



## **NOTICE OF BOARD MEETING**

### **Board Members**

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

**The Board of Chiropractic Examiners (Board) will meet on:**

**Thursday, October 15, 2026**

**9:00 a.m. to 4:00 p.m.**

(or until completion of business)

### **Meeting Location**

**Southern California University of Health Sciences  
Legacy Hall  
16200 Amber Valley Drive  
Whittier, CA 90604**

The Board will hold a public meeting in person at the location listed above. The Board plans to webcast this meeting at <https://thedcapage.wordpress.com/webcasts/>. Webcast availability cannot, however, be guaranteed due to limitations on resources or other technical difficulties that may arise. The meeting will not be cancelled if webcast is not available. If you wish to participate or to have a guaranteed opportunity to observe, please attend at the physical meeting location specified above. Meeting adjournment may not be webcast if adjournment is the only item that occurs after a closed session.

**Note:** Members of the public may also submit written comments to the Board on any agenda item. To ensure that written comments are provided to Board members prior to the meeting, comments should be received by Monday, October 12, 2026. Written comments should be directed to [chiro.info@dca.ca.gov](mailto:chiro.info@dca.ca.gov) for Board consideration.

**The Board may discuss and take action on any agenda item listed on this agenda, including information-only items.**

## **AGENDA**

- 1. Open Session – Call to Order / Roll Call / Establishment of a Quorum**
- 2. Interactive Presentation to Chiropractic Students on Practicing Chiropractic in Compliance with California Law**
- 3. Public Comment for Items Not on the Agenda**  
Note: Members of the public may offer public comment for items not on the agenda. However, the Board may not discuss or take action on any matter raised during this public comment section that is not included on this agenda, except to decide whether to place the matter on the agenda of a future meeting. [Government Code Sections 11125 and 11125.7, subd. (a).]
- 4. Board Chair's Report**
- 5. Department of Consumer Affairs (DCA) Report Which May Include Updates on DCA's Administrative Services, Human Resources, Enforcement, Information Technology, Communications and Outreach, and Legislative, Regulatory, or Policy Matters**
- 6. Update and Discussion on Southern California University of Health Sciences' Doctor of Chiropractic (DC) Program**
- 7. Update on September 4–5, 2026, Federation of Chiropractic Licensing Boards (FCLB) Districts I & IV Meeting**
- 8. Discussion and Possible Approval of July 23, 2026, Board Meeting Minutes**
- 9. Discussion and Possible Ratification of Approved DC License Applications**
- 10. Discussion and Possible Approval of New Continuing Education (CE) Provider Applications**
- 11. Executive Officer's Report and Updates on:**
  - A. Administration, Continuing Education, Enforcement, and Licensing Programs
  - B. Business Modernization Project and Implementation of Connect System
  - C. Board's Budget and Fund Condition
  - D. Status of Board's Pending Regulatory Proposals
  - E. Board's 2022–2026 Strategic Plan Objectives
- 12. Update and Discussion on Implementation of the Board's Sunset Bill, [Assembly Bill \(AB\) 2775 \(Berman, Chapter 220, Statutes of 2026\)](#)**



**13. Update and Discussion on Implementation of Other Legislation Affecting the Board**

- A. [AB 1775 \(Ward, Chapter 467, Statutes of 2026\)](#) Veterans.
- B. [AB 1811 \(Rogers, Chapter 549, Statutes of 2026\)](#) Health professionals.
- C. [AB 1979 \(Bonta, Chapter 854, Statutes of 2026\)](#) Health care services: artificial intelligence.
- D. [Senate Bill 1445 \(Committee on Business, Professions and Economic Development, Chapter 237, Statutes of 2026\)](#) Healing arts.

**14. Licensing Committee Report**

- A. Committee Chair's Update on October 2, 2026, Working Group Meeting
- B. Review, Discussion, and Possible Action on Committee's Recommendation Regarding Regulatory Proposal to Establish Minimum Standards of Practice for Virtual Care (add California Code of Regulations [CCR], Title 16, section 318.2)
- C. Review, Discussion, and Possible Action on Committee's Recommendation Regarding Regulatory Proposal to Establish a New Temporary Licensure Pathway with Public Notification and Practice Limitations (add CCR, Title 16, section 321.2)

**15. Review, Discussion, and Possible Action on Regulatory Proposal to Clarify the Requirements for the Issuance and Renewal of Satellite Certificates and for Providing Notice to Consumers of Licensure by the Board (add CCR, Title 16, section 303.1 and amend section 308)**

**16. Review, Discussion, and Possible Action on Council on Chiropractic Education's (CCE) Decision to Potentially Withdraw from U.S. Department of Education Recognition Process**

