passed, to the satisfaction of the board, the parts of the examination of the National Board of Chiropractic Examiners required by the board;
- (5) has passed an examination approved by the board that is designed to test the applicant's knowledge of the laws of the state governing the practice of chiropractic and the regulations adopted under those laws; and
- (6) has completed 120 hours of formal training in physiological therapeutics or has passed, to the satisfaction of the board, a physiological therapeutics examination of the National Board of Chiropractic Examiners required by the board.

#### Sec. 08.20.150. Recording of license. [Repealed, Sec. 7 ch 37 SLA 1986.]

Sec. 08.20.155. Professional designation. Notwithstanding the provisions of AS 08.02.110 relating to specialist designations, a person licensed under this chapter may not designate a specialty unless the person has completed a postgraduate specialty program at an accredited school approved by the board and the person has passed a certification exam for the specialty approved by the board. All specialty designations must include the term "chiropractic"

Sec. 08.20.160. Temporary permits. Temporary permits may be issued to qualified applicants until the next regular meeting of the board.

Sec. 08.20.163. Temporary permit for locum tenens practice. (a) The board may grant a temporary permit to a chiropractor for the purpose of the chiropractor's substituting for another chiropractor licensed in this state. The permit is valid for 60 consecutive days. If circumstances warrant, an extension of the permit may be granted by the board.

(b) A chiropractor applying under (a) of this section shall pay the required fee and shall meet the

- (1) requirements of AS 08.20.120; or
- (2) following requirements:

(A) submit evidence of a current license in good standing, including

- (i) no action reported in the national licensee database of the Federation of Chiropractic Licensing Boards;
- (ii) not having been, within the five years preceding the date of application, the subject of an unresolved review or an adverse decision based upon a complaint, investigation, review procedure, or disciplinary proceeding undertaken by a state, territorial, local, or federal chiropractic licensing jurisdiction, chiropractic society, or law enforcement agency that relates to criminal or fraudulent activity, chiropractic malpractice, or negligent chiropractic care and that adversely reflects on the applicant's ability or competence to engage in the practice of chiropractic or on the safety or well-being of patients; and

(iii) no conviction for a felony within the five years preceding the date of application;

(B) submit evidence of five years of active licensed clinical practice;

(C) be a graduate of a school or college of chiropractic that is accredited by or a candidate for accreditation by the Council on Chiropractic Education or a successor accrediting agency recognized by the board;

(D) have completed 120 hours of formal training in physiological therapeutics or have passed, to the satisfaction of the board, a physiological therapeutic examination of the National Board of Chiropractic Examiners required by the board;

(E) have passed, to the satisfaction of the board, Parts I and II of the examination of the National Board of Chiropractic Examiners; and

(F) pass an examination given by the board.

- (c) Permits and extensions of permits issued under this section to an individual are not valid for more than 240 days during any consecutive 24 months.
- Sec. 08.20.165. Inactive license status. (a) A licensee who does not practice in the state may convert a license to inactive status when renewing the license. A person who practices in the state, however infrequently, shall hold an active license. A person renewing an inactive license shall meet the same renewal requirements that would be applicable if the person were renewing an active license.

(b) A person who has an inactive license certificate under (a) of this section may reactivate the license by applying for an active license and paying the required fees.

Sec. 08.20.167. Retired license status. (a) Upon retiring from practice and upon payment of an appropriate onetime fee, a licensee in good standing with the board may apply for the conversion of an active or inactive license to a retired status license. A person holding a retired status license may not practice chiropractic in the state. A retired status license is valid for the life of the license holder and does not require renewal. A person holding a retired status license is exempt from continuing education requirements adopted by the board under AS 08.20.170(d).

(b) A person with a retired status license may apply for active licensure. Before issuing an active license under this subsection, the board may require the applicant to meet reasonable criteria, as determined under regulations of the board, that may include submission of continuing education credits, reexamination requirements, physical and psychiatric examination requirements, an interview with the board, and a review of information in the national licensee database of the Federation of Chiropractic Licensing Boards.

Sec. 08.20.168. Chiropractic clinical assistant. (a) Enrollment in or completion of a nationally recognized certification program under AS 08.20.055(4) is required to practice as a chiropractic clinical assistant in this state.

- (b) A person who meets the requirement under (a) of this section may, under the general supervision of a person licensed under this chapter,
  - (1) perform diagnostic imaging studies;
  - (2) use ancillary methodologies; and
  - (3) perform procedures.
- Sec. 08.20.170. Disciplinary sanctions; refusal to issue or renew license. (a) The board may impose a disciplinary sanction on a person licensed under this chapter or refuse to issue a license under this chapter when the board finds that the person
  - (1) secured or attempted to secure a license through deceit, fraud, or intentional misrepresentation;
- (2) engaged in deceit, fraud, or intentional misrepresentation in the course of providing professional services or engaging in professional activities;
  - (3) advertised professional services in a false or misleading manner;
  - (4) has been convicted, including a conviction based on a guilty plea or plea of nolo contendere, of
    - (A) a felony or other crime that affects the person's ability to practice competently and safely; or
    - (B) a crime involving the unlawful procurement, sale, prescription, or dispensing of drugs;
- (5) intentionally or negligently engaged in or permitted the performance of patient care by persons under the licensee's supervision that does not conform to minimum professional standards established by regulation regardless of whether actual injury to the patient occurred;
- (6) failed to comply with this chapter, with a regulation adopted under this chapter, or with an order of the board:
  - (7) continued or attempted to practice after becoming unfit due to
    - (A) professional incompetence;
    - (B) addiction or severe dependency on alcohol or a drug that impairs the person's ability to practice safely;
    - (C) physical or mental disability or an infectious or contagious disease;
  - (8) engaged in lewd or immoral conduct in connection with the delivery of professional service to patients; or
  - (9) failed to satisfy continuing education requirements adopted by the board.
- (b) AS 44.62 (Administrative Procedure Act) applies to any action taken by the board for the suspension or revocation of a license.
- (c) A person whose license is suspended or revoked may within two years from date of suspension apply for reinstatement, and if the board is satisfied that the applicant should be reinstated, it shall order reinstatement.
- (d) The board shall adopt regulations which ensure that renewal of license is contingent on proof of continued competency by a practitioner.

#### Sec. 08.20.175. Disciplinary sanctions. [Repealed, Sec. 49 ch 94 SLA 1987.]

Sec. 08.20.180. Fees. (a) An applicant for an examination, reexamination, issuance of a temporary permit under AS 08.20.160, issuance of a locum tenens permit under AS 08.20.163, issuance of a license by credentials under AS 08.20.141, one-time issuance of a retired status license, or initial issuance or renewal of an active or inactive license shall pay a fee established under AS 08.01.065.

(b) [Repealed, Sec. 24 ch 22 SLA 2001.]

- Sec. 08.20.185. Utilization review committee; confidentiality. (a) The board may establish a utilization review committee to review complaints concerning the reasonableness or appropriateness of care provided, fees charged, or costs for services rendered by a licensee to a patient. A review conducted by a utilization review committee under this section may be used by the board in considering disciplinary action against a licensee, but the results or recommendations of a utilization review committee are not binding on the board. A member of a utilization review committee established under this section who in good faith submits a report under this section or participates in an investigation or judicial proceeding related to a report submitted under this section is immune from civil liability for the submission or participation.
- (b) The board shall charge a complainant a fee, established under AS 08.01.065, for utilization review under this section.
- (c) Patient records presented to a utilization review committee for review under this section that were confidential before their presentation to the committee are confidential to the committee members and to the board members and are not subject to inspection or copying under AS 40.25.110 40.25.125. A committee member or board member to whom confidential records are presented under this subsection shall maintain the confidentiality of the records. A person who violates this subsection is guilty of a class B misdemeanor.

Sec. 08.20.190. Disposition of fees. [Repealed, Sec. 54 ch 37 SLA 1985.]

Sec. 08.20.195. Limitation of practice. A person licensed under this chapter or a person who is practicing as a chiropractic intern, chiropractic clinical assistant, or chiropractic preceptor under this chapter may act only within the scope of practice authorized by the board.

## ARTICLE 3. UNLAWFUL ACTS AND PENALTIES

Section

200. Unlicensed practice

210. Fraudulent licenses and certificates

Sec. 08.20.200. Unlicensed practice. A person who practices chiropractic in the state without a license in violation of AS 08.20.100 is guilty of a class A misdemeanor and may be punished as provided in AS 12.55.

Sec. 08.20.210. Fraudulent licenses and certificates. A person who obtains or attempts to obtain a chiropractic license or provides the board with evidence that the person is nationally certified to practice as a chiropractic clinical assistant by dishonest or fraudulent means or who forges, counterfeits, or fraudulently alters a chiropractic license or chiropractic clinical assistant certificate issued by a nationally recognized certification program is guilty of a class A misdemeanor and is punishable as provided in AS 12.55.

#### ARTICLE 4. GENERAL PROVISIONS

Section

230. Practice of chiropractic

900. Definitions

Sec. 08.20.220. Chiropractic defined. [Repealed, Sec. 13 ch 60 SLA 1988.]

Sec. 08.20.230. Practice of chiropractic. The practice of chiropractic

 addresses ramifications of health and disease with a special emphasis on biomechanical analysis, interpretation and treatment of the structural and functional integrity of skeletal joint structures, and the physiological efficiency of the nervous system as these matters relate to subluxation complex; and

(2) involves the diagnosis, analysis, or formulation of a chiropractic diagnostic impression regarding the

chiropractic conditions of the patient to determine the appropriate method of chiropractic treatment.

Sec. 08.20,900. Definitions. In this chapter,

- (1) "ancillary methodology" means employing within the scope of chiropractic practice, with appropriate training and education, those methods, procedures, modalities, devices, and measures commonly used by trained and licensed health care providers and includes
  - (A) physiological therapeutics; and
- (B) counseling on dietary regimen, sanitary measures, physical and mental attitudes affecting health, personal hygiene, occupational safety, lifestyle habits, posture, rest, and work habits that enhance the effects of chiropractic adjustment;
  - (2) "board" means the Board of Chiropractic Examiners;
- (3) "chiropractic" is the clinical science of human health and disease that focuses on the detection, correction, and prevention of the subluxation complex and the employment of physiological therapeutic procedures preparatory to and complementary with the correction of the subluxation complex for the purpose of enhancing the body's inherent recuperative powers, without the use of surgery or prescription drugs; the primary therapeutic vehicle of chiropractic is chiropractic adjustment;
- (4) "chiropractic adjustment" means the application of a precisely controlled force applied by hand or by mechanical device to a specific focal point of the anatomy for the express purpose of creating a desired angular movement in skeletal joint structures in order to eliminate or decrease interference with neural transmission and correct or attempt to correct subluxation complex; "chiropractic adjustment" utilizes, as appropriate, short lever force, high velocity force, short amplitude force, or specific line-of-correction force to achieve the desired angular movement, as well as low force neuro-muscular, neuro-vascular, neuro-cranial, or neuro-lymphatic reflex technique procedures;
- (5) "chiropractic clinical assistant" means a person who works under the general supervision of a person licensed under this chapter and who is
  - (A) enrolled in a nationally recognized certification program that certifies chiropractic clinical assistants; or
  - (B) certified by a national organization that certifies chiropractic clinical assistants;
- (6) "chiropractic core methodology" means the treatment and prevention of subluxation complex by chiropractic adjustment as indicated by a chiropractic diagnosis and includes the determination of contra-indications to chiropractic adjustment, the normal regimen and rehabilitation of the patient, and patient education procedures; chiropractic core methodology does not incorporate the use of prescription drugs, surgery, needle acupuncture, obstetrics, or x-rays used for therapeutic purposes;
- (7) "chiropractic diagnosis" means a diagnosis made by a person licensed under this chapter based on a chiropractic examination;
- (8) "chiropractic examination" means an examination of a patient conducted by a person licensed under this chapter, or by a chiropractic clinical assistant or chiropractic intern under the supervision of a person licensed under this chapter, for the express purpose of ascertaining whether symptoms of subluxation complex exist and consisting of an analysis of the patient's health history, current health status, results of diagnostic procedures, including x-ray and other diagnostic imaging devices, and postural, thermal, physical, neuro-physical, and spinal examinations that focuses on the discovery of
  - (A) the existence and etiology of disrelationships of skeletal joint structures; and
  - (B) interference with normal nerve transmission and expression;
- (9) "chiropractic intern" means a person who is engaged in the practice of chiropractic while under the personal supervision of a person licensed under this chapter for the purpose of obtaining practical experience for licensure as a chiropractor;
- (10) "chiropractic preceptor" means a person who is licensed under this chapter and who participates in the instruction and training of chiropractic interns;
- (11) "manipulation" means an application of a resistive movement by applying a nonspecific force without the use of a thrust, that is directed into a region and not into a focal point of the anatomy for the general purpose of restoring movement and reducing fixations;
- (12) "physiological therapeutics" means the therapeutic application of forces that induce a physiologic response and use or allow the natural processes of the body to return to a more normal state of health; physiological therapeutics encompasses the diagnosis and treatment of disorders of the body, utilizing
  - (A) manipulation;
- (B) the natural healing forces associated with air, cold, heat, electricity, exercise, light, massage, water, nutrition, sound, rest, and posture;
- (C) thermotherapy, cryotherapy, high frequency currents, low frequency currents, interferential currents, hydrotherapy, exercise therapy, rehabilitative therapy, meridian therapy, vibratory therapy, traction and stretching, bracing and supports, trigger point therapy, and other forms of therapy;
- (13) "subluxation complex" means a biomechanical or other disrelation or a skeletal structural disrelationship, misalignment, or dysfunction in a part of the body resulting in aberrant nerve transmission and expression.

#### CHAPTER 16, BOARD OF CHIROPRACTIC EXAMINERS.

#### Article

- 1. The Board (12 AAC 16.010 -- 12 AAC 16.020)
- 2. Licensing (12 AAC 16.030 12 AAC 16.270)
- 3. Continuing Education (12 AAC 16.280 -- 12 AAC 16.390)
- 4. Utilization Review (12 AAC 16.400 12 AAC 16.430)
- General Provisions (12 AAC 16.900 12 AAC 16.990)

## ARTICLE I. THE BOARD.

#### Section

- 10. Objectives
- 20. Meetings
- 12 AAC 16.010. OBJECTIVES. (a) It is the objective of the board to foster professional standards consistent with the best interests of the public.
- (b) It is the objective of the board to adhere to the Code of Ethics of the American Chiropractic Association or International Chiropractic Association as a basis for considering what comprises the duties and obligations of chiropractors to the public.

Authority: AS 08.20.055

12 AAC 16.020. MEETINGS. The board will, in its discretion, meet at least twice each year for the transaction of business and examination of applicants.

Authority:

AS 08,20,055

AS 08 20:130

## ARTICLE 2. LICENSING.

#### Section

- 30. Application for licensure by examination
- 31. Application for temporary permit for locum tenens practice
- 32. (Repeated)
- 33. Application for licensure by credentials
- 35. (Repealed)
- 37. National examination requirements
- 40. Evaluation of academic study in liberal arts or science
- 41. Preceptor scope of practice
- 42. Intern scape of practice
- 45. Accredited school or college
- 46. Chiropractic specialty designation
- 47. Chiropractic specialty program criteria
- 48. Approved chiropractic specialty programs
- 50. (Repealed)
- 52. Chiropractic clinical assistant scope of practice
- 60. (Repealed)
- 70. (Repealed)
- 80. (Repealed)
- 90. (Repealed)
- 100. (Repealed)
- 110. (Repealed)
- 120. (Repealed)
- 130. State chiropractic examination
- 140. (Repealed)
- 150. Reexamination
- 160. (Repealed)
- 170. (Repealed)
- 180. (Repealed)
- 185. (Repealed)

- 190. (Repealed)
- 200. Temporary permits
- 205. Courtesy license
- 206. Temporary military courtesy license
- 210. (Repealed)
- 211. (Repealed)
- 220. (Repealed)
- 230. (Repealed)
- 240. (Repealed)
- 250. (Repealed)
- 260. (Repealed)
- 270. (Repealed)
- 12 AAC 16.030. APPLICATION FOR LICENSURE BY EXAMINATION. (a) A person applying for chiropractic licensure by examination shall submit
  - (1) a completed application on a form provided by the department;
  - (2) the fees set out under 12 AAC 02.150;
- (3) official college transcripts that show that the applicant has met the education requirements set out in AS 08.20.120(a)(1), (3), and (4);
- (4) an official grade transcript sent directly to the department from the National Board of Chiropractic Examiners that shows that the applicant has passed the applicable examination under 12 AAC 16.037;
  - (5) either
- (A) official college transcripts that show that the applicant has met the education requirements set out in AS 08.20.120(a)(2); or
- (B) evidence of active licensed practice of chiropractic for at least three of the four years preceding the date of the application:
- (6) if the applicant graduated from a school or college of chiropractic more than three years before the date of the application.
- (A) verification of the status of the applicant's license from each licensing jurisdiction where the applicant holds or has held a license to practice chiropractic, sent directly to the department from the licensing jurisdiction; and (B) documentation of continuing education that meets the requirements set out under (b) of this section;
- (7) a report under AS 12.62 containing the applicant's criminal history record information, issued not more than 90 days before the date of the application; and
- (8) if the applicant primarily resides in another state or holds or has held a license to practice chiropractic in another state, an equivalent report to the report under AS 12.62 containing the applicant's criminal history record information, issued by that state not more than 90 days before the date of the application.
- (b) An applicant's documentation of continuing education required under (a) of this section must document 32 credit hours of continuing education, approved by the board or another licensing jurisdiction, earned within the two years preceding the date of the application, and
  - (1) must include at least
    - (A) eight hours in radiographic safety, radiographic techniques and interpretation, or diagnostic imaging:
    - (B) two hours in coding and documentation;
    - (C) two hours in ethics and boundaries:
    - (D) two hours in cardiopulmonary resuscitation; and
    - (E) 18 hours in education that does not include business management:
  - (2) may not include more than four total hours in the following subject areas:
    - (A) cardiopulmonary resuscitation (CPR) training;
    - (B) automated external defibrillator (AED) training;
    - (C) basic life support (BLS) training; and
  - (3) may not include more than 16 hours obtained over the Internet or through distance learning.

Authority:

AS 08.20.055

AS 08.20.120

AS 08.20.170

AS 08.20.110

AS 08.20.130

#### 12 AAC 16.031. APPLICATION FOR TEMPORARY PERMIT FOR LOCUM TENENS PRACTICE.

- (a) A person applying for a temporary permit for locum tenens practice must meet the applicable requirements of AS 08.20.163 and this section, including passing the state chiropractic examination described in 12 AAC 16.130.
- (b) An applicant applying for a temporary permit for locum tenens practice under AS 08.20.163(b)(1) and this section shall submit
  - (1) a completed application on a form provided by the department;
  - (2) the applicable fees established in 12 AAC 02.150;
- (3) official college transcripts showing that the applicant meets the education requirements of AS 08.20.120(a)(2) (4); and

- (4) an official grade transcript sent directly to the department from the National Board of Chiropractic Examiners showing that the applicant has successfully passed the applicable national examinations described in 12 AAC 16.037.
- (c) An applicant applying for a temporary permit for locum tenens practice under AS 08.20.163(b)(2) and this section shall submit
  - (1) a completed application on a form provided by the department;

(2) the applicable fees established in 12 AAC 02.150;

- (3) official college transcripts showing that the applicant meets the education requirements of AS 08.20.163(b)(2)(C) and (D);
- (4) an official grade transcript sent directly to the department from the National Board of Chiropractic Examiners showing that the applicant has successfully passed the examinations described in AS 08.20.163(b)(2)(D) and (E):
  - (5) verification of practice showing that the applicant meets the requirements of AS 08.20.163(b)(2)(B);
- (6) verification of the applicant's licensure status and complete information regarding any disciplinary action or investigation taken or pending, sent directly to the department from all licensing jurisdictions where the applicant holds or has ever held a chiropractic license; and
- (7) a notarized, sworn statement by the applicant that the applicant has not been, within the five years preceding the date of application, the subject of an unresolved review or an adverse decision based upon a complaint, investigation, review procedure, or disciplinary proceeding undertaken by a state, territorial, local, or federal chiropractic licensing jurisdiction, chiropractic society, or law enforcement agency that relates to criminal or fraudulent activity, chiropractic malpractice, or negligent chiropractic care and that adversely reflects on ability or competence to engage in the practice of chiropractic or the safety or well-being of patients;

(8) repealed 5/27/2006.