**17. Review, Discussion, and Possible Action on Regulatory Proposal to Update the Requirements for Board Approval of DC Degree Programs (amend and renumber, as necessary, CCR, Title 16, sections 330, 331.1, 331.2, 331.5, 331.12.1, 331.12.2, 331.12.3, 331.14, and 331.15 and repeal sections 331.3, 331.4, 331.6, 331.7, 331.8, 331.9, 331.10, 331.11, 331.13, and 331.16)**

**18. Review, Discussion, and Possible Action on the Performance of Adjustments During Chiropractic Technique CE Courses**

**19. Review, Discussion, and Possible Action on the Verification of Compliance with Distance Learning CE Course Delivery Requirements**

**20. Review, Discussion, and Possible Action on Petition for Adoption of a Regulation Regarding CE Instructor Standards**

**21. Review, Discussion, and Possible Adoption of 2027–2030 Strategic Plan**

**22. Discussion and Possible Approval of Schedule for 2027 Quarterly Board Meetings**

**23. Discussion and Possible Nominations of Candidates for 2027 Board Officer Positions**

- A. Chair
- B. Vice Chair
- C. Secretary

**24. Future Agenda Items**

Note: Members of the Board and the public may submit proposed agenda items for a future Board meeting. However, the Board may not discuss or take action on any proposed matter except to decide whether to place the matter on the agenda of a future meeting. [Government Code Section 11125.]

**25. Closed Session – The Board Will Meet in Closed Session to:**

- Deliberate and Vote on Disciplinary Matters Pursuant to Government Code Section 11126, subd. (c)(3)

**RECONVENE IN OPEN SESSION**

**26. Adjournment**

This agenda can be found on the Board's website at [www.chiro.ca.gov](http://www.chiro.ca.gov). The time and order of agenda items are subject to change at the discretion of the Board Chair and may be taken out of order. In accordance with the Bagley-Keene Open Meeting Act, all meetings of the Board are open to the public.

Government Code section 11125.7 provides the opportunity for the public to address each agenda item during discussion or consideration by the Board prior to it taking any action on said item. Members of the public will be provided appropriate opportunities to comment on any issue before the Board, but the Board Chair may, at their discretion, apportion available time among those who wish to speak. Members of the public will not be permitted to yield their allotted time to other members of the public to make comments. Individuals may appear before the Board to discuss items not on the agenda; however, the Board can neither discuss nor take official action on these items at the time of the same meeting (Government Code sections 11125 and 11125.7, subd. (a)).

The meeting is accessible to persons with disabilities. A person who has questions or needs a disability-related accommodation or modification to participate in the meeting may submit a request to the Board. Please submit the request at least five (5) business days before the meeting to ensure availability of the requested accommodation.

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**Agenda Item 1**  
**October 15, 2026**

**Open Session – Call to Order / Roll Call / Establishment of a Quorum**

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**Purpose of the Item**

Laurence Adams, D.C., Chair of the Board of Chiropractic Examiners, will call the meeting to order. Roll will be called by Board Secretary Janette N.V. Cruz.

**Board Members**

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



**Agenda Item 2**  
**October 15, 2026**

**Interactive Board Presentation to Chiropractic Students on Practicing  
Chiropractic in Compliance with California Law**

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**Purpose of the Item**

The Board will provide an interactive presentation to students and other meeting attendees with guidance for practicing chiropractic in accordance with California law and avoiding common pitfalls and violations.

**Action Requested**

This agenda item is informational only. No action is required or requested at this time.



**Agenda Item 3**  
**October 15, 2026**

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

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#### **Purpose of the Item**

At this time, members of the public may offer public comment for items not on the meeting agenda.

The Board may not discuss or take action on any matter raised during this public comment section that is not included on the agenda, except to decide whether to place the matter on the agenda of a future meeting. [Government Code Sections 11125 and 11125.7, subd. (a).]

**From:** Albert Abkarian <albert@abkarianlaw.com>  
**Sent:** Wednesday, September 30, 2026 2:37 PM  
**To:** DCA, ChiroInfo@DCA  
**Subject:** Live seminars

**This Message Is From an Untrusted Sender**

Warning: This email originated from outside of the organization! Do not click links, open attachments, or reply, unless you recognize the sender's email.

[Report Suspicious](#)

I am writing in lieu of appearing at the public hearing at the next meeting of the Board of Chiropractic Examiners, and I respectfully ask that you share this correspondence with all Board members and interested parties.

For more than 25 years, I have conducted ethics seminars for various organizations and have had the opportunity to observe the chiropractic profession's tremendous growth. Based on that experience, I am increasingly concerned about the recent shift away from meaningful, engaged participation in live continuing education.

In my experience, mandatory in-person seminars produce a substantially higher level of attention, interaction, and educational value. Chiropractors are more actively engaged with the material, participate in discussion, and have more opportunities to absorb and apply important professional and ethical principles. This is especially important for ethics education, where thoughtful discussion, participation, and accountability are essential to the course's purpose.

By contrast, I have recently attended more than 20 live seminars conducted through Zoom. Under the Board's current rules, attendees are not required to keep their cameras on during these sessions. Without that basic requirement, there is no meaningful way to ensure that participants

are present, attentive, and engaged throughout the program. In my view, this significantly diminishes the educational value of live continuing education and risks undermining public confidence in both the CE process and the chiropractic profession.

I therefore respectfully urge the Board to consider requiring at least eight hours of continuing education through live, in-person seminars, including three hours devoted to ethics. I believe in-person instruction is the most effective format for the ethics component because it promotes meaningful participation, professional dialogue, and accountability in ways remote attendance often cannot replicate.

At an absolute minimum, if live online seminars continue to satisfy these requirements, attendees should be required to keep their cameras on for the entire session, subject to reasonable exceptions determined by the Board. This would provide a basic and practical safeguard to help ensure active attendance and preserve the integrity of the continuing education requirement.

Thank you for considering these concerns and recommendations. I respectfully ask the Board to evaluate whether the current approach is meeting the educational and professional objectives of the CE program and to consider measures that will strengthen the quality, accountability, and credibility of continuing education for California chiropractors.

*Albert Abkarian, Esq.*  
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Abkarian Law Group

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**NOTICE REGARDING ELECTRONIC SERVICE ON ABKARIAN & ASSOCIATES APLC:** Pursuant to Code of Civil Procedure section 1010.6(b), all documents must be served on our office electronically at the following email addresses: [Legalgroup@abkarianlaw.com](mailto:Legalgroup@abkarianlaw.com)





**Agenda Item 4**  
**October 15, 2026**

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**Board Chair's Report**

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**Purpose of the Item**

Board Chair Laurence Adams, D.C. will provide an update to the Board on recent activities and outreach opportunities.

**Action Requested**

This agenda item is informational only and provided as a status update to the Board. No action is required or requested at this time.



**Agenda Item 5  
October 15, 2026**

**Department of Consumer Affairs (DCA) Report Which May Include Updates on  
DCA's Administrative Services, Human Resources, Enforcement, Information  
Technology, Communications and Outreach, and Legislative, Regulatory, or  
Policy Matters**

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**Purpose of the Item**

A representative from DCA's Office of Board and Bureau Relations will provide the Board with an update on DCA programs and activities.

**Action Requested**

This agenda item is informational only and provided as a status update to the Board. No action is required or requested at this time.



**Agenda Item 6**  
**October 15, 2026**

**Update and Discussion on Southern California University of Health Sciences’  
Doctor of Chiropractic (DC) Program**

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**Purpose of the Item**

The Board will receive an update on Southern California University of Health Sciences’ Doctor of Chiropractic program.

**Action Requested**

This agenda item is informational only and provided as a status update to the Board. No action is required or requested at this time.



## **Agenda Item 7 October 15, 2026**

### **Update on September 4–5, 2026, Federation of Chiropractic Licensing Boards (FCLB) Districts I & IV Meeting**

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#### **Purpose of the Item**

David Paris, D.C. will provide an update to the Board on the FCLB Districts I and IV regional meeting that was held in Anchorage, Alaska, on September 4–5, 2026.

#### **Action Requested**

This agenda item is informational only and provided as a status update to the Board. No action is required or requested at this time.

#### **Attachment**

- September 4–5, 2026, FCLB Districts I & IV Regional Meeting Agenda

# Building for the Future of Regulation

## 2026 District Meetings



### Districts I & IV Regional Meeting ~ Anchorage, Alaska Hilton Anchorage

Please note: Travel days are Thursday and Sunday. Meetings will take place on Friday and Saturday from 8:00 a.m. until approximately 2:00 p.m. On Saturday afternoon, District Directors will conduct a question and answer session for attendees.