- (d) An applicant applying for a temporary permit for locum tenens practice under AS 08.20.163 and this section shall submit
- (1) a notarized, sworn statement by the chiropractor licensed in this state for whom the applicant will substitute, including the dates of the substitute practice and the date that the chiropractor licensed in this state will resume practice; and
- (2) a report under AS 12.62 containing criminal history record information concerning the applicant and issued no earlier than 90 days before the application; if a state other than this state is the applicant's primary state of residence, or if the applicant holds or has ever held a license in a state other than this state to practice chiropractic, the applicant shall also submit an equivalent report issued by that other state and issued no earlier than 90 days before the application.

Authority:

AS 08.20.055

AS 08.20.163

AS 08.20.170

AS 08.20.120

#### 12 AAC 16.032. APPLICATION FOR LICENSURE BY CREDENTIALS. Repealed 12/7/97.

- 12 AAC 16.033. APPLICATION FOR LICENSURE BY CREDENTIALS. An applicant for licensure by credentials shall meet the requirements of AS 08.20.141, pass the examination required under AS 08.20.141(5), and submit the following:
  - (1) a completed application on a form provided by the department;
  - (2) the applicable fees established in 12 AAC 02.150;
- (3) evidence that the applicant has held a license in good standing to practice chiropractic in another jurisdiction for the five years preceding the date of application;
- (4) verification of the present status of the applicant's license from each jurisdiction where the applicant holds or has ever held a license to practice chiropractic;
- (5) evidence of active licensed clinical chiropractic practice for at least three out of the last five years immediately preceding the date of application;
- (6) official transcripts showing that the applicant is a graduate of a school or college of chiropractic that was, at the time of graduation, accredited by or a candidate for accreditation by the Council on Chiropractic Education or a successor accrediting agency recognized by the board;
- (7) an official grade transcript sent directly to the department from the National Board of Chiropractic Examiners showing that the applicant has successfully passed the Special Purposes Examination of Chiropractic (SPEC) or parts one, two, three, and four of the national examination:
  - (8) either
    - (A) evidence of completion of 120 hours of formal training in physiological therapeutics; or
- (B) an official grade transcript sent directly to the department from the National Board of Chiropractic Examiners showing that the applicant has successfully passed the physiological therapeutics examination;
- (9) a notarized sworn statement by the applicant that the applicant has not, within the five years preceding the date of application, been the subject of an unresolved review or an adverse decision based upon a complaint, investigation, review procedure, or disciplinary proceeding undertaken by a foreign, state, territorial, local, or federal chiropractic licensing jurisdiction, chiropractic society, or law enforcement agency that relates to criminal or fraudulent activity, chiropractic malpractice, or negligent chiropractic care and that adversely reflects on the

applicant's ability or competence to engage in the practice of chiropractic or on the safety or well-being of patients;

(10) a report under AS 12.62 containing criminal history record information concerning the applicant and issued no earlier than 90 days before the application; if a state other than this state is the applicant's primary state of residence, or if the applicant holds or has ever held a license in a state other than this state to practice chiropractic, the applicant shall also submit an equivalent report issued by that other state and issued no earlier than 90 days before the application.

Authority:

AS 08.20.055

AS 08.20.130

AS 08.20.170

AS 08.20.110

AS 08.20.141

- 12 AAC 16.035. LICENSE-BY-EXAMINATION; NATIONAL BOARD CERTIFICATION. Repealed 5/10/90.
- 12 AAC 16.037. NATIONAL EXAMINATION REQUIREMENTS. (a) To satisfy the examination requirements of AS 08.20.120(a)(6), an applicant must successfully pass each subject of the following parts of the examination of the National Board of Chiropractic Examiners, and the elective physiotherapy examination;

(1) if the applicant graduated before 1987 from a school or college of chiropractic that meets the requirements of AS 08.20.120(a)(3), parts one and two of the national examination;

(2) if the applicant graduated after 1986 from a school or college of chiropractic that meets the requirements of AS 08.20.120(a)(3), parts one, two, and three of the national examination.

- (b) An applicant who has been in the active practice of chiropractic for five continuous years before the date of application for a license in this state may substitute successful passage of the Special Purposes Examination of Chiropractic (SPEC) of the National Board of Chiropractic Examiners for parts three and four of the national examination.
  - (c) To pass a national examination subject, an applicant must achieve a minimum score of

(1) 75 percent for an examination taken before October 1983; or

(2) 375 for an examination taken on or after October 1983.

(d) If the applicant graduated after September 1, 1998 from a school or college of chiropractic that meets the requirements of AS 08.20.120(a)(3), in addition to the requirements of (a) of this section, an applicant must also pass part four of the national examination.

Authority:

AS 08.20.055

AS 08.20.120

AS 08.20.130

12 AAC 16.040. EVALUATION OF ACADEMIC STUDY IN LIBERAL ARTS OR SCIENCE. After evaluating an applicant's academic study as required by AS 08.20.120(a)(3), it must be apparent that the course of academic study corresponds with that which is available from the University of Alaska or is acceptable to a regional accrediting agency for approved colleges of liberal arts or sciences.

Authority:

AS 08.20.055

AS 08.20.120

#### 12 AAC 16.041. PRECEPTOR SCOPE OF PRACTICE. A chiropractic preceptor

(1) may supervise not more than one chiropractic intern at a time;

(2) may permit a chiropractic intern to perform the chiropractic adjustment as set out in AS 08.20.900 only under personal supervision;

(3) before any chiropractic manipulative therapy performed by the intern, must provide a patient with an informed consent document that states that the chiropractic intern is a chiropractic student and not a licensed chiropractic physician in this state;

(4) must maintain a malpractice insurance policy with coverage limits of at least \$1,000,000 per claim, and a minimum aggregate limit of \$3,000,000 per policy period; and

(5) must have been licensed under this chapter in this state for not less than five years preceding the acceptance of a chiropractic intern.

Authority:

AS 08.20.055

- 12 AAC 16.042. INTERN SCOPE OF PRACTICE. (a) A chiropractic intern may, under the personal supervision of a chiropractic preceptor, use chiropractic core methodologies as defined in AS 08.20.900, except that chiropractic diagnosis must be provided by the chiropractic preceptor.
  - (b) A chiropractic intern may, under the general supervision of a chiropractic preceptor,
    - (1) perform diagnostic imaging studies;
    - (2) perform examination procedures;
    - (3) use ancillary methodologies as defined in AS 08.20.900.
  - (c) A chiropractic preceptor is subject to disciplinary action if an intern is in violation of this chapter.
- (d) An intern must be enrolled in a graduate-level course of study at a chiropractic institution accredited by the Council on Chiropractic Education (CCE), and be accepted into and approved to participate in an internship program. Internship placement will be made by and overseen by the accredited chiropractic college program.

(e) An intern may practice under a chiropractic preceptor for a period of not more than six months or the time period approved by the intern's accredited chiropractic college, whichever comes first. Written extensions of an internship may be granted by the board.

Authority:

AS 08.20.055

AS 08.20.170

AS 08.20.900

AS 08.20.100

AS 08.20.195

12 AAC 16.045. ACCREDITED SCHOOL OR COLLEGE. (a) For the purpose of AS 08.20.120(a)(3), an accredited school or college of chiropractic is a chiropractic program or institution that is accredited by or meets standards equivalent to those of the Council on Chiropractic Education.

(b) The definition in (a) of this section applies to all colleges of chiropractic from which an applicant for licensure

matriculates after the effective date of this section.

Authority:

AS 08.20.055

AS 08.20.120

12 AAC 16.046. CHIROPRACTIC SPECIALTY DESIGNATION. (a) A chiropractor licensed under AS 08.20 and this chapter applying for an initial or renewal specialty chiropractic designation shall submit

a completed application on a form provided by the department;

(2) the specialty designation fee established in 12 AAC 02.150;

- (3) for the initial specialty chiropractic designation, documentation of the successful completion of a postgraduate specialty program at an accredited school approved by the board, mailed directly to the department from the accredited school;
- (4) documentation of certification or diplomate status issued by the certification program or diplomate board verifying that the licensee has met the protocols, guidelines, standards, continuing competency examinations, and coursework established by the certification program or diplomate board, mailed directly to the department from the certifying body.

(b) Upon approval by the board, the department will issue a new license with the specialty designation.

Authority:

AS 08.20.055

AS 08.20.155

12 AAC 16.047. CHIROPRACTIC SPECIALTY PROGRAM CRITERIA. (a) To be approved by the board, a postgraduate diplomate chiropractic specialty program must

(1) be comprised of a minimum of 300 classroom hours; and

(2) require passage of appropriate examinations administered by the approved specialty board.

- (b) To be approved by the board, a postgraduate chiropractic specialty certification program must
  - (1) be offered by a program or institution accredited by the Council on Chiropractic Education;

(2) be comprised of a minimum of 120 classroom hours; and

(3) require passage of appropriate examinations administered by the approved program.

Authority:

AS 08.20.055

AS 08.20.155

12 AAC 16.048. APPROVED CHIROPRACTIC SPECIALTY PROGRAMS. (a) The following postgraduate diplomate specialty programs are approved by the board, if the board determines that the program meets the requirements of 12 AAC 16.047:

(1) Chiropractic Diagnostic Imaging (DACBR) program administered by the American Chiropractic Association Council on Diagnostic Imaging (Roentgenology);

(2) Chiropractic Rehabilitation (DACRB) program administered by the American Chiropractic Association Council on Chiropractic Physiological Therapeutics and Rehabilitation;

(3) Chiropractic Clinical Nutrition (DACBN) program administered by the American Chiropractic Association Council on Nutrition;

(4) Chiropractic Diagnosis and Management of Internal Disorders (DABCI) program administered by the American Chiropractic Association Council on Family Practice;

(5) Chiropractic Orthopedics (DABCO) program administered by the American Chiropractic Association Council on Orthopedists;

(6) Chiropractic Clinical Neurology program administered by the

(A) American Chiropractic Academy of Neurology (DACAN or FACCN);

(B) American Chiropractic Association Council on Neurology (DABCN);

(C) American Chiropractic Neurology Board (DACNB);

(D) International Board of Chiropractic Neurology (IBCN);

(7) Chiropractic Sports Physician (DACBSP) program administered by the American Chiropractic Board of Sports Physicians;

(8) Chiropractic Forensics (DABFP) program administered by the American Board of Forensic Professionals.

(b) The following postgraduate specialty certification programs are approved by the board, if the board determines that the program meets the requirements of 12 AAC 16.047:

(1) Certified Chiropractic Sports Physician (CCSP) program administered by the American Chiropractic

Association Sports Council;

- (2) Certificate in Chiropractic Thermography (CACBT) program administered by the American Chiropractic Association Council on Thermography;
- (3) Certificate in Chiropractic Pediatrics program administered by the International Chiropractors Association (ICA) Council on Chiropractic Pediatrics.
- (c) The board may approve other postgraduate diplomate specialty programs or specialty certification programs upon written request by the program sponsor. In order to be approved by the board, the program sponsor must include in the written request documentation showing that the program meets the requirements in 12 AAC 16.047.

Authority:

AS 08.20.055

AS 08.20.155

12 AAC 16.050. NOTIFICATION. Repealed 6/3/89.

- 12 AAC 16.052. CHIROPRACTIC CLINICAL ASSISTANT SCOPE OF PRACTICE. (a) A chiropractic clinical assistant may, under the general supervision of a licensed chiropractic physician, perform the following procedures:
  - (1) diagnostic imaging studies;

(2) examination procedures;

(3) ancillary methodologies as defined in AS 08.20.900.

(b) A chiropractic clinical assistant may not provide chiropractic diagnosis, chiropractic adjustment as in AS 08.20.900, or formulation or alteration of treatment plans.

(c) A chiropractic clinical assistant must maintain current cardiopulmonary resuscitation (CPR) certification from a nationally recognized provider.

- (d) In order to meet the initial certification requirements of AS 08.20.168 and practice as a chiropractic clinical assistant in this state, a currently employed chiropractic clinical assistant with 2,000 hours or more of experience must complete the requirements as set out by the Certified Chiropractic Clinical Assistant Program (CCCA) administered by the Federation of Chiropractic Licensing Boards (FCLB), the Chiropractic Therapy Assistant (CTA) Program administered by the Tennessee Chiropractic Association, or an equivalent nationally recognized program as determined by the board in accordance with AS 08.20.055(4), not later than 2/23/2021.
- (e) In order to meet the initial certification requirements of AS 08.20.168 and practice as a chiropractic clinical assistant in this state, a currently employed chiropractic clinical assistant with less than 2,000 hours of experience must complete the requirements as set out by the Certified Chiropractic Clinical Assistant Program (CCCA) administered by the Federation of Chiropractic Licensing Boards (FCLB), the Chiropractic Therapy Assistant (CTA) Program administered by the Tennessee Chiropractic Association, or an equivalent nationally recognized program as determined by the board in accordance with AS 08.20.055(4), not later than 2/23/2021.
- (f) In order to meet the certification requirements of AS 08.20.168 and practice as a chiropractic clinical assistant in this state, a newly hired chiropractic clinical assistant must complete the requirements as set out by the Certified Chiropractic Clinical Assistant Program (CCCA) administered by the Federation of Chiropractic Licensing Boards (FCLB), the Chiropractic Therapy Assistant (CTA) Program administered by the Tennessee Chiropractic Association, or an equivalent nationally recognized program as determined by the board in accordance with AS 08.20.055(4), not later than 12 months after hire date.
- (g) A person enrolled in an educational program recognized by the board that leads to certification as a chiropractic clinical assistant is allowed to provide clinical services under the general supervision of a chiropractic physician to gain the necessary practical clinical experience.
- (h) A person may not use the title "Certified Chiropractic Clinical Assistant" or another designation indicating status, including abbreviations, or hold oneself out directly or indirectly as a certified chiropractic clinical assistant, unless that person has met the requirements under (d), (e), or (f) of this section.
- (i) After completing the initial certification requirements under (d), (e), or (f) of this section, a chiropractic clinical assistant must maintain current certification in accordance with the requirements of the Certified Chiropractic Clinical Assistant Program (CCCA) administered by the Federation of Chiropractic Licensing Boards (FCLB), the Chiropractic Therapy Assistant (CTA) Program administered by the Tennessee Chiropractic Association, or an equivalent nationally recognized program as determined by the board in accordance with AS 08.20.055(4).

Authority:

AS 08.20.055

AS 08.20.168

AS 08.20.195

AS 08.20.100

AS 08.20.170

AS 08.20.900

12 AAC 16.060. SCHEDULE. Repealed 9/30/81.

12 AAC 16.070. BASIS OF QUESTIONS. Repealed 8/21/91.

12 AAC 16.080. IDENTIFICATION OF EXAMINATION APPLICANTS. Repealed 1/6/2002.

12 AAC 16.090, METHOD OF EXAMINATION. Repealed 6/3/89.

12 AAC 16.100. MATERIALS. Repealed 1/6/2002.

#### 12 AAC 16.110. LEAVING THE EXAMINATION ROOM. Repealed 1/6/2002.

12 AAC 16.120. DISTURBANCE. Repealed 1/6/2002.

- 12 AAC 16.130. STATE CHIROPRACTIC EXAMINATION. (a) The state chiropractic examination consists of a written examination, administered by the board or the board's agent, covering AS 08.01 AS 08.03, AS 08.20, 12 AAC 02, 12 AAC 16, and 7 AAC 18, and any other subjects that the board determines are necessary to demonstrate knowledge of chiropractic as defined in AS 08.20.
  - (b) Repealed 6/28/2024.
  - (c) A score of 75 percent or above is required to receive a passing grade on the state chiropractic examination.

Authority:

AS 08.20.055

AS 08.20.120

AS 08.20.130

12 AAC 16.140. FAILED SUBJECTS. Repealed 5/10/98.

12 AAC 16.150. REEXAMINATION. An applicant who has failed the state chiropractic examination may submit an application for reexamination to the board not sooner than seven days after the date the applicant failed the examination. The application for reexamination must include

(1) a written request for reexamination; and

(2) repealed 5/10/98;

not ounted - the examination f

the examination fee established in 12 AAC 02.150.

Authority:

AS 08.20.055

AS 08.20.130

12 AAC 16.160. TIME. Repealed 9/30/81.

12 AAC 16.170. SPECIAL EXAMINATION. Repealed 6/28/2024.

12 AAC 16.180. RECONSIDERATION OF PAPERS. Repealed 6/3/89.

12 AAC 16.185. EXAMINERS. Repealed 5/10/98.

12 AAC 16.190. LICENSES AND CERTIFICATES. Repealed 1/29/2009.

- 12 AAC 16.200. TEMPORARY PERMITS. (a) The board may issue a temporary permit to an applicant for licensure by examination or credentials who is scheduled to sit for the next state chiropractic examination and who otherwise
  - (1) meets the requirements of 12 AAC 16.030 or 12 AAC 16.033, as applicable;
- (2) furnishes the board with the name of the licensed chiropractor in the state with whom the applicant will associate white practicing under the authority of the temporary permit;
  - (3) has not previously taken and failed the examination; and
  - (4) has not previously held a temporary permit.
  - (b) Repealed 12/7/97.
  - (c) A temporary permit holder must
- (1) provide the board with a statement, sworn to by a licensed chiropractor in the state with whom the temporary permit holder will practice, that the licensed chiropractor assumes all legal liability for the practice of the temporary permit holder and is physically present in the same facility when the temporary permit holder is practicing:
- (2) display the temporary permit in a conspicuous place in the office where the holder practices chiropractic; and
  - (3) inform the board of a change in the temporary permit holder's mailing and practicing address.
- (d) A temporary permit is valid until the results of the next scheduled examination are received by the applicant. If an applicant is unable to appear for the first scheduled examination, the board will, in its discretion, extend the temporary permit until the results of the next scheduled examination are received. The board will not extend a temporary permit more than once.
- (e) If, after having been warned by the board once, a permittee continues to practice in an unethical or unlawful manner, the board will, in its discretion, terminate that permittee's temporary permit.

Authority:

AS 08.20.055

AS 08.20.160

AS 08.20.170

12 AAC 16.205. COURTESY LICENSE. (a) The board will issue a courtesy license to an applicant who meets the requirements of this section. A courtesy license authorizes the licensee to practice chiropractic for a special event only. A courtesy license does not authorize the licensee to conduct a general chiropractic practice or to perform services outside the scope of practice specified in the courtesy license required for that special event.

(b) An applicant for a courtesy license must submit a complete application on a form provided by the department

markens markens no country no later than 46 days before the special event for which the courtesy license is requested. A complete application includes

- (1) the applicable fees established in 12 AAC 02.150;
- (2) a current signed photograph of the applicant;
- (3) a certification from the applicant certifying that the applicant is not a resident of this state;
- (4) verification of a valid and active license to practice chiropractic in another state or other jurisdiction for the scope of practice specified in the application;
  - (5) a description of the special event for which the courtesy license is requested;
  - (6) the scope of practice required for the special event;
  - (7) certification that the applicant has not
    - (A) had a chiropractor license suspended or revoked in any jurisdiction; and
  - (B) been convicted of
- (i) a felony or other crime that affects the applicant's ability to practice chiropractic competently and safely; or
- (ii) a crime involving the unlawful procurement, sale, prescription, or dispensing of a controlled substance listed in AS 11.71.140 – 11.71.190 or conviction in another jurisdiction of a crime having substantially similar elements;
- (8) a report, issued by the applicant's primary state of residence no earlier than 90 days before the application, and that is equivalent to a report under AS 12.62 issued by this state containing criminal history record information concerning the applicant; if the applicant holds or has ever held a license in a state other than this state to practice chiropractic, a complete application also includes a report, issued by that state no earlier than 90 days before the application, and that is equivalent to a report under AS 12.62 issued by this state containing criminal history record information concerning the applicant.
- (c) A courtesy license will be issued only after the department receives the results of a background check of the applicant from the Federation of Chiropractic Licensing Boards that reports no disciplinary action against the applicant.
- (d) The board will waive the 45-day application deadline in (b) of this section if the board determines that the applicant's failure to meet the application deadline is for good cause beyond the control of the applicant. If the board grants the applicant a waiver under this subsection, the applicant may submit a notarized copy of the applicant's license that meets the requirements of (b)(4) of this section in place of license verification from the other jurisdiction.
- (e) A document required by (b) or (d) of this section that is not in English must be accompanied by a certified English translation of the document.
- (f) A courtesy license is valid for a period beginning seven days before and ending seven days after the event for which the courtesy license was issued. A person may not be issued more than two courtesy licenses in a 12-month period.
- (g) The holder of a courtesy license must meet the minimum professional standards of 12 AAC 16.920 and is subject to the discipline under AS 08.01.075 and AS 08.20.170.
- (h) The holder of a courtesy license is limited to the practice of chiropractic identified under AS 08.20.100, 08.20.230, and 08.20.900, and may not exceed the scope of practice specified in the courtesy license.
- (i) The holder of a courtesy license may offer chiropractic services only to those individuals involved with the special event for which the courtesy license was issued, such as athletes, coaches, and staff
- (j) In this section, "special event" means an athletic, educational, cultural, or performing arts event held in this state.

Authority: AS 08.01.062 AS 08.20.055 AS 08.20.170

- 12 AAC 16.206. TEMPORARY MILITARY COURTESY LICENSE. (a) The board will issue a temporary military courtesy license to an active duty military member or spouse of an active duty military member of the armed forces of the United States to practice as a chiropractic physician who meets the requirements of AS 08.01.063 and this section not later than 30 days after the board receives a completed application.
  - (b) An applicant for a temporary military courtesy license under this section
  - (1) must submit a completed application on a form provided by the department;
  - (2) must pay the temporary license application fee and fee for a temporary license set out under 12 AAC 02.105;
  - (3) must submit a copy of
    - (A) the applicant's current active duty military orders showing assignment to a duty station in this state; or
- (B) if the applicant is the spouse of an active duty military member, the applicant's spouse's current active duty military orders showing assignment to a duty station in this state;
- (4) must submit documentation showing the applicant is currently licensed in another licensing jurisdiction and the applicant's license in the other jurisdiction is not suspended, revoked, or otherwise restricted except for failure to apply for renewal or failure to obtain the required continuing education requirements; and
- (5) may not have been convicted of a crime that affects the applicant's ability to practice chiropractic competently and safely, as determined by the board.
- (c) A temporary military courtesy license issued to an active duty military member or spouse of an active duty military member under this section will be issued for a period of 180 days and may be renewed for one additional 180-day period, at the discretion of the board.

(d) While practicing under a temporary military courtesy license issued under this section, the holder of the temporary military courtesy license must comply with the standards of practice set out in AS 08.20 and this chapter.

(e) The board may refuse to issue a temporary military courtesy license for the same reasons that it may deny, suspend, or revoke a license under AS 08.20.170.

Authority:

AS 08.01.062

AS 08.01.063

AS 08.20.055

12 AAC 16.210. ASSOCIATES. Repealed 9/30/81.

12 AAC 16.211. CHIROPRACTIC ASSOCIATES. Repealed 6/29/84.

12 AAC 16.220, DUPLICATE LICENSES. Repealed 6/3/89.

12 AAC 16.230. MISREPRESENTATION. Repealed 6/29/84.

12 AAC 16.240. UNPROFESSIONAL CONDUCT. Repealed 6/29/84.

12 AAC 16.250. VIOLATIONS. Repealed 6/29/84.

12 AAC 16.260. ADVERTISING. Repealed 9/30/81.

12 AAC 16.270. DEFINITIONS. Repealed 6/29/84.

#### ARTICLE 3. CONTINUING EDUCATION.

#### Section

- 280. Statement of purpose of continuing education
- 290. Hours of continuing education required
- 300. Computation of nonacademic continuing education hours
- 310. Computation of academic credit continuing education hours
- 320. Approved subjects
- 330. Nonacademic program criteria
- 340. Approved nonacademic continuing education programs
- 345. Application for continuing education course approval
- 350. Individual study
- 360. Instructor or discussion leader
- 370. Publications
- 380. (Repealed)
- 390. Renewal and reinstatement of license

12 AAC 16.280. STATEMENT OF PURPOSE OF CONTINUING EDUCATION. The purpose of continuing chiropractic education is to insure that the renewal of licenses is contingent upon proof of continued competency and to assure the consumer of an optimum quality of chiropractic health care by requiring licensed chiropractors to pursue education designed to advance their professional skills and knowledge.

Authority:

AS 08.20.055

AS 08.20.170(d)

- 12 AAC 16.290. HOURS OF CONTINUING EDUCATION REQUIRED. (a) An applicant for renewal of a chiropractic license who has been licensed at least two years must complete 32 credit hours of approved continuing education that was earned during the concluding licensing period including at least
  - (1) eight hours in radiographic safety, radiographic techniques and interpretation, or diagnostic imaging:
  - (2) two hours in coding and documentation;
  - (3) two hours in ethics and boundaries; and
  - (4) two hours in cardiopulmonary resuscitation (CPR) training.
- (b) An applicant for renewal of a chiropractic license who has been licensed at least one year but less than two years of the concluding license period must complete 16 credit hours of approved continuing education that was earned during the concluding licensing period including at least
  - (f) eight hours in radiographic safety, radiographic techniques and interpretation, or diagnostic imaging.
  - (2) two hours in coding and documentation;
  - (3) two hours in ethics and boundaries; and
  - (4) two hours in cardiopulmonary resuscitation (CPR) training.
- (c) Two of the hours required under (a) of this section will be credited to each applicant for renewal for completing the jurisprudence review prepared by the board, covering the provisions of AS 08.20 and this chapter. An applicant

for renewal must verify, in an affidavit, that the applicant has complied with this subsection before the applicant's license renewal will be processed.

- (d) An applicant for renewal of a license to practice chiropractic must submit, on a form provided by the department, a sworn statement of the continuing education that the applicant completed during the concluding licensing period.
- (e) An applicant for renewal of a chiropractic license may receive up to four hours of the credit required under (a) of this section from one or more of the following subject areas:
  - (1) cardiopulmonary resuscitation (CPR) training;
  - (2) automated external defibrillator (AED) training;
  - (3) basic life support (BLS) training.
- (f) Not more than 16 credit hours of the credit hours required under (a) of this section for a renewal of a chiropractic license may be obtained over the Internet or by distance learning.
- (g) An applicant applying for renewal who has been licensed more than 90 days but less than one year of the concluding biennial license period is not required to submit proof of completion of continuing education.

Authority:

AS 08.20.055

AS 08.20.170

12 AAC 16.300. COMPUTATION OF NONACADEMIC CONTINUING EDUCATION HOURS. (a) For the purposes of 12 AAC 16.280 — 12 AAC 16.390, 50 minutes of instruction constitutes one hour.

(b) Credit is given only for class hours and not for hours devoted to class preparation.

Authority:

AS 08.20.055

AS 08.20.170(d)

12 AAC 16.310. COMPUTATION OF ACADEMIC CREDIT CONTINUING EDUCATION HOURS. (a) One quarter hour academic credit from a college or university constitutes 10 hours of continuing education.

(b) One semester hour academic credit from a college or university constitutes 15 hours of continuing education.

(c) Challenged courses are not acceptable for continuing education credit.

Authority:

AS 08.20.055

AS 08.20.170(d)

12 AAC 16.320. APPROVED SUBJECTS. To be approved by the board, a subject must contribute directly to the professional competency of a person licensed to practice as a chiropractor and be directly related to the concepts of chiropractic principles, philosophy, and practice, including the following:

- (1) treatment and adjustment technique, including physiotherapy, nutrition and dietetics;
- (2) examination and diagnosis or analysis including physical, laboratory, orthopedic, neurological and differential;
  - (3) radiographic technique and interpretation involving all phases of roentgenology as permitted by law;
- (4) study of the methods employed in the prevention of excessive radiation and safety precautions to the patient;
  - (5) diagnostic imaging.

Authority:

AS 08.20.055

AS 08.20.170

12 AAC 16.330. NONACADEMIC PROGRAM CRITERIA. (a) Nonacademic continuing education programs requiring class attendance are approved by the board if

- (1) the program is at least one hour in length;
- (2) the program is conducted by a qualified instructor;
- (3) a record of registration or attendance is maintained; and
- (4) an examination or other method of assuring satisfactory completion of program by participant is incorporated.
- (b) A qualified instructor or discussion leader is anyone whose background, training, education or experience makes it appropriate for the person to lead a discussion on the subject matter of the particular program.

Authority:

AS 08.20.055

AS 08.20.170(d)

12 AAC 16.340. APPROVED NONACADEMIC CONTINUING EDUCATION PROGRAMS. (a) The following programs are approved by the board:

- educational meetings of the following associations if the documentation required under 12 AAC 16.290 demonstrates that the meeting meets the requirements set out under 12 AAC 16.320 and 12 AAC 16.330.
  - (A) American Chiropractic Association;
  - (B) International Chiropractors Association;
  - (C) Canadian Chiropractic Association;
  - (D) Alaska Chiropractic Society;
  - (2) educational classes, if
    - (A) they are conducted by any chiropractic college that is accredited by or has accreditation status with the

Council on Chiropractic Education; and

(B) the program sponsor or the applicant for renewal of a chiropractic license

(i) requests board approval; and

- (ii) demonstrates to the board's satisfaction that the educational classes meet the requirements of 12 AAC 16.320 and 12 AAC 16.330
- (3) continuing education programs that are certified by the Providers of Approved Continuing Education through the Federation of Chiropractic Licensing Boards.

(b) The board may approve other continuing education programs under 12 AAC 16.345.

(c) Repealed 1/29/2009.

Authority:

AS 08.20.055

AS 08.20.120

AS 08.20.170

12 AAC 16.345. APPLICATION FOR CONTINUING EDUCATION COURSE APPROVAL. (a) Except as provided in 12 AAC 16.340(a), to be approved by the board to meet the continuing education requirements of 12 AAC 16.320, and 12 AAC 16.330, an applicant for continuing education course approval shall submit to the board, not less than 90 days before the date of the proposed program presentation date,

(1) a completed application on a form provided by the department:

(2) the continuing education course approval fee specified in 12 AAC 02.150;

(3) the name of the course provider;

(4) a complete course description, including the course title and a description of the learning objectives;

(5) a course syllabus; and

- (6) an outline of the major topics covered by the course and the number of classroom hours allowed for each topic.
- (b) Approval of a continuing education course under this section is valid until December 31 of the next evennumbered year.
- (c) A sponsor who has a change in a condition required under (a)(3) (6) of this section during the approval period described in (b) of this section must

(1) reapply to the board for continuing education credit approval; and

(2) submit the continuing education course change approval fee specified in 12 AAC 02.150.

- (d) Notwithstanding the provisions of (a) of this section, the board may award continuing education credit for attendance at a course or seminar that has not previously been approved by the board if course or seminar meets the requirements of 12 AAC 16.320 and 12 AAC 16.330 and if the applicant submits supporting documentation to the board with the application for credit. The amount of credit awarded, if any, will be determined by the board on an individual basis.
- (e) Falsification of any written evidence submitted to the board under this section is unprofessional conduct and constitutes grounds for censure, reprimand, or license revocation or suspension.

Authority:

AS 08.20.055

AS 08.20.170

12 AAC 16.350. INDIVIDUAL STUDY. The number of hours of continuing education credit awarded for completion of a fermal correspondence or other individual study program that requires registration and provides evidence of satisfactory completion will be determined by the board on an individual basis. A request for board approval for credit of hours of continuing education for an individual study program must be made to the board in writing before the applicant begins the individual study program.

Authority:

AS 08.20.055

AS 08.20.170

12 AAC 16.360. INSTRUCTOR OR DISCUSSION LEADER. (a) One hour of continuing education credit is awarded for each hour completed in preparation for instruction or discussion as an instructor or discussion leader of educational programs meeting the requirements of 12 AAC 16.280 – 12 AAC 16.390. The number of hours of credit so awarded may not exceed twice the number of hours awarded under (b) of this section.

(b) One hour of continuing education credit is awarded for each hour completed as an instructor or discussion leader of educational programs meeting the requirements of 12 AAC 16.280 – 12 AAC 16.390. Credit is awarded only for the initial course of instruction of the subject matter unless there have been substantial new developments in the subject since the prior presentation.

(c) The total credit awarded under this section may not exceed one-third of the total hours of continuing education reported in any licensing period.

Authority:

AS 08.20.055

AS 08.20.170(d)

12 AAC 16.370. PUBLICATIONS. Continuing education credit may be awarded for publication of articles or books. The amount of credit so awarded will be determined by the board on an individual basis.

Authority:

AS 08.20.055

AS 08.20.170(d)

#### 12 AAC 16.380. REPORT OF CONTINUING EDUCATION. Repealed 1/29/2009.

- 12 AAC 16.390, RENEWAL AND REINSTATEMENT OF LICENSE. (a) The department will renew a license that has been lapsed or in retired status for less than two years if the applicant submits
  - (1) a completed application for renewal, on a form provided by the department;
  - (2) the following fees established in 12 AAC 02.150:
    - (A) biennial license renewal fee;
- (B) delayed renewal penalty fee, if the license has been lapsed for more than 60 days, but less than two years; and
- (3) documentation that all continuing education requirements of 12 AAC 16.290 12 AAC 16.370 have been met.
- (b) Unless the board finds that reinstatement of a license is contrary to AS 08.20.170, the board will reinstate a license that has been lapsed or in retired status for at least two years, but less than five years if the applicant
  - (1) submits an application for reinstatement on a form provided by the department:
  - (2) submits the applicable fees established in 12 AAC 02.150;
- (3) submits documentation of completion of all continuing education requirements in 12 AAC 16.290 12 AAC 16.370 that would have been required to maintain a current license for the entire period that the license has been lapsed or in retired status; and
  - (4) passes the state chiropractic examination under 12 AAC 16.130.
- (c) A person may not reinstate a license that has been lapsed or in retired status for five years or more at the time of application for reinstatement, and the former licensee must apply for a new license under AS 08.20 and this chapter.
- (d) A licensee unable to obtain the required continuing education hours for renewal or reinstatement of a license due to reasonable cause or excusable neglect may submit a request for an exemption in writing to the board, accompanied by a statement explaining the reasonable cause or excusable neglect. If an exemption is granted, the board may prescribe an alternative method of compliance to the continuing education requirements as determined appropriate by the board for the individual situation.
  - (e) In this section, "reasonable cause or excusable neglect" includes
    - (1) chronic illness;
    - (2) retirement; or
    - (3) a hardship, as individually determined by the board.

Authority:

AS 08.01.100

AS 08.20.167

AS 08.20.170

AS 08.20.055

#### ARTICLE 4. UTILIZATION REVIEW.

#### Section

- 400. Utilization review committee
- 410. Term of appointments to utilization review committee
- 420. Conduct of utilization review
- 430. Professional standards and guidelines
- 12 AAC 16,400. UTILIZATION REVIEW COMMITTEE. (a) For the purposes of AS 08.20.185, the board may appoint a utilization review committee that is advisory to the board.
- (b) A utilization review committee appointed by the board will consist of four individuals. Three members of the utilization review committee must be chiropractic physicians licensed under AS 08.20, and one member must be a public member who meets the requirements of AS 08.01.025.
- (c) A member of a utilization review committee may not review a case if the member is in a direct business relationship with the chiropractic physician, insurer, or patient in the case being reviewed.
- (d) In this section, a "direct business relationship" includes an employer-employee relationship, doctor-patient relationship, and a legal contractual relationship.

Authority:

AS 08.20.055

AS 08.20.185

- 12 AAC 16.410. TERM OF APPOINTMENTS TO UTILIZATION REVIEW COMMITTEE. (a) Members of the utilization review committee are appointed for staggered terms of two years.
  - (b) Repealed 1/29/2009.
  - (e) A member of the utilization review committee may be removed by the board for cause.
- A member of the utilization review committee may not serve on the committee for more than four consecutive years. The member may not be reappointed until two years have elapsed since the member last served on the committee.

Authority:

AS 08.20.055

AS 08.20.185

12 AAC 16.420. CONDUCT OF UTILIZATION REVIEW. (a) A patient, patient's representative, insurer, or the patient's chiropractic physician may file a request for utilization review with the board by submitting to the department

(1) a written request for review of the care provided, fees charged, or services rendered by a licensee to a patient;

(2) the utilization review fee established in 12 AAC 02.150; and

- if the utilization review committee requires a patient's treatment records for review, a completed release, on a form provided by the department, signed by the patient.
- (b) A licensee's acceptance of or request for payment for treatment given to a patient constitutes the licensee's consent to submit to the utilization review committee the information required in (c) of this section.
- (c) A licensee involved in a case submitted to the utilization review committee shall submit to the utilization review committee all necessary records and other information concerning the patient's treatment.
- (d) The utilization review committee shall conduct a utilization review for each request for utilization review submitted to it in accordance with guidelines established by the board. Except as provided in (f) of this section, the utilization review committee shall report its findings to the board and furnish a copy of its findings to the patient, licensee, and third-party payor involved in the case.
  - (e) The findings of the utilization review committee must include a determination of whether the

(1) licensee provided or ordered appropriate treatment or services; and

- (2) fees charged are a reasonable and appropriate cost of treatment; in determining the reasonableness and appropriateness of costs, the committee may consider, among other appropriate factors, charges by health care providers other than chiropractic physicians for the same or similar services.
- (f) If the utilization review committee determines that reasonable cause exists to believe the licensee has violated a provision of AS 08.20 or this chapter for which a licensee may be disciplined, the utilization review committee may not report its finding to the board, but instead shall refer the matter to the department's investigative section. The utilization review committee shall provide all information gathered in connection with the utilization review to the department's investigative section.

(g) Repealed 1/6/2002.

Authority:

not occunted

AS 08.20.055

AS 08.20.185

12 AAC 16.430. PROFESSIONAL STANDARDS AND GUIDELINES. (a) When making a determination as to whether a licensee provided reasonable and appropriate treatment or services or charged reasonable and appropriate costs of treatment to a patient, the utilization review committee appointed under 12 AAC 16.400 may rely on the guidelines, standards, or recommendations of the following organizations accepted by the board:

- (1) Alaska Worker's Compensation Board;
- (2) American Chiropractic Association;
- (3) Canadian Chiropractic Association;
- (4) Council on Chiropractic Education;
- (5) Croft Guidelines published by the Spine Research Institute of San Diego;
- (6) Federation of Chiropractic Licensing Boards;
- (7) repealed 9/7/2012;
- (8) International Chiropractors Association:
- (9) National Board of Chiropractic Examiners:
- (10) World Chiropractic Alliance;
- (11) World Federation of Chiropractic;
- (12) a successor organization to an organization specified in this subsection.

(b) The utilization review committee shall take into consideration the differences between the standards and guidelines of the organizations listed in (a) of this section when making a determination as to whether the care provided by the licensee was provided in a manner required of a reasonably competent practitioner acting under the same or similar circumstances.

Authority:

AS 08.20.055

AS 08.20.185

#### ARTICLE 5. GENERAL PROVISIONS.

#### Section

900. Violations

920. Minimum professional standards

930. Lewd or immoral conduct with patients prohibited

980. "Misrepresentation" defined

990. Definitions

of alleged violations of AS 08.20.100. The department shall inform a new licensee in the state that it is his or her duty to report to the board all known instances of suspected unlicensed practice of chiropractic.

Authority:

AS 08.20.055

AS 08.20.100

brong to

12 AAC 16.920. MINIMUM PROFESSIONAL STANDARDS, (a) Chiropractic care that may adversely affect the health and welfare of the public constitutes conduct that does not conform to minimum professional standards established under AS 08.20.170(a)(5) and this section. Conduct that does not conform to minimum professional standards in this chapter includes

(1) failing to use sufficient knowledge, skills, or judgment in the practice of chiropractic;

(2) failing to perform patient care within the chiropractor's scope of competence, which are necessary to prevent substantial risk or harm to a patient;

-(3) engaging in patient care outside the scope of chiropractic practice;

- (4) engaging in patient care outside the scope of the chiropractor's training and expertise;
- (5) violating established protocols in the delivery of chiropractic treatment or care;
- (6) violating the confidentiality of information or knowledge concerning a patient;

(7) physically or verbally abusing a patient;

(8) failing to maintain a record for a patient that accurately reflects the chiropractic problems and interventions for the patient:

(9) falsifying a patient's records;

(10) intentionally making an incorrect entry in a patient's chart;

- (I-I) discrimination in the provision of chiropractic care on the basis of race, religion, color, national origin, ancestry, or sex;
  - (12) exploiting a patient for financial gain or offering, giving, soliciting, or receiving fees for referral of a patient;
  - (13) knowingly violating laws regulating health insurance, including those laws established in AS 21.36.360;

(14) using unsanitary or unsafe equipment;

- (15) failing to adhere to the Code of Ethics of the American Chiropractic Association, as revised as of September 2007, adopted by reference;
- (16) failing to provide copies of complete patient records in the licensee's custody and control within 30 days after receipt of a written request for the records from the patient or patient's guardian.
- (b) A licensee shall evaluate patient care on an individual basis and make a reasonable judgment on the course of treatment for each patient.

Authority:

AS 08.20.055

AS 08.20,100

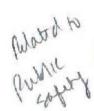
AS 08.20.170

Editor's note: A copy of the Code of Ethics of the American Chiropractic Association, September 2007 edition, adopted by reference in 12 AAC 16.920(a) is available for inspection at the Department of Commerce, Community, and Economic Development, Division of Corporations, Business and Professional Licensing, State Office Building, 9th Floor, 333 Willoughby Avenue, Juneau, Alaska, or may be obtained from the American Chiropractic Association, 1701 Clarendon Boulevard, Arlington, VA 22209; telephone: (703)276-8800; website at http://www.acatoday.org.