Agenda subject to change  
Updated 6/04/2026

**Friday, September 4, 2026 - 7:30 AM Breakfast - 8:00 AM Meeting Begins**

**Meeting Room: Aleutian-Alaska Meeting Room**

8:00 AM

GREETINGS AND OPENING REMARKS

INTRODUCTIONS

Presentation

FCLB BOARD REPORT

OVERVIEW OF YOUR FEDERATION

*FCLB Update, Current Projects, Financial Report*

*Upcoming Meeting: 2027 Annual Conference - Albuquerque, New Mexico*

#### REPORTS FROM OTHER ORGANIZATIONS

Presentation

- Presentation - CCE
- Presentation - EBAS
- Presentation - NBCE Directors

**Discussion: Hot Issues in Chiropractic Regulation & Professional Governance**

#### ROUNDTABLE DISCUSSIONS - BY TOPIC

##### 1. DISCIPLINARY TOPICS

1. What changes has your board seen in malpractice complaints? How does the rate of complaints differ between independent practice and franchises?
2. What approaches does your board take to mandate remedial interventions?
3. What is your boards policy regarding chiropractors advertising discounted services?

- 4. How does your board try and minimize the risk of licensee distress and harm when involved in a regulatory complaint process?
- 5. How does your board deal with the legal and practical challenges of addressing unlicensed practice, including investigative approaches, enforcement options and litigation considerations?
- 6. Open Forum

**Lunch on your own**

**Saturday, September 5, 2026- 7:30 AM Breakfast 8:00 AM Meeting Begins**

**Discussion Continues: Hot Issues in Chiropractic Regulation & Professional Governance**

**1. PACE COMMITTEE REPORT**

- 1. Review a Mock PACE Application

**2. GENERAL REGULATORY ISSUES**

- 1. How has the surge in online education impacted your boards ability to review CE?
- 2. How does your board address prepaid services?
- 3. What is your board’s stand on chiropractors performing nerve conduction testing?
- 4. What has your board done to anticipate AI related issues and respond to them in a proactive way?
- 5. Describe the licensure platform your board users to interact with stakeholders? What are some pros and cons of your platform?
- 6. Open Forum

**3. BOARD OPERATIONS**

- 1. How does your board interpret and apply good moral character at entry into the profession and at time of renewal?
- 2. What are common challenges, ambiguities and risks associated with the interpretation and enforcement of good moral character requirements?
- 3. What meaningful reform came from your last Sunset Review?
- 4. How does your board articulate the value of regulation and its critical role in public protection?
- 5. What makes an effective public board member and how can boards better recruit, on board and support public members?
- 6. Open Forum

## FCLB COMMITTEE REPORTS

### 1. CHIROPRACTIC BOARD ADMINISTRATORS

- Update

### 2. CHIROPRACTIC BOARD LEGAL ADVISERS

- Update

## REPORTS FROM OTHER ORGANIZATIONS

### 1. FEDERATION OF ASSOCIATIONS OF REGULATORY BOARDS (FARB)

- Update

## REGULATION IN THE NEWS

- Interesting articles - read these at your leisure

## NEW BUSINESS

### FUTURE FCLB EDUCATIONAL MEETINGS

- ANNUAL CONFERENCE:  
Spring 2027 - April 28 - May 2, 2027 - Albuquerque, New Mexico
- DISTRICT REGIONAL MEETING: Fall 2027

### UPCOMING MEETINGS / AFFILIATED ASSOCIATIONS & ORGANIZATIONS

Refer to  
last pages

- Alphabet Soup - our popular reference of other organizations and their scheduled meetings



## **Agenda Item 8 October 15, 2026**

### **Discussion and Possible Approval of July 23, 2026, Board Meeting Minutes**

#### **Purpose of the Item**

The Board will review and possibly approve the draft minutes of the previous meeting held on July 23, 2026.

#### **Action Requested**

The Board will be asked to make a motion to approve the July 23, 2026, Board meeting minutes.

#### **Attachment**

- July 23, 2026, Board Meeting Minutes (Draft)





**Agenda Item 8  
Attachment**

**BOARD OF CHIROPRACTIC EXAMINERS  
MEETING MINUTES**

**July 23, 2026**

The Board of Chiropractic Examiners (Board) met via teleconference/Webex Events on July 23, 2026, from the following locations:

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

4100 W. Alameda Avenue  
Third Floor  
Burbank, CA 91505

3455 Knighton Road  
Redding, CA 96002

1545 Broadway, Suite 1A  
San Francisco, CA 94109

1165 Park Avenue  
San Jose, CA 95126

101 Andrieux Street  
Sonoma, CA 95476

**Board Members Present**

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

**Staff Present**

Kristin Walker, Executive Officer  
Tammi Herrera, Assistant Executive Officer  
Jose Salud Diaz, Administration & Licensing Manager  
Lynne Reinhardt, Enforcement Manager  
Becky Lyke, Lead Enforcement Analyst  
Angelina Taylor, Administrative & Policy Analyst  
Christine Jacob, Board Counsel, Attorney III, Department of Consumer Affairs (DCA)  
Sam Singh, Regulatory Counsel, Attorney III, DCA

**1. Open Session – Call to Order / Roll Call / Establishment of a Quorum**

Dr. Adams called the meeting to order at 9:10 a.m. Ms. Cruz called the roll. The Board members were present from the following teleconference locations: Dr. Adams in

Sonoma; Dr. Daniels in San Jose; Ms. Cruz in Sacramento; Dr. Azzolino in San Francisco; Dr. Paris in Redding; and Mr. Sweet in Burbank. A quorum was established.