12 AAC 16.930. LEWD OR IMMORAL CONDUCT WITH PATIENTS PROHIBITED. (a) A licensee may not engage in lewd or immoral conduct in connection with the delivery of professional services to a patient or solicit sexual contact or a romantic relationship with a patient.

(b) It is a defense to a disciplinary action alleging a violation of this section that

- (1) at the time of, or immediately preceding, the contact the patient was the licensee's spouse, or was in a dating, courtship, or engagement relationship with the licensee; or
- (2) the licensee terminated the doctor-patient professional relationship with the former patient more than six months before the contact occurred.
  - (c) It is not a defense to a disciplinary action alleging a violation of this section that the contact occurred
    - (1) with the consent of the patient;
    - (2) outside professional treatment sessions; or
    - (3) off of the premises regularly used by the licensee for the professional treatment of patients.
- (d) As used in AS 08.20.170(a)(8) and this section, "lewd or immoral conduct" includes sexual misconduct, sexual contact, or attempted sexual contact, with a patient outside the scope of generally accepted methods of examination or treatment of the patient during the time the patient is receiving professional treatment from the licensee.
  - (e) As used in this section,
- (1) "attempted sexual contact" means engaging in conduct that constitutes a substantial step towards sexual contact;
  - (2) "sexual contact"
- (A) means touching, directly or through clothing, a patient's genitals, anus, or female breast, or causing the patient to touch, directly or through clothing, the licensee's or patient's genitals, anus, or female breast;
  - (B) includes sexual penetration;
  - (C) does not include acts



- (i) that may reasonably be construed to be normal caretaker responsibilities for a child, interactions with a child, or affection for a child; or
- (ii) performed for the purpose of administering a recognized and lawful form of chiropractic examination or treatment that is reasonably adapted to promoting the physical or mental health of the person being treated;
- (3) "sexual misconduct" means behavior, a gesture, or an expression that may reasonably be interpreted as seductive, sexually suggestive, or sexually demeaning to a patient; "sexual misconduct" includes
- (A) encouraging the patient to masturbate in the presence of the licensee or masturbation by the licensee while the patient is present;
  - (B) offering to provide to a patient controlled substances or other drugs in exchange for sexual contact;
- (C) disrobing or draping practice that is seductive, sexually suggestive, or sexually demeaning to a patient, such as deliberately watching a patient dress or undress or failing to provide privacy for disrobing;
- (D) making a comment about or to the patient that is seductive, sexually suggestive, or sexually demeaning to a patient, including
  - (i) sexual comment about a patient's body or underclothing;
  - (ii) sexualized or sexually demeaning comment to a patient;
- (iii) demeaning or degrading comments to the patient about the patient's sexual orientation, regardless of whether the patient is homosexual, heterosexual, or bisexual;
- (iv) comments about potential sexual performance of the patient during an examination or consultation, except when the examination or consultation is pertinent to the issue of sexual function or dysfunction;
- (v) requesting details of sexual history or sexual likes or dislikes of the patient if the details are not clinically indicated for the type of examination or consultation;
- (E) initiation by the licensee of conversation with a patient regarding the sexual problems, preferences, or fantasies of the licensee;
- (F) using the doctor-patient professional relationship with the patient to solicit sexual contact or a romantic relationship with the patient or another;
  - (G) kissing a patient in a romantic or sexual manner;
  - (4) "sexual penetration"
- (A) means genital intercourse, cunnilingus, fellatio, anal intercourse, or an intrusion, however slight, of an object or any part of a person's body into the genitals or anus of another person's body; each party to any of the acts defined as "sexual penetration" is considered to be engaged in sexual penetration;
- (B) does not include acts performed for the purpose of administering a recognized and lawful form of chiropractic examination or treatment that is reasonably adapted to promoting the physical health of the person being treated.

Authority:

AS 08.20.055

AS 08.20.170

#### 12 AAC 16.980. "MISREPRESENTATION" DEFINED. In AS 08.20.170, "misrepresentation" means

- the use of any advertising in which untruthful, exaggerated, improper, misleading or deceptive statements are made;
  - (2) impersonation of another practitioner;
- (3) advertising or holding oneself out to have the ability to treat diseases or other abnormal conditions of the human body by any secret formula, method, or procedure;
- (4) knowingly permitting or allowing another person to use a licensee's license or certificate in the practice of any system or mode of treating the sick or afflicted.

Authority:

AS 08.20.055

AS 08.20.170(d)

#### 12 AAC 16.990. DEFINITIONS. (a) In this chapter, unless the context requires otherwise,

- "appropriate treatment or services" means treatment or services performed, because of a substantiated and properly diagnosed condition, that is consistent with that diagnosis as reviewed by the peer review committee appointed under 12 AAC 16.400;
  - (2) "board" means the Board of Chiropractic Examiners;
  - (3) "department" means the Department of Commerce, Community, and Economic Development;
  - (4) "licensee" means a chiropractic physician licensed under AS 08.20;
- (5) "reasonable and appropriate cost of treatment" means that charges submitted for services performed are necessary and reasonable charges in the judgment of the peer review committee appointed under 12 AAC 16.400;
  - (6) "criminal history record information" has the meaning given in AS 12.62.900;
- (7) "general supervision" means the directing of the authorized activities by a licensed chiropractic physician and does not require the physical presence of the supervisor when directing those activities;
- (8) "personal supervision" means that the licensed chiropractic physician is physically present at the same office location where the services are being furnished.
  - (b) In AS 08.20.900,
    - (1) "prescription drug" means a drug that

(A) under federal law, before being dispensed or delivered, is required to be labeled with either of the following statements:

- (i) "Caution: Federal law prohibits dispensing without prescription";
  (ii) "Caution: Federal law restricts this drug to use by, or on the order of, a licensed veterinarian"; or
- (B) is required by an applicable federal or state law or regulation to be dispensed only under a prescription drug order or is restricted to use by practitioners only;

(2) "surgery"

(A) means the use of a scalpel, sharp cutting instrument, laser, electrical current, or other device to incise or remove living tissue;

(B) does not include venipuncture or the removal of foreign objects from external tissue.

Authority:

AS 08.20.055

AS 08.20.900

#### APPENDIX A

#### Notice on Superiority Advertising

At the request of the Federal Trade Commission and with the concurrence of the Alaska Attorney General, the Board of Chiropractic Examiners has repealed two provisions of the Alaska Administrative Code, effective August 31, 1986.

One of the repealed paragraphs, 12 AAC 16.910(b)(2), prohibited the advertising of techniques or modalities to infer or imply superiority of treatment or diagnosis by their use. The other repealed paragraph, 12 AAC 16.910(b)(4), prohibited print advertising claiming superiority over or greater skill than other practitioners. These provisions were both repealed so that the advertising practices previously prohibited would no longer be considered "misrepresentation" and therefore would be allowed.

Date
Received

## Name and Organization of Commenter

Date of oral or written comment

Include the name and organization of the commenter, if known.

## **Summary of Public Comment**

Include as many details about the comment as needed to capture the essence of the request and any specifics about the changes requestd, pain points, rationales, etc.

Relevant Board/Program	Relevant Regulation(s)
List the board/program the regulation relates to	Cite the regulations that are relevant to the request, even if the commenter did not specifically state them.

## Resulting in Changes? (Yes/No)

Type"Yes" if you are adopting any changes, and "No" if you are not.

## **Agency Response**

Summarize the changes the agency proposes to adopt as a result of the comment. Specific language is not required yet.

### **Additional Notes**

Project Priority Number	Drafting Assistance Required?	Tmeline for Submission
Label each regulation with a priority, with 1 as the highest. The priority number indicates the requested grouping of regulations as they will be submitted to LAW for preliminary review.	Indicate whether your staff is requesting drafting assistance from the Department of Law.	To the best of your ability, estimate the timeline for submitting the draft revised regulations to LRLR for review.

# **Regulation Citation**

# **Relevant Board/Program**

Cite the regulation you intend to change. Can also be List the board/program the a section of related regulations. regulation relates to

# Nature of the Regulation Summary of the Intended Changes Briefly describe what the regulation or section currently does. Briefly describe what you plan to change.

## **Explanation of Intended Changes**

Focus on what the change will do to achieve reduction, transparency, ease of government interaction, or other reforms. If the project does not meet those goals, explain why it is necessary for protection of public safety or standards, compliance with legislation, or other goal.

## **Proposed Regulatory Reduction**

List the **number** of reductions from your baseline that you plan to achieve with this change. This could be a reduction of words on a webpage or PDF or pages of a PDF. (Sample reduction number below for the purposes of the formula in column E.)

700

#### **Percentage of Regulatory Reduction**

#### **Date of Anticipated Reduction**

State the **percentage** of anticipated reduction from your original baseline. This may be achieved using a simple Excel formula such as "=SUM(X-Y)\*0.001" where X equals your baseline and Y equals the cell in column D, then express the column as a percentage. See sample below.

State whether you anticipate this reduction will be achieved in 2026 or 2027.

30%

# Statutes and Regulations Chiropractors

**March 2025** 



DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT

DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING

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Rev. 3/13/2025

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#### CHAPTER 20. CHIROPRACTORS

#### Article

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- 2. Licensing and Regulation (§§ 08.20.100 08.20.195)
- 3. Unlawful Acts and Penalties (§§ 08.20.200, 08.20.210)
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# ARTICLE 1. BOARD OF CHIROPRACTIC EXAMINERS

#### Section

- 10. Creation and membership of Board of Chiropractic Examiners
- 20. Members of board
- 25. Removal of board members
- 40. Organization of board
- 50. Power of officers to administer oaths and take testimony
- 55. Board regulations
- 60. Seal
- 90. Quorum of board

**Sec. 08.20.010. Creation and membership of Board of Chiropractic Examiners.** There is created the Board of Chiropractic Examiners consisting of five members appointed by the governor.

**Sec. 08.20.020. Members of board.** Four members of the board shall be licensed chiropractic physicians who have practiced chiropractic in this state not less than two years. One member of the board shall be a person with no direct financial interest in the health care industry. Each member serves without pay but is entitled to per diem and travel expenses allowed by law.

**Sec. 08.20.025. Removal of board members.** A member of the board may be removed from office by the governor for cause.

Sec. 08.20.030. Members' terms; vacancies. [Repealed, Sec. 49 ch 94 SLA 1987.]

**Sec. 08.20.040. Organization of board.** Every two years, the board shall elect from its membership a president, vice-president and secretary.

**Sec. 08.20.050. Power of officers to administer oaths and take testimony.** The president and the secretary may administer oaths in conjunction with the business of the board.

**Sec. 08.20.055. Board regulations.** The board shall adopt regulations necessary to effect the provisions of this chapter, including regulations establishing standards for

- (1) continuing education;
- (2) the application, performance, and evaluation of chiropractic core methodology;
- (3) the training, qualifications, scope of practice, and employment of chiropractic interns and chiropractic preceptors;
- (4) the designation of one or more nationally recognized certification programs for chiropractic clinical assistants; and
  - (5) the performance of patient examinations authorized under AS 08.20.100(b).

Sec. 08.20.060. Seal. The board shall adopt a seal and affix it to all licenses issued.

Sec. 08.20.070 – 08.20.080. Secretary; records; reports and accounts of board. [Repealed, Sec. 3 ch 59 SLA 1966.]

Sec. 08.20.090. Quorum of board. A majority of the board constitutes a quorum for the transaction of business.

#### ARTICLE 2. LICENSING AND REGULATION

#### Section

100. License to practice chiropractic

- 110. Application for license
- 120. Qualifications for license
- 130. Examinations
- 141. Licensure by credentials
- 155. Professional designation
- 160. Temporary permits
- 163. Temporary permit for locum tenens practice
- 165. Inactive license status
- 167. Retired license status
- 168. Chiropractic clinical assistant
- 170. Disciplinary sanctions; refusal to issue or renew license
- 180. Fees
- 185. Utilization review committee; confidentiality
- 195. Limitation of practice

**Sec. 08.20.100.** License to practice chiropractic. (a) A person may not practice chiropractic or use chiropractic core methodology in the state without a license.

- (b) A person licensed under this chapter may
- (1) analyze, diagnose, or treat the chiropractic condition of a patient by chiropractic core methodology or by ancillary methodology;
  - (2) accept referrals for treatment by chiropractic core methodology or by ancillary methodology;
  - (3) consult on chiropractic matters;
  - (4) refer patients to other health care professionals;
- (5) perform, within the scope of chiropractic practice, physical examinations of children for school physical examinations and preparticipation physical examinations for sports and school activities;
  - (6) sign
- (A) reports for excuses from employment and from attendance at school or participation in sports activities; and
  - (B) authorizations for sick leave;
  - (7) perform preemployment and workplace health examinations;
  - (8) provide disability and physical impairment ratings;
  - (9) provide retirement health and disability authorizations and recommendations;
  - (10) employ nationally certified chiropractic clinical assistants; and
  - (11) employ chiropractic interns and chiropractic preceptors.
- (c) A person licensed under this chapter is not authorized to sign affidavits exempting school children from immunization requirements under AS 14.30.125 or to administer or interpret the results of infectious disease tests required by statute or regulation.
- (d) This section does not apply to a chiropractic intern who is acting within the scope of practice authorized by the board and is under the personal supervision of a licensed chiropractor.

Sec. 08.20.110. Application for license. A person desiring to practice chiropractic shall apply in writing to the board.

**Sec. 08.20.115.** Malpractice insurance. [Repealed, Sec. 40 ch 177 SLA 1978.]

Sec. 08.20.120. Qualifications for license. (a) An applicant shall be issued a license to practice chiropractic if the applicant

- (1) has a high school education or its equivalent;
- (2) has successfully completed at least two academic years of study in a college of liberal arts or sciences or has engaged in the active licensed practice of chiropractic for three of the four years preceding the filing of the application;
  - (3) is a graduate of a school or college of chiropractic that
- (A) is accredited by or a candidate for accreditation by the Council on Chiropractic Education or a successor accrediting agency recognized by the board; or
- (B) if an accrediting agency under (A) of this paragraph does not exist, requires the completion of a minimum of 4,000 hours of formal education and training in order to graduate, including
  - (i) 150 hours of chiropractic philosophy or principles;
  - (ii) 1,200 hours of basic sciences, including anatomy, chemistry, physiology, and pathology;
  - (iii) 1,400 hours of preclinical technique, including diagnosis, chiropractic technique, and x-ray; and
  - (iv) 700 hours of clinical training;
  - (4) completes 120 hours of formal training in physiological therapeutics;
  - (5) passes an examination given by the board; and
- (6) passes, to the satisfaction of the board, the parts of the examination of the National Board of Chiropractic Examiners required by the board.
  - (b) [Repealed, Sec. 2 ch 93 SLA 1996.]

- **Sec. 08.20.130. Examinations.** (a) Examinations for a license to practice chiropractic may be held in the time and manner fixed by the board.
- (b) The examination may include practical demonstration and oral and written examination in those subjects usually taught in accredited chiropractic schools.
  - (c) A general average rating of 75 percent is a passing grade on the examination.
  - (d) An applicant may take a reexamination within one year after failing the examination.
- **Sec. 08.20.141. Licensure by credentials.** The board may issue a license by credentials to an applicant who pays the appropriate fee and presents satisfactory proof that the applicant
  - (1) is a graduate of a school or college of chiropractic that
- (A) is accredited by or a candidate for accreditation by the Council on Chiropractic Education or a successor accrediting agency recognized by the board; or
- (B) if an accrediting agency under (A) of this paragraph does not exist, requires the completion of a minimum of 4,000 hours of formal education and training in order to graduate, including
  - (i) 150 hours of chiropractic philosophy or principles;
  - (ii) 1,200 hours of basic sciences, including anatomy, chemistry, physiology, and pathology;
  - (iii) 1,400 hours of preclinical technique, including diagnosis, chiropractic technique, and x-rays; and
  - (iv) 700 hours of clinical training;
- (2) has held a license in good standing to practice chiropractic in another jurisdiction for the five years preceding the date of application; for purposes of this paragraph, "good standing" means that
- (A) no action has been reported about the applicant in the national licensee database of the Federation of Chiropractic Licensing Boards;
- (B) the applicant has not, within the five years preceding the date of application, been the subject of an unresolved review or an adverse decision based on a complaint, investigation, review procedure, or disciplinary proceeding undertaken by a foreign, state, territorial, local, or federal chiropractic licensing jurisdiction, chiropractic society, or law enforcement agency that relates to criminal or fraudulent activity, chiropractic malpractice, or negligent chiropractic care and that adversely reflects on the applicant's ability or competence to engage in the practice of chiropractic or on the safety or well-being of patients;
  - (C) the applicant has not been convicted of a felony within the five years preceding the date of application;
- (3) has been in active licensed clinical chiropractic practice for at least three of the five years immediately preceding the date of application;
- (4) has passed, to the satisfaction of the board, the parts of the examination of the National Board of Chiropractic Examiners required by the board;
- (5) has passed an examination approved by the board that is designed to test the applicant's knowledge of the laws of the state governing the practice of chiropractic and the regulations adopted under those laws; and
- (6) has completed 120 hours of formal training in physiological therapeutics or has passed, to the satisfaction of the board, a physiological therapeutics examination of the National Board of Chiropractic Examiners required by the board.

#### **Sec. 08.20.150. Recording of license.** [Repealed, Sec. 7 ch 37 SLA 1986.]

- **Sec. 08.20.155. Professional designation.** Notwithstanding the provisions of AS 08.02.110 relating to specialist designations, a person licensed under this chapter may not designate a specialty unless the person has completed a postgraduate specialty program at an accredited school approved by the board and the person has passed a certification exam for the specialty approved by the board. All specialty designations must include the term "chiropractic"
- **Sec. 08.20.160. Temporary permits.** Temporary permits may be issued to qualified applicants until the next regular meeting of the board.
- **Sec. 08.20.163. Temporary permit for locum tenens practice.** (a) The board may grant a temporary permit to a chiropractor for the purpose of the chiropractor's substituting for another chiropractor licensed in this state. The permit is valid for 60 consecutive days. If circumstances warrant, an extension of the permit may be granted by the board.
  - (b) A chiropractor applying under (a) of this section shall pay the required fee and shall meet the
    - (1) requirements of AS 08.20.120; or
    - (2) following requirements:
      - (A) submit evidence of a current license in good standing, including
        - (i) no action reported in the national licensee database of the Federation of Chiropractic Licensing Boards;
- (ii) not having been, within the five years preceding the date of application, the subject of an unresolved review or an adverse decision based upon a complaint, investigation, review procedure, or disciplinary proceeding undertaken by a state, territorial, local, or federal chiropractic licensing jurisdiction, chiropractic society, or law enforcement agency that relates to criminal or fraudulent activity, chiropractic malpractice, or negligent chiropractic care and that adversely reflects on the applicant's ability or competence to engage in the practice of chiropractic or on the safety or well-being of patients; and
  - (iii) no conviction for a felony within the five years preceding the date of application;

- (B) submit evidence of five years of active licensed clinical practice;
- (C) be a graduate of a school or college of chiropractic that is accredited by or a candidate for accreditation by the Council on Chiropractic Education or a successor accrediting agency recognized by the board;
- (D) have completed 120 hours of formal training in physiological therapeutics or have passed, to the satisfaction of the board, a physiological therapeutic examination of the National Board of Chiropractic Examiners required by the board;
- (E) have passed, to the satisfaction of the board, Parts I and II of the examination of the National Board of Chiropractic Examiners; and
  - (F) pass an examination given by the board.
- (c) Permits and extensions of permits issued under this section to an individual are not valid for more than 240 days during any consecutive 24 months.
- **Sec. 08.20.165. Inactive license status.** (a) A licensee who does not practice in the state may convert a license to inactive status when renewing the license. A person who practices in the state, however infrequently, shall hold an active license. A person renewing an inactive license shall meet the same renewal requirements that would be applicable if the person were renewing an active license.
- (b) A person who has an inactive license certificate under (a) of this section may reactivate the license by applying for an active license and paying the required fees.
- **Sec. 08.20.167. Retired license status.** (a) Upon retiring from practice and upon payment of an appropriate one-time fee, a licensee in good standing with the board may apply for the conversion of an active or inactive license to a retired status license. A person holding a retired status license may not practice chiropractic in the state. A retired status license is valid for the life of the license holder and does not require renewal. A person holding a retired status license is exempt from continuing education requirements adopted by the board under AS 08.20.170(d).
- (b) A person with a retired status license may apply for active licensure. Before issuing an active license under this subsection, the board may require the applicant to meet reasonable criteria, as determined under regulations of the board, that may include submission of continuing education credits, reexamination requirements, physical and psychiatric examination requirements, an interview with the board, and a review of information in the national licensee database of the Federation of Chiropractic Licensing Boards.
- **Sec. 08.20.168.** Chiropractic clinical assistant. (a) Enrollment in or completion of a nationally recognized certification program under AS 08.20.055(4) is required to practice as a chiropractic clinical assistant in this state.
- (b) A person who meets the requirement under (a) of this section may, under the general supervision of a person licensed under this chapter,
  - (1) perform diagnostic imaging studies;
  - (2) use ancillary methodologies; and
  - (3) perform procedures.
- **Sec. 08.20.170. Disciplinary sanctions; refusal to issue or renew license.** (a) The board may impose a disciplinary sanction on a person licensed under this chapter or refuse to issue a license under this chapter when the board finds that the person
  - (1) secured or attempted to secure a license through deceit, fraud, or intentional misrepresentation;
- (2) engaged in deceit, fraud, or intentional misrepresentation in the course of providing professional services or engaging in professional activities;
  - (3) advertised professional services in a false or misleading manner;
  - (4) has been convicted, including a conviction based on a guilty plea or plea of nolo contendere, of
    - (A) a felony or other crime that affects the person's ability to practice competently and safely; or
    - (B) a crime involving the unlawful procurement, sale, prescription, or dispensing of drugs;
- (5) intentionally or negligently engaged in or permitted the performance of patient care by persons under the licensee's supervision that does not conform to minimum professional standards established by regulation regardless of whether actual injury to the patient occurred;
- (6) failed to comply with this chapter, with a regulation adopted under this chapter, or with an order of the board;
  - (7) continued or attempted to practice after becoming unfit due to
    - (A) professional incompetence;
    - (B) addiction or severe dependency on alcohol or a drug that impairs the person's ability to practice safely;
    - (C) physical or mental disability or an infectious or contagious disease;
  - (8) engaged in lewd or immoral conduct in connection with the delivery of professional service to patients; or
  - (9) failed to satisfy continuing education requirements adopted by the board.
- (b) AS 44.62 (Administrative Procedure Act) applies to any action taken by the board for the suspension or revocation of a license.
- (c) A person whose license is suspended or revoked may within two years from date of suspension apply for reinstatement, and if the board is satisfied that the applicant should be reinstated, it shall order reinstatement.
- (d) The board shall adopt regulations which ensure that renewal of license is contingent on proof of continued competency by a practitioner.

**Sec. 08.20.175. Disciplinary sanctions.** [Repealed, Sec. 49 ch 94 SLA 1987.]

**Sec. 08.20.180. Fees.** (a) An applicant for an examination, reexamination, issuance of a temporary permit under AS 08.20.160, issuance of a locum tenens permit under AS 08.20.163, issuance of a license by credentials under AS 08.20.141, one-time issuance of a retired status license, or initial issuance or renewal of an active or inactive license shall pay a fee established under AS 08.01.065.

(b) [Repealed, Sec. 24 ch 22 SLA 2001.]

- **Sec. 08.20.185. Utilization review committee; confidentiality.** (a) The board may establish a utilization review committee to review complaints concerning the reasonableness or appropriateness of care provided, fees charged, or costs for services rendered by a licensee to a patient. A review conducted by a utilization review committee under this section may be used by the board in considering disciplinary action against a licensee, but the results or recommendations of a utilization review committee are not binding on the board. A member of a utilization review committee established under this section who in good faith submits a report under this section or participates in an investigation or judicial proceeding related to a report submitted under this section is immune from civil liability for the submission or participation.
- (b) The board shall charge a complainant a fee, established under AS 08.01.065, for utilization review under this section.
- (c) Patient records presented to a utilization review committee for review under this section that were confidential before their presentation to the committee are confidential to the committee members and to the board members and are not subject to inspection or copying under AS 40.25.110 40.25.125. A committee member or board member to whom confidential records are presented under this subsection shall maintain the confidentiality of the records. A person who violates this subsection is guilty of a class B misdemeanor.

**Sec. 08.20.190. Disposition of fees.** [Repealed, Sec. 54 ch 37 SLA 1985.]

**Sec. 08.20.195. Limitation of practice.** A person licensed under this chapter or a person who is practicing as a chiropractic intern, chiropractic clinical assistant, or chiropractic preceptor under this chapter may act only within the scope of practice authorized by the board.

# ARTICLE 3. UNLAWFUL ACTS AND PENALTIES

#### Section

200. Unlicensed practice

210. Fraudulent licenses and certificates

**Sec. 08.20.200. Unlicensed practice.** A person who practices chiropractic in the state without a license in violation of AS 08.20.100 is guilty of a class A misdemeanor and may be punished as provided in AS 12.55.

**Sec. 08.20.210. Fraudulent licenses and certificates.** A person who obtains or attempts to obtain a chiropractic license or provides the board with evidence that the person is nationally certified to practice as a chiropractic clinical assistant by dishonest or fraudulent means or who forges, counterfeits, or fraudulently alters a chiropractic license or chiropractic clinical assistant certificate issued by a nationally recognized certification program is guilty of a class A misdemeanor and is punishable as provided in AS 12.55.

#### ARTICLE 4. GENERAL PROVISIONS

#### Section

230. Practice of chiropractic

900. Definitions

**Sec. 08.20.220.** Chiropractic defined. [Repealed, Sec. 13 ch 60 SLA 1988.]

#### Sec. 08.20.230. Practice of chiropractic. The practice of chiropractic

- (1) addresses ramifications of health and disease with a special emphasis on biomechanical analysis, interpretation and treatment of the structural and functional integrity of skeletal joint structures, and the physiological efficiency of the nervous system as these matters relate to subluxation complex; and
- (2) involves the diagnosis, analysis, or formulation of a chiropractic diagnostic impression regarding the chiropractic conditions of the patient to determine the appropriate method of chiropractic treatment.

#### Sec. 08.20.900. Definitions. In this chapter,

- (1) "ancillary methodology" means employing within the scope of chiropractic practice, with appropriate training and education, those methods, procedures, modalities, devices, and measures commonly used by trained and licensed health care providers and includes
  - (A) physiological therapeutics; and
- (B) counseling on dietary regimen, sanitary measures, physical and mental attitudes affecting health, personal hygiene, occupational safety, lifestyle habits, posture, rest, and work habits that enhance the effects of chiropractic adjustment;
  - (2) "board" means the Board of Chiropractic Examiners;
- (3) "chiropractic" is the clinical science of human health and disease that focuses on the detection, correction, and prevention of the subluxation complex and the employment of physiological therapeutic procedures preparatory to and complementary with the correction of the subluxation complex for the purpose of enhancing the body's inherent recuperative powers, without the use of surgery or prescription drugs; the primary therapeutic vehicle of chiropractic is chiropractic adjustment;
- (4) "chiropractic adjustment" means the application of a precisely controlled force applied by hand or by mechanical device to a specific focal point of the anatomy for the express purpose of creating a desired angular movement in skeletal joint structures in order to eliminate or decrease interference with neural transmission and correct or attempt to correct subluxation complex; "chiropractic adjustment" utilizes, as appropriate, short lever force, high velocity force, short amplitude force, or specific line-of-correction force to achieve the desired angular movement, as well as low force neuro-muscular, neuro-vascular, neuro-cranial, or neuro-lymphatic reflex technique procedures;
- (5) "chiropractic clinical assistant" means a person who works under the general supervision of a person licensed under this chapter and who is
  - (A) enrolled in a nationally recognized certification program that certifies chiropractic clinical assistants; or
  - (B) certified by a national organization that certifies chiropractic clinical assistants;
- (6) "chiropractic core methodology" means the treatment and prevention of subluxation complex by chiropractic adjustment as indicated by a chiropractic diagnosis and includes the determination of contra-indications to chiropractic adjustment, the normal regimen and rehabilitation of the patient, and patient education procedures; chiropractic core methodology does not incorporate the use of prescription drugs, surgery, needle acupuncture, obstetrics, or x-rays used for therapeutic purposes;
- (7) "chiropractic diagnosis" means a diagnosis made by a person licensed under this chapter based on a chiropractic examination;
- (8) "chiropractic examination" means an examination of a patient conducted by a person licensed under this chapter, or by a chiropractic clinical assistant or chiropractic intern under the supervision of a person licensed under this chapter, for the express purpose of ascertaining whether symptoms of subluxation complex exist and consisting of an analysis of the patient's health history, current health status, results of diagnostic procedures, including x-ray and other diagnostic imaging devices, and postural, thermal, physical, neuro-physical, and spinal examinations that focuses on the discovery of
  - (A) the existence and etiology of disrelationships of skeletal joint structures; and
  - (B) interference with normal nerve transmission and expression:
- (9) "chiropractic intern" means a person who is engaged in the practice of chiropractic while under the personal supervision of a person licensed under this chapter for the purpose of obtaining practical experience for licensure as a chiropractor;
- (10) "chiropractic preceptor" means a person who is licensed under this chapter and who participates in the instruction and training of chiropractic interns;
- (11) "manipulation" means an application of a resistive movement by applying a nonspecific force without the use of a thrust, that is directed into a region and not into a focal point of the anatomy for the general purpose of restoring movement and reducing fixations;
- (12) "physiological therapeutics" means the therapeutic application of forces that induce a physiologic response and use or allow the natural processes of the body to return to a more normal state of health; physiological therapeutics encompasses the diagnosis and treatment of disorders of the body, utilizing
  - (A) manipulation;
- (B) the natural healing forces associated with air, cold, heat, electricity, exercise, light, massage, water, nutrition, sound, rest, and posture;
- (C) thermotherapy, cryotherapy, high frequency currents, low frequency currents, interferential currents, hydrotherapy, exercise therapy, rehabilitative therapy, meridian therapy, vibratory therapy, traction and stretching, bracing and supports, trigger point therapy, and other forms of therapy;
- (13) "subluxation complex" means a biomechanical or other disrelation or a skeletal structural disrelationship, misalignment, or dysfunction in a part of the body resulting in aberrant nerve transmission and expression.

#### CHAPTER 16. BOARD OF CHIROPRACTIC EXAMINERS.

#### Article

- 1. The Board (12 AAC 16.010 12 AAC 16.020)
- 2. Licensing (12 AAC 16.030 12 AAC 16.270)
- 3. Continuing Education (12 AAC 16.280 12 AAC 16.390)
- 4. Utilization Review (12 AAC 16.400 12 AAC 16.430)
- 5. General Provisions (12 AAC 16.900 12 AAC 16.990)

# ARTICLE 1. THE BOARD.

#### Section

- 10. Objectives
- 20. Meetings
- 12 AAC 16.010. OBJECTIVES. (a) It is the objective of the board to foster professional standards consistent with the best interests of the public.
- (b) It is the objective of the board to adhere to the Code of Ethics of the American Chiropractic Association or International Chiropractic Association as a basis for considering what comprises the duties and obligations of chiropractors to the public.

**Authority:** AS 08.20.055

**12 AAC 16.020. MEETINGS.** The board will, in its discretion, meet at least twice each year for the transaction of business and examination of applicants.

**Authority:** AS 08.20.055 AS 08.20.130

# ARTICLE 2. LICENSING.

#### Section

- 30. Application for licensure by examination
- 31. Application for temporary permit for locum tenens practice
- 32. (Repealed)
- 33. Application for licensure by credentials
- 35. (Repealed)
- 37. National examination requirements
- 40. Evaluation of academic study in liberal arts or science
- 41. Preceptor scope of practice
- 42. Intern scope of practice
- 45. Accredited school or college
- 46. Chiropractic specialty designation
- 47. Chiropractic specialty program criteria
- 48. Approved chiropractic specialty programs
- 50. (Repealed)
- 52. Chiropractic clinical assistant scope of practice
- 60. (Repealed)
- 70. (Repealed)
- 80. (Repealed)
- 90. (Repealed)
- 100. (Repealed)
- 110. (Repealed)
- 120. (Repealed)
- 130. State chiropractic examination
- 140. (Repealed)
- 150. Reexamination
- 160. (Repealed)
- 170. (Repealed)
- 180. (Repealed)
- 185. (Repealed)

- 190. (Repealed)
- 200. Temporary permits
- 205. Courtesy license
- 206. Temporary military courtesy license
- 210. (Repealed)
- 211. (Repealed)
- 220. (Repealed)
- 230. (Repealed)
- 240. (Repealed)
- 250. (Repealed)
- 260. (Repealed)
- 270. (Repealed)
- **12 AAC 16.030. APPLICATION FOR LICENSURE BY EXAMINATION.** (a) A person applying for chiropractic licensure by examination shall submit
  - (1) a completed application on a form provided by the department;
  - (2) the fees set out under 12 AAC 02.150;
- (3) official college transcripts that show that the applicant has met the education requirements set out in AS 08.20.120(a)(1), (3), and (4);
- (4) an official grade transcript sent directly to the department from the National Board of Chiropractic Examiners that shows that the applicant has passed the applicable examination under 12 AAC 16.037;
  - (5) either
- (A) official college transcripts that show that the applicant has met the education requirements set out in AS 08.20.120(a)(2); or
- (B) evidence of active licensed practice of chiropractic for at least three of the four years preceding the date of the application;
- (6) if the applicant graduated from a school or college of chiropractic more than three years before the date of the application,
- (A) verification of the status of the applicant's license from each licensing jurisdiction where the applicant holds or has held a license to practice chiropractic, sent directly to the department from the licensing jurisdiction; and
  - (B) documentation of continuing education that meets the requirements set out under (b) of this section;
- (7) a report under AS 12.62 containing the applicant's criminal history record information, issued not more than 90 days before the date of the application; and
- (8) if the applicant primarily resides in another state or holds or has held a license to practice chiropractic in another state, an equivalent report to the report under AS 12.62 containing the applicant's criminal history record information, issued by that state not more than 90 days before the date of the application.
- (b) An applicant's documentation of continuing education required under (a) of this section must document 32 credit hours of continuing education, approved by the board or another licensing jurisdiction, earned within the two years preceding the date of the application, and
  - (1) must include at least
    - (A) eight hours in radiographic safety, radiographic techniques and interpretation, or diagnostic imaging;
    - (B) two hours in coding and documentation;
    - (C) two hours in ethics and boundaries;
    - (D) two hours in cardiopulmonary resuscitation; and
    - (E) 18 hours in education that does not include business management:
  - (2) may not include more than four total hours in the following subject areas:
    - (A) cardiopulmonary resuscitation (CPR) training;
    - (B) automated external defibrillator (AED) training;
    - (C) basic life support (BLS) training; and
  - (3) may not include more than 16 hours obtained over the Internet or through distance learning.

**Authority:** AS 08.20.055 AS 08.20.120 AS 08.20.170 AS 08.20.110 AS 08.20.130

#### 12 AAC 16.031. APPLICATION FOR TEMPORARY PERMIT FOR LOCUM TENENS PRACTICE.

- (a) A person applying for a temporary permit for locum tenens practice must meet the applicable requirements of AS 08.20.163 and this section, including passing the state chiropractic examination described in 12 AAC 16.130.
- (b) An applicant applying for a temporary permit for locum tenens practice under AS 08.20.163(b)(1) and this section shall submit
  - (1) a completed application on a form provided by the department;
  - (2) the applicable fees established in 12 AAC 02.150;
- (3) official college transcripts showing that the applicant meets the education requirements of AS 08.20.120(a)(2) (4); and

- (4) an official grade transcript sent directly to the department from the National Board of Chiropractic Examiners showing that the applicant has successfully passed the applicable national examinations described in 12 AAC 16.037.
- (c) An applicant applying for a temporary permit for locum tenens practice under AS 08.20.163(b)(2) and this section shall submit
  - (1) a completed application on a form provided by the department;
  - (2) the applicable fees established in 12 AAC 02.150;
- (3) official college transcripts showing that the applicant meets the education requirements of AS 08.20.163(b)(2)(C) and (D);
- (4) an official grade transcript sent directly to the department from the National Board of Chiropractic Examiners showing that the applicant has successfully passed the examinations described in AS 08.20.163(b)(2)(D) and (E);
  - (5) verification of practice showing that the applicant meets the requirements of AS 08.20.163(b)(2)(B);
- (6) verification of the applicant's licensure status and complete information regarding any disciplinary action or investigation taken or pending, sent directly to the department from all licensing jurisdictions where the applicant holds or has ever held a chiropractic license; and
- (7) a notarized, sworn statement by the applicant that the applicant has not been, within the five years preceding the date of application, the subject of an unresolved review or an adverse decision based upon a complaint, investigation, review procedure, or disciplinary proceeding undertaken by a state, territorial, local, or federal chiropractic licensing jurisdiction, chiropractic society, or law enforcement agency that relates to criminal or fraudulent activity, chiropractic malpractice, or negligent chiropractic care and that adversely reflects on ability or competence to engage in the practice of chiropractic or the safety or well-being of patients;
  - (8) repealed 5/27/2006.
- (d) An applicant applying for a temporary permit for locum tenens practice under AS 08.20.163 and this section shall submit
- (1) a notarized, sworn statement by the chiropractor licensed in this state for whom the applicant will substitute, including the dates of the substitute practice and the date that the chiropractor licensed in this state will resume practice; and
- (2) a report under AS 12.62 containing criminal history record information concerning the applicant and issued no earlier than 90 days before the application; if a state other than this state is the applicant's primary state of residence, or if the applicant holds or has ever held a license in a state other than this state to practice chiropractic, the applicant shall also submit an equivalent report issued by that other state and issued no earlier than 90 days before the application.

**Authority:** AS 08.20.055 AS 08.20.163 AS 08.20.170

AS 08.20.120

#### 12 AAC 16.032. APPLICATION FOR LICENSURE BY CREDENTIALS. Repealed 12/7/97.

- **12 AAC 16.033. APPLICATION FOR LICENSURE BY CREDENTIALS.** An applicant for licensure by credentials shall meet the requirements of AS 08.20.141, pass the examination required under AS 08.20.141(5), and submit the following:
  - (1) a completed application on a form provided by the department;
  - (2) the applicable fees established in 12 AAC 02.150;
- (3) evidence that the applicant has held a license in good standing to practice chiropractic in another jurisdiction for the five years preceding the date of application;
- (4) verification of the present status of the applicant's license from each jurisdiction where the applicant holds or has ever held a license to practice chiropractic;
- (5) evidence of active licensed clinical chiropractic practice for at least three out of the last five years immediately preceding the date of application;
- (6) official transcripts showing that the applicant is a graduate of a school or college of chiropractic that was, at the time of graduation, accredited by or a candidate for accreditation by the Council on Chiropractic Education or a successor accrediting agency recognized by the board;
- (7) an official grade transcript sent directly to the department from the National Board of Chiropractic Examiners showing that the applicant has successfully passed the Special Purposes Examination of Chiropractic (SPEC) or parts one, two, three, and four of the national examination;
  - (8) either
    - (A) evidence of completion of 120 hours of formal training in physiological therapeutics; or
- (B) an official grade transcript sent directly to the department from the National Board of Chiropractic Examiners showing that the applicant has successfully passed the physiological therapeutics examination;
- (9) a notarized sworn statement by the applicant that the applicant has not, within the five years preceding the date of application, been the subject of an unresolved review or an adverse decision based upon a complaint, investigation, review procedure, or disciplinary proceeding undertaken by a foreign, state, territorial, local, or federal chiropractic licensing jurisdiction, chiropractic society, or law enforcement agency that relates to criminal or fraudulent activity, chiropractic malpractice, or negligent chiropractic care and that adversely reflects on the

applicant's ability or competence to engage in the practice of chiropractic or on the safety or well-being of patients;

(10) a report under AS 12.62 containing criminal history record information concerning the applicant and issued no earlier than 90 days before the application; if a state other than this state is the applicant's primary state of residence, or if the applicant holds or has ever held a license in a state other than this state to practice chiropractic, the applicant shall also submit an equivalent report issued by that other state and issued no earlier than 90 days before the application.

**Authority:** AS 08.20.055 AS 08.20.130 AS 08.20.170

AS 08.20.110 AS 08.20.141

# 12 AAC 16.035. LICENSE-BY-EXAMINATION; NATIONAL BOARD CERTIFICATION. Repealed 5/10/90.

- **12 AAC 16.037. NATIONAL EXAMINATION REQUIREMENTS.** (a) To satisfy the examination requirements of AS 08.20.120(a)(6), an applicant must successfully pass each subject of the following parts of the examination of the National Board of Chiropractic Examiners, and the elective physiotherapy examination;
- (1) if the applicant graduated before 1987 from a school or college of chiropractic that meets the requirements of AS 08.20.120(a)(3), parts one and two of the national examination;
- (2) if the applicant graduated after 1986 from a school or college of chiropractic that meets the requirements of AS 08.20.120(a)(3), parts one, two, and three of the national examination.
- (b) An applicant who has been in the active practice of chiropractic for five continuous years before the date of application for a license in this state may substitute successful passage of the Special Purposes Examination of Chiropractic (SPEC) of the National Board of Chiropractic Examiners for parts three and four of the national examination.
  - (c) To pass a national examination subject, an applicant must achieve a minimum score of
    - (1) 75 percent for an examination taken before October 1983; or
    - (2) 375 for an examination taken on or after October 1983.
- (d) If the applicant graduated after September 1, 1998 from a school or college of chiropractic that meets the requirements of AS 08.20.120(a)(3), in addition to the requirements of (a) of this section, an applicant must also pass part four of the national examination.