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

**Public Comment:** None.

## **3. Board Chair's Report**

Dr. Adams acknowledged the departure of former Board counsel Sabina Knight and thanked her for her four years of service and contributions to the Board. He welcomed new Board counsel Christine Jacob and noted that her experience and expertise will support the Board's mission of public protection. Ms. Jacob introduced herself and provided a brief overview of her professional background, including service as counsel for the Bureau of Real Estate Appraisers and approximately 20 years in private practice.

Dr. Adams also welcomed Angelina Taylor as the Board's new Administrative & Policy Analyst. Ms. Taylor introduced herself and shared that she recently joined state service from the private sector and is excited to support the Board's work.

Dr. Adams announced that Assistant Executive Officer Tammi Herrera will be leaving the Board on August 5, 2026, to accept a position with the Structural Pest Control Board. He thanked Ms. Herrera for her dedication and 18 years of service to the Board. Ms. Herrera expressed appreciation for the opportunity to serve the Board and the chiropractic profession.

Dr. Adams provided an update on the Board's sunset review process, noting that the Board secured nearly all of its requested proposals. He expressed appreciation to the Legislature for its engagement and support and recognized Ms. Walker for her leadership and significant contributions throughout the process. He shared that the proposals will strengthen public protection, enhance enforcement authority, modernize licensure categories, and address the Board's fund condition.

Dr. Adams reported that eight regulatory packages were completed by the Board in fiscal year 2025–26, representing the highest level of regulatory activity in a decade. He also provided an update on the Board's business modernization efforts, including the transition from paper-based processes to digital platforms. He concluded by highlighting the Board's expanded outreach efforts and recognizing Board members for increasing engagement with licensees and stakeholders, noting that these efforts have positively supported the Board's mission and strengthened relationships within the profession.

**Public Comment:** None.

**4. Department of Consumer Affairs (DCA) Report Which May Include Updates on DCA's Administrative Services, Human Resources, Enforcement, Information Technology, Communications and Outreach, and Legislative, Regulatory, or Policy Matters**

Tess Townsend from DCA's Office of Board and Bureau Relations provided an update on behalf of DCA. She reported that Governor Newsom appointed Rohit Chopra as Secretary of the newly established Business and Consumer Services Agency, which officially launched on July 1, 2026. She also provided an update on DCA's return to office transition, noting that DCA and other state departments returned to four days per week in the office effective July 1, 2026, and thanked Board leadership for their partnership in supporting staff during the transition.

She stated that the next Board Member Orientation Training (BMOT) is October 21, 2026, and reminded Board members that the training must be completed within one year of appointment and reappointment. She also noted that DCA launched its internal Defensive Driver Training on May 26, 2026, and encouraged Board members to use DCA's Learning Management System (LMS) to register for required trainings and monitor compliance with training requirements.

**Public Comment:** None.

**5. Review and Possible Approval of Board Meeting Minutes**

- A. January 16, 2026, Board Meeting
- B. April 16–17, 2026, Board Meeting

Dr. Daniels referenced the draft minutes of the April 16–17, 2026, Board meeting and inquired whether any additional information had been obtained in response to the Board's concerns regarding Senate Bill (SB) 980 (Hurtado). Ms. Walker reported that the bill did not advance out of the Senate Health Committee by the April 24, 2026, deadline and is now considered dead.

**Motion: Dr. Daniels moved to approve the minutes of the January 16, 2026, and April 16–17, 2026, Board meetings.**

**Second: Dr. Azzolino seconded the motion.**

**Public Comment:** None.

**Vote: 6-0 (Dr. Adams-AYE, Dr. Daniels-AYE, Ms. Cruz-AYE, Dr. Azzolino-AYE, Dr. Paris-AYE, and Mr. Sweet-AYE).**

**Motion: Carried.**

**6. Review and Possible Ratification of Approved Doctor of Chiropractic License Applications**

**Motion:** Dr. Daniels moved to ratify the list of approved applications for doctor of chiropractic licenses issued from April 1, 2026, to June 30, 2026.

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

**Public Comment:** None.

**Vote:** 6-0 (Dr. Adams-AYE, Dr. Daniels-AYE, Ms. Cruz-AYE, Dr. Azzolino-AYE, Dr. Paris-AYE, and Mr. Sweet-AYE).

**Motion:** Carried.

**7. Review and Possible Approval of New Continuing Education (CE) Provider Applications**

**Motion:** Mr. Sweet moved to approve the continuing education provider applications by EliteChiroCE.com, Christopher Saincome, D.C., and SmartChiroCE.com – Donald L. Hayes, D.C.

**Second:** Dr. Daniels seconded the motion.

**Public Comment:** None.

**Vote:** 6-0 (Dr. Adams-AYE, Dr. Daniels-AYE, Ms. Cruz-AYE, Dr. Azzolino-AYE, Dr. Paris-AYE, and Mr. Sweet-AYE).

**Motion:** Carried.

**8. Executive Officer's Report and Updates on:**

- A. Administration, Continuing Education, Enforcement, and Licensing Programs
- B. Business Modernization Project and Implementation of Connect System
- C. Board's Budget and Fund Condition
- D. Status of Board's Pending Proposals
- E. Board's 2022–2026 Strategic Plan Objectives

Ms. Walker provided an update on Board operations and reported that staff's efforts since the April 16–17, 2026, meeting have been focused on the sunset review process, business modernization, enhancements to the Connect system and the Board's website, and improvements to the CE workflow. She reported that development of CE functionality in Connect is underway, including a CE provider dashboard, user authorization features, and the CE course application process. She explained that future phases will include provider self-service capabilities, improved public course search functionality through the Board's website, bulk uploads of CE records, and potentially

integration with additional technology platforms to support primary source verification, automate auditing processes, and reduce administrative burdens on licensees. She stated that the CE application functionality in Connect is anticipated to launch in fall 2026 in advance of the fee changes taking effect January 1, 2027.

Dr. Daniels asked whether the proposed CE systems would create redundancy and why staff preferred a website-based public search tool rather than the approach used by the Acupuncture Board in Connect. Ms. Walker responded that the systems are intended to perform different functions within a single workflow and are not expected to be redundant. She further explained that a website-based search tool would provide greater flexibility and improved search capabilities for users.

Ms. Walker indicated that she is awaiting a cost estimate regarding a potential upgrade to a newer version of the Connect platform and will return the matter to the Board for discussion when additional information becomes available.

She provided a legislative update and highlighted upcoming deadlines for the passage of bills. She also reported that the regulatory packages regarding inactive licenses and the repeal of the obsolete mental illness regulations were approved by the Office of Administrative Law and will become effective October 1, 2026. She stated that staff is reviewing pending regulatory proposals for consistency with the statutory changes currently being made through the Board's sunset bill.

She reported that staff is compiling 2025–26 licensing and enforcement statistics and the Board achieved its goal of reducing the pending enforcement caseload to fewer than 175 complaints, with 166 cases currently pending. She also reviewed the Board's updated fund condition report and stated that current projections indicate a modest surplus for 2025–26. She further noted that information regarding DCA's pro rata costs was included in the meeting materials.

Dr. Daniels asked whether staff had received information regarding the progress report submitted by Life Chiropractic College West on July 1, 2026, and requested clarification on the Council on Chiropractic Education's changes to the accreditation standards. Ms. Walker stated that she will research both matters and report back.

**Public Comment:** None.

## **9. Licensing Committee Report**

- A. Committee Chair's Update on June 30, 2026, Meeting
- B. Review, Discussion, and Possible Action on Committee's Recommendation Regarding Regulatory Proposal to Establish Minimum Standards of Practice for Virtual Care (add California Code of Regulations [CCR], Title 16, section 318.2)

Dr. Daniels presented proposed virtual care regulatory language and requested the Board's feedback regarding an emergency exception to the initial visit telehealth requirements. She explained that the proposal would allow a practitioner to provide telehealth services in certain unplanned or emergency situations and then provide informed consent documentation, a summary of the visit, and recommendations within a specified timeframe. She requested input regarding whether the timeframe should be seven, 10, or 14 calendar days.

Dr. Azzolino supported shortening the proposed timeframe to seven days and provided several recommendations regarding the draft regulatory language. He questioned provisions requiring licensees to proactively provide license information and obtain telehealth consent, suggested adding language requiring the use of HIPAA-compliant platforms, and requested clarification regarding emergency response protocols.

Dr. Daniels and Ms. Walker explained that informed consent requirements for telehealth visits are established in statute and that the proposed regulations are intended to clarify compliance requirements. Ms. Walker further explained that emergency response protocols were included because telehealth visits present circumstances that differ from in-person care, including the need to identify a patient's location and establish procedures for responding to emergencies remotely.