**Authority:** AS 08.20.055 AS 08.20.120 AS 08.20.130

**12 AAC 16.040. EVALUATION OF ACADEMIC STUDY IN LIBERAL ARTS OR SCIENCE.** After evaluating an applicant's academic study as required by AS 08.20.120(a)(3), it must be apparent that the course of academic study corresponds with that which is available from the University of Alaska or is acceptable to a regional accrediting agency for approved colleges of liberal arts or sciences.

**Authority:** AS 08.20.055 AS 08.20.120

#### 12 AAC 16.041. PRECEPTOR SCOPE OF PRACTICE. A chiropractic preceptor

- (1) may supervise not more than one chiropractic intern at a time;
- (2) may permit a chiropractic intern to perform the chiropractic adjustment as set out in AS 08.20.900 only under personal supervision;
- (3) before any chiropractic manipulative therapy performed by the intern, must provide a patient with an informed consent document that states that the chiropractic intern is a chiropractic student and not a licensed chiropractic physician in this state;
- (4) must maintain a malpractice insurance policy with coverage limits of at least \$1,000,000 per claim, and a minimum aggregate limit of \$3,000,000 per policy period; and
- (5) must have been licensed under this chapter in this state for not less than five years preceding the acceptance of a chiropractic intern.

**Authority:** AS 08.20.055

- **12 AAC 16.042. INTERN SCOPE OF PRACTICE.** (a) A chiropractic intern may, under the personal supervision of a chiropractic preceptor, use chiropractic core methodologies as defined in AS 08.20.900, except that chiropractic diagnosis must be provided by the chiropractic preceptor.
  - (b) A chiropractic intern may, under the general supervision of a chiropractic preceptor,
    - (1) perform diagnostic imaging studies;
    - (2) perform examination procedures;
    - (3) use ancillary methodologies as defined in AS 08.20.900.
  - (c) A chiropractic preceptor is subject to disciplinary action if an intern is in violation of this chapter.
- (d) An intern must be enrolled in a graduate-level course of study at a chiropractic institution accredited by the Council on Chiropractic Education (CCE), and be accepted into and approved to participate in an internship program. Internship placement will be made by and overseen by the accredited chiropractic college program.

(e) An intern may practice under a chiropractic preceptor for a period of not more than six months or the time period approved by the intern's accredited chiropractic college, whichever comes first. Written extensions of an internship may be granted by the board.

**Authority:** AS 08.20.055 AS 08.20.170 AS 08.20.900

AS 08.20.100 AS 08.20.195

**12 AAC 16.045. ACCREDITED SCHOOL OR COLLEGE.** (a) For the purpose of AS 08.20.120(a)(3), an accredited school or college of chiropractic is a chiropractic program or institution that is accredited by or meets standards equivalent to those of the Council on Chiropractic Education.

(b) The definition in (a) of this section applies to all colleges of chiropractic from which an applicant for licensure matriculates after the effective date of this section.

**Authority:** AS 08.20.055 AS 08.20.120

- **12 AAC 16.046. CHIROPRACTIC SPECIALTY DESIGNATION.** (a) A chiropractor licensed under AS 08.20 and this chapter applying for an initial or renewal specialty chiropractic designation shall submit
  - (1) a completed application on a form provided by the department;
  - (2) the specialty designation fee established in 12 AAC 02.150;
- (3) for the initial specialty chiropractic designation, documentation of the successful completion of a postgraduate specialty program at an accredited school approved by the board, mailed directly to the department from the accredited school;
- (4) documentation of certification or diplomate status issued by the certification program or diplomate board verifying that the licensee has met the protocols, guidelines, standards, continuing competency examinations, and coursework established by the certification program or diplomate board, mailed directly to the department from the certifying body.
  - (b) Upon approval by the board, the department will issue a new license with the specialty designation.

**Authority:** AS 08.20.055 AS 08.20.155

12 AAC 16.047. CHIROPRACTIC SPECIALTY PROGRAM CRITERIA. (a) To be approved by the board, a postgraduate diplomate chiropractic specialty program must

- (1) be comprised of a minimum of 300 classroom hours; and
- (2) require passage of appropriate examinations administered by the approved specialty board.
- (b) To be approved by the board, a postgraduate chiropractic specialty certification program must
  - (1) be offered by a program or institution accredited by the Council on Chiropractic Education;
  - (2) be comprised of a minimum of 120 classroom hours; and
  - (3) require passage of appropriate examinations administered by the approved program.

**Authority:** AS 08.20.055 AS 08.20.155

- **12 AAC 16.048. APPROVED CHIROPRACTIC SPECIALTY PROGRAMS.** (a) The following postgraduate diplomate specialty programs are approved by the board, if the board determines that the program meets the requirements of 12 AAC 16.047:
- (1) Chiropractic Diagnostic Imaging (DACBR) program administered by the American Chiropractic Association Council on Diagnostic Imaging (Roentgenology);
- (2) Chiropractic Rehabilitation (DACRB) program administered by the American Chiropractic Association Council on Chiropractic Physiological Therapeutics and Rehabilitation;
- (3) Chiropractic Clinical Nutrition (DACBN) program administered by the American Chiropractic Association Council on Nutrition;
- (4) Chiropractic Diagnosis and Management of Internal Disorders (DABCI) program administered by the American Chiropractic Association Council on Family Practice;
- (5) Chiropractic Orthopedics (DABCO) program administered by the American Chiropractic Association Council on Orthopedists;
  - (6) Chiropractic Clinical Neurology program administered by the
    - (A) American Chiropractic Academy of Neurology (DACAN or FACCN);
    - (B) American Chiropractic Association Council on Neurology (DABCN):
    - (C) American Chiropractic Neurology Board (DACNB);
    - (D) International Board of Chiropractic Neurology (IBCN);
- (7) Chiropractic Sports Physician (DACBSP) program administered by the American Chiropractic Board of Sports Physicians;
  - (8) Chiropractic Forensics (DABFP) program administered by the American Board of Forensic Professionals.
- (b) The following postgraduate specialty certification programs are approved by the board, if the board determines that the program meets the requirements of 12 AAC 16.047:
  - (1) Certified Chiropractic Sports Physician (CCSP) program administered by the American Chiropractic

Association Sports Council;

- (2) Certificate in Chiropractic Thermography (CACBT) program administered by the American Chiropractic Association Council on Thermography;
- (3) Certificate in Chiropractic Pediatrics program administered by the International Chiropractors Association (ICA) Council on Chiropractic Pediatrics.
- (c) The board may approve other postgraduate diplomate specialty programs or specialty certification programs upon written request by the program sponsor. In order to be approved by the board, the program sponsor must include in the written request documentation showing that the program meets the requirements in 12 AAC 16.047.

**Authority:** AS 08.20.055 AS 08.20.155

**12 AAC 16.050. NOTIFICATION.** Repealed 6/3/89.

- **12 AAC 16.052. CHIROPRACTIC CLINICAL ASSISTANT SCOPE OF PRACTICE.** (a) A chiropractic clinical assistant may, under the general supervision of a licensed chiropractic physician, perform the following procedures:
  - (1) diagnostic imaging studies;
  - (2) examination procedures;
  - (3) ancillary methodologies as defined in AS 08.20.900.
- (b) A chiropractic clinical assistant may not provide chiropractic diagnosis, chiropractic adjustment as in AS 08.20.900, or formulation or alteration of treatment plans.
- (c) A chiropractic clinical assistant must maintain current cardiopulmonary resuscitation (CPR) certification from a nationally recognized provider.
- (d) In order to meet the initial certification requirements of AS 08.20.168 and practice as a chiropractic clinical assistant in this state, a currently employed chiropractic clinical assistant with 2,000 hours or more of experience must complete the requirements as set out by the Certified Chiropractic Clinical Assistant Program (CCCA) administered by the Federation of Chiropractic Licensing Boards (FCLB), the Chiropractic Therapy Assistant (CTA) Program administered by the Tennessee Chiropractic Association, or an equivalent nationally recognized program as determined by the board in accordance with AS 08.20.055(4), not later than 2/23/2021.
- (e) In order to meet the initial certification requirements of AS 08.20.168 and practice as a chiropractic clinical assistant in this state, a currently employed chiropractic clinical assistant with less than 2,000 hours of experience must complete the requirements as set out by the Certified Chiropractic Clinical Assistant Program (CCCA) administered by the Federation of Chiropractic Licensing Boards (FCLB), the Chiropractic Therapy Assistant (CTA) Program administered by the Tennessee Chiropractic Association, or an equivalent nationally recognized program as determined by the board in accordance with AS 08.20.055(4), not later than 2/23/2021.
- (f) In order to meet the certification requirements of AS 08.20.168 and practice as a chiropractic clinical assistant in this state, a newly hired chiropractic clinical assistant must complete the requirements as set out by the Certified Chiropractic Clinical Assistant Program (CCCA) administered by the Federation of Chiropractic Licensing Boards (FCLB), the Chiropractic Therapy Assistant (CTA) Program administered by the Tennessee Chiropractic Association, or an equivalent nationally recognized program as determined by the board in accordance with AS 08.20.055(4), not later than 12 months after hire date.
- (g) A person enrolled in an educational program recognized by the board that leads to certification as a chiropractic clinical assistant is allowed to provide clinical services under the general supervision of a chiropractic physician to gain the necessary practical clinical experience.
- (h) A person may not use the title "Certified Chiropractic Clinical Assistant" or another designation indicating status, including abbreviations, or hold oneself out directly or indirectly as a certified chiropractic clinical assistant, unless that person has met the requirements under (d), (e), or (f) of this section.
- (i) After completing the initial certification requirements under (d), (e), or (f) of this section, a chiropractic clinical assistant must maintain current certification in accordance with the requirements of the Certified Chiropractic Clinical Assistant Program (CCCA) administered by the Federation of Chiropractic Licensing Boards (FCLB), the Chiropractic Therapy Assistant (CTA) Program administered by the Tennessee Chiropractic Association, or an equivalent nationally recognized program as determined by the board in accordance with AS 08.20.055(4).

 Authority:
 AS 08.20.055
 AS 08.20.168
 AS 08.20.195

 AS 08.20.100
 AS 08.20.170
 AS 08.20.900

**12 AAC 16.060. SCHEDULE.** Repealed 9/30/81.

**12 AAC 16.070. BASIS OF QUESTIONS.** Repealed 8/21/91.

12 AAC 16.080. IDENTIFICATION OF EXAMINATION APPLICANTS. Repealed 1/6/2002.

12 AAC 16.090. METHOD OF EXAMINATION. Repealed 6/3/89.

**12 AAC 16.100. MATERIALS.** Repealed 1/6/2002.

#### 12 AAC 16.110. LEAVING THE EXAMINATION ROOM. Repealed 1/6/2002.

**12 AAC 16.120. DISTURBANCE.** Repealed 1/6/2002.

- **12 AAC 16.130. STATE CHIROPRACTIC EXAMINATION.** (a) The state chiropractic examination consists of a written examination, administered by the board or the board's agent, covering AS 08.01 AS 08.03, AS 08.20, 12 AAC 02, 12 AAC 16, and 7 AAC 18, and any other subjects that the board determines are necessary to demonstrate knowledge of chiropractic as defined in AS 08.20.
  - (b) Repealed 6/28/2024.
  - (c) A score of 75 percent or above is required to receive a passing grade on the state chiropractic examination.

**Authority:** AS 08.20.055 AS 08.20.120 AS 08.20.130

**12 AAC 16.140. FAILED SUBJECTS.** Repealed 5/10/98.

- **12 AAC 16.150. REEXAMINATION.** An applicant who has failed the state chiropractic examination may submit an application for reexamination to the board not sooner than seven days after the date the applicant failed the examination. The application for reexamination must include
  - (1) a written request for reexamination; and
  - (2) repealed 5/10/98;
  - (3) the examination fee established in 12 AAC 02.150.

**Authority:** AS 08.20.055 AS 08.20.130

**12 AAC 16.160. TIME.** Repealed 9/30/81.

12 AAC 16.170. SPECIAL EXAMINATION. Repealed 6/28/2024.

12 AAC 16.180. RECONSIDERATION OF PAPERS. Repealed 6/3/89.

**12 AAC 16.185. EXAMINERS.** Repealed 5/10/98.

12 AAC 16.190. LICENSES AND CERTIFICATES. Repealed 1/29/2009.

- 12 AAC 16.200. TEMPORARY PERMITS. (a) The board may issue a temporary permit to an applicant for licensure by examination or credentials who is scheduled to sit for the next state chiropractic examination and who otherwise
  - (1) meets the requirements of 12 AAC 16.030 or 12 AAC 16.033, as applicable;
- (2) furnishes the board with the name of the licensed chiropractor in the state with whom the applicant will associate while practicing under the authority of the temporary permit;
  - (3) has not previously taken and failed the examination; and
  - (4) has not previously held a temporary permit.
  - (b) Repealed 12/7/97.
  - (c) A temporary permit holder must
- (1) provide the board with a statement, sworn to by a licensed chiropractor in the state with whom the temporary permit holder will practice, that the licensed chiropractor assumes all legal liability for the practice of the temporary permit holder and is physically present in the same facility when the temporary permit holder is practicing;
- (2) display the temporary permit in a conspicuous place in the office where the holder practices chiropractic; and
  - (3) inform the board of a change in the temporary permit holder's mailing and practicing address.
- (d) A temporary permit is valid until the results of the next scheduled examination are received by the applicant. If an applicant is unable to appear for the first scheduled examination, the board will, in its discretion, extend the temporary permit until the results of the next scheduled examination are received. The board will not extend a temporary permit more than once.
- (e) If, after having been warned by the board once, a permittee continues to practice in an unethical or unlawful manner, the board will, in its discretion, terminate that permittee's temporary permit.

**Authority:** AS 08.20.055 AS 08.20.160 AS 08.20.170

- **12 AAC 16.205. COURTESY LICENSE.** (a) The board will issue a courtesy license to an applicant who meets the requirements of this section. A courtesy license authorizes the licensee to practice chiropractic for a special event only. A courtesy license does not authorize the licensee to conduct a general chiropractic practice or to perform services outside the scope of practice specified in the courtesy license required for that special event.
  - (b) An applicant for a courtesy license must submit a complete application on a form provided by the department

no later than 45 days before the special event for which the courtesy license is requested. A complete application includes

- (1) the applicable fees established in 12 AAC 02.150;
- (2) a current signed photograph of the applicant;
- (3) a certification from the applicant certifying that the applicant is not a resident of this state;
- (4) verification of a valid and active license to practice chiropractic in another state or other jurisdiction for the scope of practice specified in the application;
  - (5) a description of the special event for which the courtesy license is requested;
  - (6) the scope of practice required for the special event;
  - (7) certification that the applicant has not
    - (A) had a chiropractor license suspended or revoked in any jurisdiction; and
    - (B) been convicted of
- (i) a felony or other crime that affects the applicant's ability to practice chiropractic competently and safely; or
- (ii) a crime involving the unlawful procurement, sale, prescription, or dispensing of a controlled substance listed in AS 11.71.140 11.71.190 or conviction in another jurisdiction of a crime having substantially similar elements;
- (8) a report, issued by the applicant's primary state of residence no earlier than 90 days before the application, and that is equivalent to a report under AS 12.62 issued by this state containing criminal history record information concerning the applicant; if the applicant holds or has ever held a license in a state other than this state to practice chiropractic, a complete application also includes a report, issued by that state no earlier than 90 days before the application, and that is equivalent to a report under AS 12.62 issued by this state containing criminal history record information concerning the applicant.
- (c) A courtesy license will be issued only after the department receives the results of a background check of the applicant from the Federation of Chiropractic Licensing Boards that reports no disciplinary action against the applicant.
- (d) The board will waive the 45-day application deadline in (b) of this section if the board determines that the applicant's failure to meet the application deadline is for good cause beyond the control of the applicant. If the board grants the applicant a waiver under this subsection, the applicant may submit a notarized copy of the applicant's license that meets the requirements of (b)(4) of this section in place of license verification from the other jurisdiction.
- (e) A document required by (b) or (d) of this section that is not in English must be accompanied by a certified English translation of the document.
- (f) A courtesy license is valid for a period beginning seven days before and ending seven days after the event for which the courtesy license was issued. A person may not be issued more than two courtesy licenses in a 12-month period.
- (g) The holder of a courtesy license must meet the minimum professional standards of 12 AAC 16.920 and is subject to the discipline under AS 08.01.075 and AS 08.20.170.
- (h) The holder of a courtesy license is limited to the practice of chiropractic identified under AS 08.20.100, 08.20.230, and 08.20.900, and may not exceed the scope of practice specified in the courtesy license.
- (i) The holder of a courtesy license may offer chiropractic services only to those individuals involved with the special event for which the courtesy license was issued, such as athletes, coaches, and staff.
- (j) In this section, "special event" means an athletic, educational, cultural, or performing arts event held in this state.

**Authority:** AS 08.01.062 AS 08.20.055 AS 08.20.170

- **12 AAC 16.206. TEMPORARY MILITARY COURTESY LICENSE.** (a) The board will issue a temporary military courtesy license to an active duty military member or spouse of an active duty military member of the armed forces of the United States to practice as a chiropractic physician who meets the requirements of AS 08.01.063 and this section not later than 30 days after the board receives a completed application.
  - (b) An applicant for a temporary military courtesy license under this section
    - (1) must submit a completed application on a form provided by the department;
    - (2) must pay the temporary license application fee and fee for a temporary license set out under 12 AAC 02.105;
    - (3) must submit a copy of
      - (A) the applicant's current active duty military orders showing assignment to a duty station in this state; or
- (B) if the applicant is the spouse of an active duty military member, the applicant's spouse's current active duty military orders showing assignment to a duty station in this state;
- (4) must submit documentation showing the applicant is currently licensed in another licensing jurisdiction and the applicant's license in the other jurisdiction is not suspended, revoked, or otherwise restricted except for failure to apply for renewal or failure to obtain the required continuing education requirements; and
- (5) may not have been convicted of a crime that affects the applicant's ability to practice chiropractic competently and safely, as determined by the board.
- (c) A temporary military courtesy license issued to an active duty military member or spouse of an active duty military member under this section will be issued for a period of 180 days and may be renewed for one additional 180-day period, at the discretion of the board.

- (d) While practicing under a temporary military courtesy license issued under this section, the holder of the temporary military courtesy license must comply with the standards of practice set out in AS 08.20 and this chapter.
- (e) The board may refuse to issue a temporary military courtesy license for the same reasons that it may deny, suspend, or revoke a license under AS 08.20.170.

**Authority:** AS 08.01.062 AS 08.01.063 AS 08.20.055

**12 AAC 16.210. ASSOCIATES.** Repealed 9/30/81.

12 AAC 16.211. CHIROPRACTIC ASSOCIATES. Repealed 6/29/84.

12 AAC 16.220. DUPLICATE LICENSES. Repealed 6/3/89.

12 AAC 16.230. MISREPRESENTATION. Repealed 6/29/84.

12 AAC 16.240. UNPROFESSIONAL CONDUCT. Repealed 6/29/84.

**12 AAC 16.250. VIOLATIONS.** Repealed 6/29/84.

**12 AAC 16.260. ADVERTISING.** Repealed 9/30/81.

**12 AAC 16.270. DEFINITIONS.** Repealed 6/29/84.

# ARTICLE 3. CONTINUING EDUCATION.

#### Section

- 280. Statement of purpose of continuing education
- 290. Hours of continuing education required
- 300. Computation of nonacademic continuing education hours
- 310. Computation of academic credit continuing education hours
- 320. Approved subjects
- 330. Nonacademic program criteria
- 340. Approved nonacademic continuing education programs
- 345. Application for continuing education course approval
- 350. Individual study
- 360. Instructor or discussion leader
- 370. Publications
- 380. (Repealed)
- 390. Renewal and reinstatement of license

**12 AAC 16.280. STATEMENT OF PURPOSE OF CONTINUING EDUCATION.** The purpose of continuing chiropractic education is to insure that the renewal of licenses is contingent upon proof of continued competency and to assure the consumer of an optimum quality of chiropractic health care by requiring licensed chiropractors to pursue education designed to advance their professional skills and knowledge.