Dr. Azzolino expressed concern regarding initial telehealth visits and asked how practitioners would comply with existing examination and evaluation requirements. Dr. Daniels discussed the practitioner's responsibility to determine whether telehealth is appropriate for the patient and service being provided. Ms. Walker clarified that the proposed regulations are intended to supplement, not replace, existing standards of care and that all existing laws and regulations governing chiropractic practice would continue to apply. Dr. Adams expressed support for the proposed framework and agreed that telehealth visits require additional safeguards beyond those required for in-person care. Ms. Cruz shared her experiences as a telehealth patient and described common practices, including collection of patient location information, completion of intake forms, and obtaining available vital sign information before appointments. Dr. Daniels stated that the Committee would further revise the proposal based on the Board's feedback and return the language for consideration at a future meeting.

Dr. Daniels then presented a draft proposal regarding the use of artificial intelligence (AI) in chiropractic practice. She explained that the proposal was based on guidance from the Federation of State Medical Boards and is intended to establish safeguards that protect consumers while remaining adaptable to future technological developments.



She noted that the proposal would place responsibility for all clinical decisions on the licensee and would require informed consent regarding the use, benefits, risks, and limitations of AI technologies.

Dr. Adams expressed support for the proposal and emphasized the importance of ensuring that AI serves as a tool rather than a substitute for professional judgment and clinical decision making.

Dr. Daniels explained that the proposal is intended to preserve patient autonomy, prevent discrimination, clarify practitioner responsibilities, and ensure that AI is not treated as a mandatory standard of care. She also requested feedback regarding the concept of a separate AI informed consent form. Dr. Paris asked whether the proposal adequately addresses the potential benefits of AI for patients. Ms. Walker clarified that the draft language authorizes the use of AI and requires disclosure of both the potential benefits and the risks associated with its use.

Dr. Azzolino suggested distinguishing between the use of AI for administrative functions, such as transcription and scribing, and its use for clinical decision support. Dr. Adams concurred and expressed concerns regarding data privacy and the use of patient information by AI systems. Dr. Paris supported development of a single educational and informed consent document that would explain the various uses of AI while minimizing confusion for licensees and patients.

Dr. Daniels stated that the Committee will continue refining the proposal and encouraged Board members to provide additional feedback between meetings. Ms. Cruz expressed appreciation for Dr. Daniels' leadership and work on the Committee's regulatory proposals.

**Public Comment:** None.

#### **10. Review, Discussion, and Possible Action on Regulatory Proposal Regarding Continuing Education Fees, Requirements, and Approval Process (amend CCR, Title 16, sections 360, 361, 362, 363, and 364 and adopt section 360.1)**

Ms. Walker presented proposed revisions to the Board's CE regulations and highlighted several recommendations for Board discussion. She proposed changes to narrow the list of approved CE accepted from other healing arts professions; remove adjustment, manipulation, and technique from the competencies requiring synchronous learning methods; eliminate distinctions between Board-approved and Providers of Approved Continuing Education (PACE) recognized CE providers; establish an expedited approval process for PACE-recognized providers; transition CE provider renewals from a biennial to an annual cycle; establish delinquency and late-renewal provisions for CE providers; and maintain annual, rather than three-year, approval periods for CE courses.

She requested feedback on revisions to the list of approved CE from other healing arts professions. Following discussion, Board members supported adding nurse practitioner CE to the approved list.

She also explained that PACE-recognized providers would be eligible for an expedited approval process while preserving discretion to refer applications to the full Board when appropriate. She further explained that the proposed changes would support implementation of the Connect system and help ensure that CE program fees adequately support administration of the program.

**Motion: Dr. Daniels moved to rescind the prior approval of the proposed regulatory text from April 17, 2025, with the exception of the proposed regulatory text to amend California Code of Regulations, title 16, section 365, approve the newly proposed regulatory text to amend California Code of Regulations, title 16, sections 360, 361, 362, 363, and 364 and adopt section 360.1 presented in the Attachment to Agenda Item 10 in the meeting materials, with an edit to the language in section 361, subsection (d)(8) to include coursework that is accepted by the Board of Registered Nursing for renewal of a nurse practitioner license, direct staff to submit the text to the Director of the Department of Consumer Affairs and the Business and Consumer Services Agency for review and if no adverse comments are received, authorize the Executive Officer to take all steps necessary to initiate the rulemaking process, make any non-substantive changes to the package, and set the matter for a hearing if requested. If no adverse comments are received during the 45-day comment period and no hearing is requested, authorize the Executive Officer to take all steps necessary to complete the rulemaking and adopt the proposed regulations at CCR, title 16, sections 360, 360.1, 361, 362, 363, and 364 as noticed.**