**Authority:** AS 08.20.055 AS 08.20.170(d)

- **12 AAC 16.290. HOURS OF CONTINUING EDUCATION REQUIRED.** (a) An applicant for renewal of a chiropractic license who has been licensed at least two years must complete 32 credit hours of approved continuing education that was earned during the concluding licensing period including at least
  - (1) eight hours in radiographic safety, radiographic techniques and interpretation, or diagnostic imaging;
  - (2) two hours in coding and documentation;
  - (3) two hours in ethics and boundaries; and
  - (4) two hours in cardiopulmonary resuscitation (CPR) training.
- (b) An applicant for renewal of a chiropractic license who has been licensed at least one year but less than two years of the concluding license period must complete 16 credit hours of approved continuing education that was earned during the concluding licensing period including at least
  - (1) eight hours in radiographic safety, radiographic techniques and interpretation, or diagnostic imaging;
  - (2) two hours in coding and documentation;
  - (3) two hours in ethics and boundaries; and
  - (4) two hours in cardiopulmonary resuscitation (CPR) training.
- (c) Two of the hours required under (a) of this section will be credited to each applicant for renewal for completing the jurisprudence review prepared by the board, covering the provisions of AS 08.20 and this chapter. An applicant

for renewal must verify, in an affidavit, that the applicant has complied with this subsection before the applicant's license renewal will be processed.

- (d) An applicant for renewal of a license to practice chiropractic must submit, on a form provided by the department, a sworn statement of the continuing education that the applicant completed during the concluding licensing period.
- (e) An applicant for renewal of a chiropractic license may receive up to four hours of the credit required under (a) of this section from one or more of the following subject areas:
  - (1) cardiopulmonary resuscitation (CPR) training;
  - (2) automated external defibrillator (AED) training;
  - (3) basic life support (BLS) training.
- (f) Not more than 16 credit hours of the credit hours required under (a) of this section for a renewal of a chiropractic license may be obtained over the Internet or by distance learning.
- (g) An applicant applying for renewal who has been licensed more than 90 days but less than one year of the concluding biennial license period is not required to submit proof of completion of continuing education.

**Authority:** AS 08.20.055 AS 08.20.170

**12 AAC 16.300. COMPUTATION OF NONACADEMIC CONTINUING EDUCATION HOURS.** (a) For the purposes of 12 AAC 16.280 — 12 AAC 16.390, 50 minutes of instruction constitutes one hour.

(b) Credit is given only for class hours and not for hours devoted to class preparation.

**Authority:** AS 08.20.055 AS 08.20.170(d)

# **12 AAC 16.310. COMPUTATION OF ACADEMIC CREDIT CONTINUING EDUCATION HOURS.** (a) One quarter hour academic credit from a college or university constitutes 10 hours of continuing education.

- (b) One semester hour academic credit from a college or university constitutes 15 hours of continuing education.
- (c) Challenged courses are not acceptable for continuing education credit.

**Authority:** AS 08.20.055 AS 08.20.170(d)

- **12 AAC 16.320. APPROVED SUBJECTS.** To be approved by the board, a subject must contribute directly to the professional competency of a person licensed to practice as a chiropractor and be directly related to the concepts of chiropractic principles, philosophy, and practice, including the following:
  - (1) treatment and adjustment technique, including physiotherapy, nutrition and dietetics;
- (2) examination and diagnosis or analysis including physical, laboratory, orthopedic, neurological and differential;
  - (3) radiographic technique and interpretation involving all phases of roentgenology as permitted by law;
- (4) study of the methods employed in the prevention of excessive radiation and safety precautions to the patient; and
  - (5) diagnostic imaging.

**Authority:** AS 08.20.055 AS 08.20.170

- **12 AAC 16.330. NONACADEMIC PROGRAM CRITERIA.** (a) Nonacademic continuing education programs requiring class attendance are approved by the board if
  - (1) the program is at least one hour in length;
  - (2) the program is conducted by a qualified instructor;
  - (3) a record of registration or attendance is maintained; and
- (4) an examination or other method of assuring satisfactory completion of program by participant is incorporated.
- (b) A qualified instructor or discussion leader is anyone whose background, training, education or experience makes it appropriate for the person to lead a discussion on the subject matter of the particular program.

**Authority:** AS 08.20.055 AS 08.20.170(d)

# **12 AAC 16.340. APPROVED NONACADEMIC CONTINUING EDUCATION PROGRAMS.** (a) The following programs are approved by the board:

- (1) educational meetings of the following associations if the documentation required under 12 AAC 16.290 demonstrates that the meeting meets the requirements set out under 12 AAC 16.320 and 12 AAC 16.330.
  - (A) American Chiropractic Association;
  - (B) International Chiropractors Association;
  - (C) Canadian Chiropractic Association;
  - (D) Alaska Chiropractic Society;
  - (2) educational classes, if
    - (A) they are conducted by any chiropractic college that is accredited by or has accreditation status with the

Council on Chiropractic Education; and

- (B) the program sponsor or the applicant for renewal of a chiropractic license
  - (i) requests board approval; and
- (ii) demonstrates to the board's satisfaction that the educational classes meet the requirements of  $12\ AAC\ 16.320$  and  $12\ AAC\ 16.330$
- (3) continuing education programs that are certified by the Providers of Approved Continuing Education through the Federation of Chiropractic Licensing Boards.
  - (b) The board may approve other continuing education programs under 12 AAC 16.345.
  - (c) Repealed 1/29/2009.

**Authority:** AS 08.20.055 AS 08.20.120 AS 08.20.170

- **12 AAC 16.345. APPLICATION FOR CONTINUING EDUCATION COURSE APPROVAL.** (a) Except as provided in 12 AAC 16.340(a), to be approved by the board to meet the continuing education requirements of 12 AAC 16.290, 12 AAC 16.320, and 12 AAC 16.330, an applicant for continuing education course approval shall submit to the board, not less than 90 days before the date of the proposed program presentation date,
  - (1) a completed application on a form provided by the department;
  - (2) the continuing education course approval fee specified in 12 AAC 02.150;
  - (3) the name of the course provider;
  - (4) a complete course description, including the course title and a description of the learning objectives;
  - (5) a course syllabus; and
- (6) an outline of the major topics covered by the course and the number of classroom hours allowed for each topic.
- (b) Approval of a continuing education course under this section is valid until December 31 of the next evennumbered year.
- (c) A sponsor who has a change in a condition required under (a)(3) (6) of this section during the approval period described in (b) of this section must
  - (1) reapply to the board for continuing education credit approval; and
  - (2) submit the continuing education course change approval fee specified in 12 AAC 02.150.
- (d) Notwithstanding the provisions of (a) of this section, the board may award continuing education credit for attendance at a course or seminar that has not previously been approved by the board if course or seminar meets the requirements of 12 AAC 16.320 and 12 AAC 16.330 and if the applicant submits supporting documentation to the board with the application for credit. The amount of credit awarded, if any, will be determined by the board on an individual basis.
- (e) Falsification of any written evidence submitted to the board under this section is unprofessional conduct and constitutes grounds for censure, reprimand, or license revocation or suspension.

**Authority:** AS 08.20.055 AS 08.20.170

**12 AAC 16.350. INDIVIDUAL STUDY.** The number of hours of continuing education credit awarded for completion of a formal correspondence or other individual study program that requires registration and provides evidence of satisfactory completion will be determined by the board on an individual basis. A request for board approval for credit of hours of continuing education for an individual study program must be made to the board in writing before the applicant begins the individual study program.

**Authority:** AS 08.20.055 AS 08.20.170

- **12 AAC 16.360. INSTRUCTOR OR DISCUSSION LEADER.** (a) One hour of continuing education credit is awarded for each hour completed in preparation for instruction or discussion as an instructor or discussion leader of educational programs meeting the requirements of 12 AAC 16.280 12 AAC 16.390. The number of hours of credit so awarded may not exceed twice the number of hours awarded under (b) of this section.
- (b) One hour of continuing education credit is awarded for each hour completed as an instructor or discussion leader of educational programs meeting the requirements of 12 AAC 16.280 12 AAC 16.390. Credit is awarded only for the initial course of instruction of the subject matter unless there have been substantial new developments in the subject since the prior presentation.
- (c) The total credit awarded under this section may not exceed one-third of the total hours of continuing education reported in any licensing period.

**Authority:** AS 08.20.055 AS 08.20.170(d)

**12 AAC 16.370. PUBLICATIONS.** Continuing education credit may be awarded for publication of articles or books. The amount of credit so awarded will be determined by the board on an individual basis.

**Authority:** AS 08.20.055 AS 08.20.170(d)

#### **12 AAC 16.380. REPORT OF CONTINUING EDUCATION.** Repealed 1/29/2009.

- **12 AAC 16.390. RENEWAL AND REINSTATEMENT OF LICENSE.** (a) The department will renew a license that has been lapsed or in retired status for less than two years if the applicant submits
  - (1) a completed application for renewal, on a form provided by the department;
  - (2) the following fees established in 12 AAC 02.150:
    - (A) biennial license renewal fee;
- (B) delayed renewal penalty fee, if the license has been lapsed for more than 60 days, but less than two years; and
- (3) documentation that all continuing education requirements of 12 AAC 16.290 12 AAC 16.370 have been met.
- (b) Unless the board finds that reinstatement of a license is contrary to AS 08.20.170, the board will reinstate a license that has been lapsed or in retired status for at least two years, but less than five years if the applicant
  - (1) submits an application for reinstatement on a form provided by the department;
  - (2) submits the applicable fees established in 12 AAC 02.150;
- (3) submits documentation of completion of all continuing education requirements in 12 AAC 16.290 12 AAC 16.370 that would have been required to maintain a current license for the entire period that the license has been lapsed or in retired status; and
  - (4) passes the state chiropractic examination under 12 AAC 16.130.
- (c) A person may not reinstate a license that has been lapsed or in retired status for five years or more at the time of application for reinstatement, and the former licensee must apply for a new license under AS 08.20 and this chapter.
- (d) A licensee unable to obtain the required continuing education hours for renewal or reinstatement of a license due to reasonable cause or excusable neglect may submit a request for an exemption in writing to the board, accompanied by a statement explaining the reasonable cause or excusable neglect. If an exemption is granted, the board may prescribe an alternative method of compliance to the continuing education requirements as determined appropriate by the board for the individual situation.
  - (e) In this section, "reasonable cause or excusable neglect" includes
    - (1) chronic illness;
    - (2) retirement; or
    - (3) a hardship, as individually determined by the board.

**Authority:** AS 08.01.100 AS 08.20.167 AS 08.20.170

AS 08.20.055

#### ARTICLE 4. UTILIZATION REVIEW.

#### Section

- 400. Utilization review committee
- 410. Term of appointments to utilization review committee
- 420. Conduct of utilization review
- 430. Professional standards and guidelines
- **12 AAC 16.400. UTILIZATION REVIEW COMMITTEE.** (a) For the purposes of AS 08.20.185, the board may appoint a utilization review committee that is advisory to the board.
- (b) A utilization review committee appointed by the board will consist of four individuals. Three members of the utilization review committee must be chiropractic physicians licensed under AS 08.20, and one member must be a public member who meets the requirements of AS 08.01.025.
- (c) A member of a utilization review committee may not review a case if the member is in a direct business relationship with the chiropractic physician, insurer, or patient in the case being reviewed.
- (d) In this section, a "direct business relationship" includes an employer-employee relationship, doctor-patient relationship, and a legal contractual relationship.

**Authority:** AS 08.20.055 AS 08.20.185

- **12 AAC 16.410. TERM OF APPOINTMENTS TO UTILIZATION REVIEW COMMITTEE.** (a) Members of the utilization review committee are appointed for staggered terms of two years.
  - (b) Repealed 1/29/2009.
  - (c) A member of the utilization review committee may be removed by the board for cause.
- (d) A member of the utilization review committee may not serve on the committee for more than four consecutive years. The member may not be reappointed until two years have elapsed since the member last served on the committee.

**Authority:** AS 08.20.055 AS 08.20.185

12 AAC 16.420. CONDUCT OF UTILIZATION REVIEW. (a) A patient, patient's representative, insurer, or the patient's chiropractic physician may file a request for utilization review with the board by submitting to the department

- (1) a written request for review of the care provided, fees charged, or services rendered by a licensee to a patient;
- (2) the utilization review fee established in 12 AAC 02.150; and
- (3) if the utilization review committee requires a patient's treatment records for review, a completed release, on a form provided by the department, signed by the patient.
- (b) A licensee's acceptance of or request for payment for treatment given to a patient constitutes the licensee's consent to submit to the utilization review committee the information required in (c) of this section.
- (c) A licensee involved in a case submitted to the utilization review committee shall submit to the utilization review committee all necessary records and other information concerning the patient's treatment.
- (d) The utilization review committee shall conduct a utilization review for each request for utilization review submitted to it in accordance with guidelines established by the board. Except as provided in (f) of this section, the utilization review committee shall report its findings to the board and furnish a copy of its findings to the patient, licensee, and third-party payor involved in the case.
  - (e) The findings of the utilization review committee must include a determination of whether the
    - (1) licensee provided or ordered appropriate treatment or services; and
- (2) fees charged are a reasonable and appropriate cost of treatment; in determining the reasonableness and appropriateness of costs, the committee may consider, among other appropriate factors, charges by health care providers other than chiropractic physicians for the same or similar services.
- (f) If the utilization review committee determines that reasonable cause exists to believe the licensee has violated a provision of AS 08.20 or this chapter for which a licensee may be disciplined, the utilization review committee may not report its finding to the board, but instead shall refer the matter to the department's investigative section. The utilization review committee shall provide all information gathered in connection with the utilization review to the department's investigative section.
  - (g) Repealed 1/6/2002.

**Authority:** AS 08.20.055 AS 08.20.185

**12 AAC 16.430. PROFESSIONAL STANDARDS AND GUIDELINES.** (a) When making a determination as to whether a licensee provided reasonable and appropriate treatment or services or charged reasonable and appropriate costs of treatment to a patient, the utilization review committee appointed under 12 AAC 16.400 may rely on the guidelines, standards, or recommendations of the following organizations accepted by the board:

- (1) Alaska Worker's Compensation Board;
- (2) American Chiropractic Association;
- (3) Canadian Chiropractic Association;
- (4) Council on Chiropractic Education;
- (5) Croft Guidelines published by the Spine Research Institute of San Diego;
- (6) Federation of Chiropractic Licensing Boards;
- (7) repealed 9/7/2012;
- (8) International Chiropractors Association;
- (9) National Board of Chiropractic Examiners;
- (10) World Chiropractic Alliance;
- (11) World Federation of Chiropractic;
- (12) a successor organization to an organization specified in this subsection.
- (b) The utilization review committee shall take into consideration the differences between the standards and guidelines of the organizations listed in (a) of this section when making a determination as to whether the care provided by the licensee was provided in a manner required of a reasonably competent practitioner acting under the same or similar circumstances.

**Authority:** AS 08.20.055 AS 08.20.185

# ARTICLE 5. GENERAL PROVISIONS.

#### Section

- 900. Violations
- 920. Minimum professional standards
- 930. Lewd or immoral conduct with patients prohibited
- 980. "Misrepresentation" defined
- 990. Definitions

12 AAC 16.900. VIOLATIONS. It is the duty of all members of the board to report to the department instances

of alleged violations of AS 08.20.100. The department shall inform a new licensee in the state that it is his or her duty to report to the board all known instances of suspected unlicensed practice of chiropractic.

**Authority:** AS 08.20.055 AS 08.20.100

12 AAC 16.920. MINIMUM PROFESSIONAL STANDARDS. (a) Chiropractic care that may adversely affect the health and welfare of the public constitutes conduct that does not conform to minimum professional standards established under AS 08.20.170(a)(5) and this section. Conduct that does not conform to minimum professional standards in this chapter includes

- (1) failing to use sufficient knowledge, skills, or judgment in the practice of chiropractic;
- (2) failing to perform patient care within the chiropractor's scope of competence, which are necessary to prevent substantial risk or harm to a patient;
  - (3) engaging in patient care outside the scope of chiropractic practice;
  - (4) engaging in patient care outside the scope of the chiropractor's training and expertise;
  - (5) violating established protocols in the delivery of chiropractic treatment or care;
  - (6) violating the confidentiality of information or knowledge concerning a patient;
  - (7) physically or verbally abusing a patient;
- (8) failing to maintain a record for a patient that accurately reflects the chiropractic problems and interventions for the patient;
  - (9) falsifying a patient's records;
  - (10) intentionally making an incorrect entry in a patient's chart;
- (11) discrimination in the provision of chiropractic care on the basis of race, religion, color, national origin, ancestry, or sex;
  - (12) exploiting a patient for financial gain or offering, giving, soliciting, or receiving fees for referral of a patient;
  - (13) knowingly violating laws regulating health insurance, including those laws established in AS 21.36.360;
  - (14) using unsanitary or unsafe equipment;
- (15) failing to adhere to the Code of Ethics of the American Chiropractic Association, as revised as of September 2007, adopted by reference;
- (16) failing to provide copies of complete patient records in the licensee's custody and control within 30 days after receipt of a written request for the records from the patient or patient's guardian.
- (b) A licensee shall evaluate patient care on an individual basis and make a reasonable judgment on the course of treatment for each patient.

**Authority:** AS 08.20.055 AS 08.20.100 AS 08.20.170

**Editor's note:** A copy of the Code of Ethics of the American Chiropractic Association, September 2007 edition, adopted by reference in 12 AAC 16.920(a) is available for inspection at the Department of Commerce, Community, and Economic Development, Division of Corporations, Business and Professional Licensing, State Office Building, 9th Floor, 333 Willoughby Avenue, Juneau, Alaska, or may be obtained from the American Chiropractic Association, 1701 Clarendon Boulevard, Arlington, VA 22209; telephone: (703)276-8800; website at http://www.acatoday.org.

- **12 AAC 16.930. LEWD OR IMMORAL CONDUCT WITH PATIENTS PROHIBITED.** (a) A licensee may not engage in lewd or immoral conduct in connection with the delivery of professional services to a patient or solicit sexual contact or a romantic relationship with a patient.
  - (b) It is a defense to a disciplinary action alleging a violation of this section that
- (1) at the time of, or immediately preceding, the contact the patient was the licensee's spouse, or was in a dating, courtship, or engagement relationship with the licensee; or
- (2) the licensee terminated the doctor-patient professional relationship with the former patient more than six months before the contact occurred.
  - (c) It is not a defense to a disciplinary action alleging a violation of this section that the contact occurred
    - (1) with the consent of the patient;
    - (2) outside professional treatment sessions; or
    - (3) off of the premises regularly used by the licensee for the professional treatment of patients.
- (d) As used in AS 08.20.170(a)(8) and this section, "lewd or immoral conduct" includes sexual misconduct, sexual contact, or attempted sexual contact, with a patient outside the scope of generally accepted methods of examination or treatment of the patient during the time the patient is receiving professional treatment from the licensee.
  - (e) As used in this section.
- (1) "attempted sexual contact" means engaging in conduct that constitutes a substantial step towards sexual contact;
  - (2) "sexual contact"
- (A) means touching, directly or through clothing, a patient's genitals, anus, or female breast, or causing the patient to touch, directly or through clothing, the licensee's or patient's genitals, anus, or female breast;
  - (B) includes sexual penetration;
  - (C) does not include acts

- (i) that may reasonably be construed to be normal caretaker responsibilities for a child, interactions with a child, or affection for a child; or
- (ii) performed for the purpose of administering a recognized and lawful form of chiropractic examination or treatment that is reasonably adapted to promoting the physical or mental health of the person being treated:
- (3) "sexual misconduct" means behavior, a gesture, or an expression that may reasonably be interpreted as seductive, sexually suggestive, or sexually demeaning to a patient; "sexual misconduct" includes
- (A) encouraging the patient to masturbate in the presence of the licensee or masturbation by the licensee while the patient is present;
  - (B) offering to provide to a patient controlled substances or other drugs in exchange for sexual contact;
- (C) disrobing or draping practice that is seductive, sexually suggestive, or sexually demeaning to a patient, such as deliberately watching a patient dress or undress or failing to provide privacy for disrobing;
- (D) making a comment about or to the patient that is seductive, sexually suggestive, or sexually demeaning to a patient, including
  - (i) sexual comment about a patient's body or underclothing;
  - (ii) sexualized or sexually demeaning comment to a patient;
- (iii) demeaning or degrading comments to the patient about the patient's sexual orientation, regardless of whether the patient is homosexual, heterosexual, or bisexual;
- (iv) comments about potential sexual performance of the patient during an examination or consultation, except when the examination or consultation is pertinent to the issue of sexual function or dysfunction;
- (v) requesting details of sexual history or sexual likes or dislikes of the patient if the details are not clinically indicated for the type of examination or consultation;
- (E) initiation by the licensee of conversation with a patient regarding the sexual problems, preferences, or fantasies of the licensee;
- (F) using the doctor-patient professional relationship with the patient to solicit sexual contact or a romantic relationship with the patient or another;
  - (G) kissing a patient in a romantic or sexual manner;
  - (4) "sexual penetration"
- (A) means genital intercourse, cunnilingus, fellatio, anal intercourse, or an intrusion, however slight, of an object or any part of a person's body into the genitals or anus of another person's body; each party to any of the acts defined as "sexual penetration" is considered to be engaged in sexual penetration;
- (B) does not include acts performed for the purpose of administering a recognized and lawful form of chiropractic examination or treatment that is reasonably adapted to promoting the physical health of the person being treated.

**Authority:** AS 08.20.055 AS 08.20.170

#### 12 AAC 16.980. "MISREPRESENTATION" DEFINED. In AS 08.20.170, "misrepresentation" means

- (1) the use of any advertising in which untruthful, exaggerated, improper, misleading or deceptive statements are made;
  - (2) impersonation of another practitioner;
- (3) advertising or holding oneself out to have the ability to treat diseases or other abnormal conditions of the human body by any secret formula, method, or procedure;
- (4) knowingly permitting or allowing another person to use a licensee's license or certificate in the practice of any system or mode of treating the sick or afflicted.

**Authority:** AS 08.20.055 AS 08.20.170(d)

#### 12 AAC 16.990. DEFINITIONS. (a) In this chapter, unless the context requires otherwise,

- (1) "appropriate treatment or services" means treatment or services performed, because of a substantiated and properly diagnosed condition, that is consistent with that diagnosis as reviewed by the peer review committee appointed under 12 AAC 16.400;
  - (2) "board" means the Board of Chiropractic Examiners;
  - (3) "department" means the Department of Commerce, Community, and Economic Development;
  - (4) "licensee" means a chiropractic physician licensed under AS 08.20;
- (5) "reasonable and appropriate cost of treatment" means that charges submitted for services performed are necessary and reasonable charges in the judgment of the peer review committee appointed under 12 AAC 16.400;
  - (6) "criminal history record information" has the meaning given in AS 12.62.900;
- (7) "general supervision" means the directing of the authorized activities by a licensed chiropractic physician and does not require the physical presence of the supervisor when directing those activities;
- (8) "personal supervision" means that the licensed chiropractic physician is physically present at the same office location where the services are being furnished.
  - (b) In AS 08.20.900,
    - (1) "prescription drug" means a drug that

- (A) under federal law, before being dispensed or delivered, is required to be labeled with either of the following statements:
  - (i) "Caution: Federal law prohibits dispensing without prescription";
  - (ii) "Caution: Federal law restricts this drug to use by, or on the order of, a licensed veterinarian"; or
- (B) is required by an applicable federal or state law or regulation to be dispensed only under a prescription drug order or is restricted to use by practitioners only;
  - (2) "surgery"
- (A) means the use of a scalpel, sharp cutting instrument, laser, electrical current, or other device to incise or remove living tissue;
  - (B) does not include venipuncture or the removal of foreign objects from external tissue.

**Authority:** AS 08.20.055 AS 08.20.900

#### APPENDIX A

#### **Notice on Superiority Advertising**

At the request of the Federal Trade Commission and with the concurrence of the Alaska Attorney General, the Board of Chiropractic Examiners has repealed two provisions of the Alaska Administrative Code, effective August 31, 1986.

One of the repealed paragraphs, 12 AAC 16.910(b)(2), prohibited the advertising of techniques or modalities to infer or imply superiority of treatment or diagnosis by their use. The other repealed paragraph, 12 AAC 16.910(b)(4), prohibited print advertising claiming superiority over or greater skill than other practitioners. These provisions were both repealed so that the advertising practices previously prohibited would no longer be considered "misrepresentation" and therefore would be allowed.



#### **ACA Code of Ethics**

#### PREAMBLE

This Code of Ethics is based upon the acknowledgement that the social contract dictates the profession's responsibilities to the patient, the public, and the profession; and upholds the fundamental principle that the paramount purpose of the chiropractic doctor's professional services shall be to benefit the patient.

#### **TENETS**

- I. Doctors of chiropractic should adhere to a commitment to the highest standards of excellence and should attend to their patients in accordance with established best practices.
- II. Doctors of chiropractic should maintain the highest standards of professional and personal conduct, and should comply with all governmental jurisdictional rules and regulations.
- III. Doctor-patient relationships should be built on mutual respect, trust and cooperation. In keeping with these principles, doctors of chiropractic shall demonstrate absolute honesty with regard to the patient's condition when communicating with the patient and/or representatives of the patient. Doctors of chiropractic shall not mislead patients into false or unjustified expectations of favorable results of treatment. In communications with a patient and/or representatives of a patient, doctors of chiropractic should never misrepresent their education, credentials, professional qualification or scope of clinical ability.
- IV. Doctors of chiropractic should preserve and protect the patient's confidential information, except as the patient directs or consents, or the law requires otherwise.
- V. Doctors of chiropractic should employ their best good faith efforts to provide information and facilitate understanding to enable the patient to make an informed choice in regard to proposed chiropractic treatment. The patient should make his or her own determination on such treatment.
- VI. The doctor-patient relationship requires the doctor of chiropractic to exercise utmost care that he or she will do nothing to exploit the trust and dependency of the patient. Sexual misconduct is a form of behavior that adversely affects the public welfare and harms patients individually and collectively. Sexual misconduct exploits the doctor-patient relationship and is a violation of the public trust.
- VII. Doctors of chiropractic should willingly consult and seek the talents of other health care professionals when such consultation would benefit their patients or when their patients express a desire for such consultation.

- VIII. Doctors of chiropractic should never neglect nor abandon a patient. Due notice should be afforded to the patient and/or representatives of the patient when care will be withdrawn so that appropriate alternatives for continuity of care may be arranged.
- IX. With the exception of emergencies, doctors of chiropractic are free to choose the patients they will serve, just as patients are free to choose who will provide healthcare services for them. However, decisions as to who will be served should not be based on race, religion, ethnicity, nationality, creed, gender, handicap or sexual preference.
- X. Doctors of chiropractic should conduct themselves as members of a learned profession and as members of the greater healthcare community dedicated to the promotion of health, the prevention of illness and the alleviation of suffering. As such, doctors of chiropractic should collaborate and cooperate with other health care professionals to protect and enhance the health of the public with the goals of reducing morbidity, increasing functional capacity, increasing the longevity of the U.S. population and reducing health care costs.
- XI. Doctors of chiropractic should exercise utmost care that advertising is truthful and accurate in representing the doctor's professional qualifications and degree of competence. Advertising should not exploit the vulnerability of patients, should not be misleading and should conform to all governmental jurisdictional rules and regulations in connection with professional advertising.
- XII. As professions are self-regulating bodies, doctors of chiropractic shall protect the public and the profession by reporting incidents of unprofessional, illegal, incompetent and unethical acts to appropriate authorities and organizations and should stand ready to testify in courts of law and in administrative hearings.
- XIII. Doctors of chiropractic have an obligation to the profession to endeavor to assure that their behavior does not give the appearance of professional impropriety. Any actions which may benefit the practitioner to the detriment of the profession must be avoided so as to not erode the public trust.
- XIV. Doctors of chiropractic should recognize their obligation to help others acquire knowledge and skill in the practice of the profession. They should maintain the highest standards of scholarship, education and training in the accurate and full dissemination of information and ideas.

For more information on how to file a complaint or obtain an advisory opinion, please request a copy of the "Administrative Procedures for the Code of Ethics"

The ACA's Code of Ethics was revised and ratified by the ACA House of Delegates September 2007.

From: Alison Libby

To: Regulations and Public Comment (CED sponsored)

Cc: ACS Admin Account; Debbie Ryan; Dr. Edward Barrington; Edward Barrington

Subject: Submission of AO360 Regulation Change Requests – Alaska Chiropractic Society

Date: Thursday, November 6, 2025 2:31:55 PM

Attachments: Occupational Licensing Centralized Regulations April 2025 SOL.pdf

Statutes and Regulations Chiropractors March 2025 SOL.pdf

12 AAC 02.150 Regulatory Reform Written Comment Form 11 05 2025 - Courtesy License - Centralized

Regulations.pdf

12 AAC 16.030 Regulatory Reform Written Comment Form 11 05 2025 - Removal Requirement - Statutes and

Regulations.pdf

12 AAC 16.205 Regulatory Reform Written Comment Form 11 05 2025 - Statutes and Regulations - ADDITION -

Courtesy License.pdf

12 AAC 16.205 Regulatory Reform Written Comment Form 11 05 2025 - Statutes and Regulations - REMOVAL -

Courtesy License-Alison.pdf

**CAUTION:** This email originated from outside the State of Alaska mail system. Do not click links or open attachments unless you recognize the sender and know the content is safe.

**Attention:** Governor Mike Dunleavy

**C/O:** Office of the Governor and Department of Law

Dear Governor Dunleavy,

My name is Alison Libby, Director of Business Development, representing the Alaska Chiropractic Society (ACS). I am submitting AO360 regulation change requests on behalf of Debbie Ryan, CEO of the Alaska Chiropractic Society, and Dr. Edward Barrington, DC, of Barrington Chiropractic and a member of the Alaska Board of Chiropractic Examiners.

Please accept the **four attached Regulatory Reform Written Comment Forms** for your review and consideration.

Our intent is to help bring existing regulations up to date—ensuring they are clearly written, reasonable in application, and considerate of the impacts on individual Alaskans as well as those doing business within the state.

We appreciate the ongoing opportunities for stakeholder and public engagement, and we thank you for your commitment to ensuring that state agencies implement laws in a practical and cost-effective manner.

Please see attached documents: including Occupational Licensing Centralized Regulations - April 2025, and Statutes and Regulations Chiropractors - March 2025.

#### Attachment(s)

Regulatory Reform Written Comment Form -11/05/2025 - 12 AAC 02.150 - Courtesy License - Centralized Regulations (attach 1)

Regulatory Reform Written Comment Form -11/05/2025 - 12 AAC 16.030 - Removal Requirement - Statutes and Regulations (attach 2)

Regulatory Reform Written Comment Form -11/05/2025 - 12 AAC 16.205 - Courtesy License - ADDITION - Statutes and Regulations (attach 3)

Regulatory Reform Written Comment Form -11/05/2025 - 12 AAC 16.205 - Courtesy License - REMOVAL - Statutes and Regulations (attach 4)

#### Respectfully,

#### **Alison Libby**

Alaska Chiropractic Society|Director of Business Development 550 E. Tudor Rd., Suite 205 | Anchorage, AK 99503 Direct/Mobile: (907) 903-1350 Ext. 101 | Fax: (907) 903-1350

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# of ALASKA

Department of Commerce, Community, and Economic Development Division of Corporations, Business and Professional Licensing

#### **Division of Corporations, Business and Professional Licensing**

PO Box 110806, Juneau, AK 99811
Phone: (907) 465-2550
Email: RegulationsandPublicComment@Alaska.Gov
Website: Commerce.Alaska.Gov

## **Regulatory Reform Written Comment Form**

Email the completed form to RegulationsandPublicComment@Alaska.Gov by November 7, 2025.

All comments submitted will be taken under advisement. If your program is governed by a board, the board will review and make determinations on implementation.

Full Name:	Edward Barrington, DC	Date:	11/05/2025
Occupation:	Doctor of Chiropractic		
Profession/Program:	Chiropractic		
Regulation Number(s): (e.g. 12 AAC 16.930)			

Comment(s):

Reference: 12 AAC 02.150 - Board of Chiropractic Examiners (Courtesy License Fee)

Public Comment on 12 AAC 02.150 – Board of Chiropractic Examiners

Reference: Occupational Licensing Centralized Regulations, Page 6 Current Regulation: 12 AAC 02.150(c) – Any courtesy license, \$600

Recommended Fee: \$50

I am writing to express concern regarding the temporary courtesy license fee set under 12 AAC 02.150 for the Board of Chiropractic Examiners. Currently, the courtesy license application fee is \$600, which is the same cost as a regular license.

This combined application and license fee creates significant financial hardship for visiting professionals who come to Alaska to provide short-term, hands-on educational training for chiropractic doctors. These trainings are essential for practitioners to maintain credentials, improve clinical skills, and ensure high-quality patient care in our state.

By comparison, most other professional boards charge approximately \$50 for an application fee in addition to the license fee. These lower fees are fair, reasonable, and encourage professional collaboration and continuing education across disciplines. The disproportionately high fee charged to chiropractors for a temporary courtesy license is inconsistent with other professions and has the unintended effect of discouraging outside experts from bringing valuable education and training opportunities to Alaska.

We respectfully request that the Board reduce the courtesy license application fee from \$600 down to \$50 to align with other professional standards. This adjustment would remove a barrier that currently hinders continuing education, limits access to advanced training and places an unnecessary financial burden on our profession.

#### In summary:

- Current Courtesy License Fee: \$600 application
- Recommended Fee: \$50 application
- Rationale: Promote fairness, reduce hardship, and enhance access to quality continuing education.



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Occupation:	Doctor of Chiropractic			
Profession/Program:	Chiropractic			
Regulation Number(s): (e.g. 12 AAC 16.930)	12 AAC 16.030 – Application for Licensure by Examination			

Comment(s):

Reference: 12 AAC 16.030 – Application for Licensure by Examination

Public Comment on 12 AAC 16.030 - Application for Licensure by Examination

**Reference:** Statutes and Regulations, Page 8

Current Regulation: 12 AAC 16.030: 12 AAC 16.030. In section (a) (3, item (1) under subsection (a)

**Recommended Removal:** Requirement for high school transcripts

We recommend the removal of item (1) under subsection (a) and retaining items (3) and (4).

Specifically, in section (a)(3), which states:

"Official college transcripts that show the applicant has met the education requirements as set out in AS 08.20.120,"

#### In summary:

We propose removing the requirement for high school transcripts referenced in item (1).

#### Rationale:

High school transcripts are already required and verified by colleges during the admissions process. Therefore, requesting them again as part of this licensing application is redundant and unnecessary. Retaining items (3) and (4) will maintain the integrity of the education verification process while reducing redundant administrative requirements.



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Occupation:	Doctor of Chiropractic		
Profession/Program:	Chiropractic		
Regulation Number(s): (e.g. 12 AAC 16.930)			

#### Comment(s):

Reference: 12 AAC 16.205 – Courtesy License Public Comment on 12 AAC 16.205 – Courtesy License Reference: Statutes and Regulations, Page 13

**Summary of Recommended Changes:** 

We propose two amendments to Section (b) of 12 AAC 16.205, which outlines the application requirements for a Courtesy License.

#### 1. Current Regulation (b)(2):

Requires "a current signed photograph of the applicant."

#### **Recommended Addition:**

Add the phrase "or a copy of a valid driver's license or passport."

#### **Proposed Language:**

(2) a current signed photograph of the applicant, or a copy of a valid driver's license or passport;

#### Rationale:

Allowing a driver's license or passport provides a standardized and verifiable form of identification. This addition simplifies the process for applicants while maintaining the integrity of applicant verification.

#### 2. Current Regulation (b)(4):

Requires "verification of a valid and active license to practice chiropractic in another state or other jurisdiction for the scope of practice specified in the application."

#### **Recommended Addition:**

Add the option to submit a "copy of a current license" in addition to state verification.

#### **Proposed Language:**

(4) verification of a valid and active license to practice chiropractic in another state or other jurisdiction for the scope of practice specified in the application; this may include a copy of a current license or verification from the state of licensure.

Rationale:

Including the option of submitting a copy of a current chiropractic license accommodate states that may not provide instant electronic verification, to ensure timely and efficient application processing while maintaining appropriate regulatory oversight.

#### **Overall Summary:**

These proposed additions to 12 AAC 16.205(b)(2) and (b)(4) will make the Courtesy License application process more accessible and efficient without compromising verification standards or public safety.



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Full Name:	Edward Barrington, DC Date: 11/05/202		
Occupation:	Doctor of Chiropractic		
Profession/Program:	Chiropractic		
Regulation Number(s): (e.g. 12 AAC 16.930)	12 AAC 16.205 - Courtesy License		
Comment(s):			
Reference: 12 AAC 16.205 – Courtesy License Public Comment on 13 AAC 16.205 – Courtesy License			

**Reference**: Statutes and Regulations, Page 13

Current Regulation Section (b)(8):

(8) a report issued by the applicant's primary state of residence no earlier than 90 days before the application, and that is equivalent to a report under AS 12.62.

#### **Recommended Change**

**Recommended Removal:** 

Delete Section (b)(8) entirely.

#### Rationale for Removal

This requirement should be removed because a background check is already conducted as part of the courtesy license application process.

The courtesy license is a temporary authorization, typically valid for a short period (often no more than seven days) to allow out-of-state chiropractors to provide continuing education or short-term professional services within Alaska.

#### Requiring applicants to obtain and submit a separate criminal background report from their primary state of residence:

- Creates unnecessary duplication of the background screening process.
- Imposes a financial and administrative hardship on applicants; and
- Is not proportionate to the limited scope and duration of the courtesy license.

Additionally, because any license held by an applicant in another state would be revoked or suspended in the event of criminal activity, the verification of an active license already serves as an effective safeguard.

#### Summarv

We recommend removal of Section (b)(8) from 12 AAC 16.205. This change would reduce redundancy, decrease applicant burden, and maintain appropriate regulatory oversight for temporary courtesy licenses.

From: <u>Alison Libby</u>

To: Bannarbie, Shane R (CED)
Cc: Debbie Ryan; Lacey Ryan
Subject: ACS Question for BOCE

Date: Wednesday, November 12, 2025 11:19:10 AM

**CAUTION:** This email originated from outside the State of Alaska mail system. Do not click links or open attachments unless you recognize the sender and know the content is safe.

#### Hello Shane,

I hope you're having a nice start to the holiday season. We have a question for the Board of Chiropractic Examiners from one of our ACS members.

The question is about Evicore and while conducting peer-to-peer reviews: is the one giving professional opinion required to be licensed in the state of Alaska?

It is also a request to add this topic to the next BOCE meeting agenda if the board does not have an answer to the question.

Thank you for your time.

#### Very respectfully, Alison Libby

Alaska Chiropractic Society Director of Business Development 550 E. Tudor Rd., Suite 205, Anchorage, AK

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From: Alison Libby

To: Bannarbie, Shane R (CED)
Cc: Debbie Ryan: Lacey Ryan
Subject: ACS Additional Question for BOCE
Date: Monday, December 1, 2025 2:29:23 PM

**CAUTION:** This email originated from outside the State of Alaska mail system. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hello Shane,

We have a question for the Board of Chiropractic Examiners from another one of our ACS members.

It is also a request to add this topic to the next BOCE meeting agenda if the board does not have an answer to the question.

#### **Question and Specifics**

The question is about Ashiastu bars which are mainly wood or metal bars that are set up parallel to each other and built safely and securely into a ceiling. They hang overhead a massage table. These bars are created for professional bodyworkers/massage therapists (who are trained in back-walking or barefoot massage) that want to reduce stress on their own bodies as they work with their clients.

This member has a massage therapist who would use "barefoot" bars or thick "walking" sticks for balance and support, to which allow the massage professional, to provide more pressure fluidly and consistently during a session.

The bars help the therapist so they can lift their entire or some of their body weight off or push the entire weight and more down on clients, when they're wanting more weight and pressure, with these bars.

They are looking into malpractice insurance to make sure there is coverage for this technique. Thanks again for your time and looking into this.

Kind regards,

## **Alison Libby**

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From:

Question regarding scope of practice **Board of Chiropractic Examiners (CED sponsored)** 

Subject: Thursday, November 20, 2025 12:33:50 PM

Date:

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To whom it may concern,

electromyography (EMG) and nerve conduction studies (NCS). Doctor of Chiropractic and has expressed interest in working with me to perform needle the American Board of Physical Therapy Specialties (ABPTS). I have a colleague who is a I am a medical provider in Alaska and am board certified in clinical electrophysiology through

requirements for direct versus indirect supervision, if applicable? to independently perform needle EMG and NCS. If supervision is required—direct or indirect As I am not a DC, I would like clarification on whether Alaska state law permits chiropractors -would my credentials meet the state's supervisory requirements? What are the supervision

Thank you for your time and guidance.

Owner/CEO of Rise Diagnostics LLC Board-Certified Clinical Electrophysiologic Specialist Dr. Casey Buckland PT, DPT, ECS

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