**Second: Dr. Paris seconded the motion.**

**Public Comment: None.**

**Vote: 6-0 (Dr. Adams-AYE, Dr. Daniels-AYE, Ms. Cruz-AYE, Dr. Azzolino-AYE, Dr. Paris-AYE, and Mr. Sweet-AYE).**

**Motion: Carried.**

#### **11. Update, Discussion, and Possible Action on the Board's Sunset Bill, Assembly Bill (AB) 2775 (Committee on Business and Professions)**

Ms. Walker provided an update on the Board's sunset legislation, AB 2775, and advised that the bill was last amended on June 30, 2026. She stated that all of the Board's requested proposals were included in the bill except for the proposed requirement for an automatic chaperone order for licensees facing criminal or administrative charges



involving sexual misconduct. She indicated that staff will continue exploring alternative approaches and future legislative options for that proposal.

She explained that the bill includes the Board's new fee schedule, which will become effective January 1, 2027, through statute without the need for additional regulations. She noted that the bill authorizes the Board to establish penalty fees for the late renewal of satellite office certificates and corporation certificates. She reported that the bill also authorizes the Board to establish a temporary license to practice chiropractic and a chiropractic facility permit and stated that staff will work with the Licensing Committee to develop regulations.

She highlighted that the bill includes the additional enforcement authority requested by the Board, including authority to automatically revoke a license following a conviction of a sex offense or a second insurance fraud conviction and to automatically suspend a license following conviction of a serious felony. She further explained that the bill authorizes the Board to consider any applicant discipline involving sexual misconduct regardless of when it occurred.

She clarified that the bill includes legislative intent language regarding continued stakeholder discussions on animal chiropractic but does not include substantive animal chiropractic provisions. She noted that the Veterinary Medical Board opposed inclusion of animal chiropractic language in the Board's sunset bill and stated that the two boards remain divided regarding regulatory authority over the practice, but both boards remain willing to continue discussions with stakeholders and the Legislature regarding the issue.

Dr. Daniels asked about feedback received from legislative staff regarding the Board's proposed chaperone authority. Ms. Walker responded that legislative staff requested additional justification and she noted that sunset legislation generally avoids proposals viewed as controversial. She suggested that the Board may pursue the proposal through separate legislation in the future.

Dr. Daniels expressed appreciation to Ms. Walker and staff for their efforts and stated that she was pleased with the number of proposals included in the bill. Dr. Adams concurred and commented that securing all but one of the Board's requests was a significant accomplishment. Dr. Azzolino also thanked staff for their work on the legislation.

**Public Comment:** A caller thanked the Board for its continued efforts to research animal chiropractic and for advocating that it serve as the regulatory authority for licensed chiropractors who are certified animal chiropractic practitioners.

**12. Update, Discussion, and Possible Action on Other Legislation Related to the Board, the Chiropractic Profession, DCA, and/or Other Healing Arts Boards**

- A. AB 1767 (Berman) Department of Consumer Affairs: public members of boards: conflicts of interest.
- B. AB 1775 (Ward) Veterans.
- C. AB 1811 (Rogers) Health professionals.
- D. AB 1979 (Bonta) Health care services: artificial intelligence.
- E. Senate Bill 1391 (Wahab) Department of Consumer Affairs: retired category licenses.

Ms. Walker provided an update on legislation affecting the Board and noted that several bills the Board previously reviewed were no longer active. She summarized AB 1767, which would require DCA boards to adopt regulations establishing criteria for determining when familial relationships may disqualify an individual from serving as a public member. She explained AB 1775 would expand expedited licensure pathways to certain former military members discharged pursuant to a federal executive order and implementation would have minimal fiscal impact because the Board could incorporate the changes into existing licensing processes.

She discussed AB 1811, which would require workforce data to be collected at the time of license issuance and would expand the information collected from licensees. She indicated the bill would require modifications to the Board's licensing processes but that updates to the workforce survey would be handled by DCA.

She provided an update on AB 1979, relating to the use of AI in health care. She stated that staff and the Licensing Committee will continue to monitor the bill to ensure consistency with the Board's ongoing development of AI regulations. She also discussed SB 1391, which would require boards that offer a retired license status to provide information about that license category on their website.

Dr. Azzolino expressed support for AB 1811 and commented that the bill could provide valuable information about the profession that may not otherwise be available.

Dr. Daniels asked for additional information regarding AB 1979 and its progress through the Legislature. Ms. Walker explained that the bill generally seeks to preserve licensees' independent professional judgment and prevent health care systems from using AI in ways that would override clinical decision making or replace licensed professionals with AI or unlicensed personnel. Dr. Paris commented that he was surprised the bill did not address the use of automated systems in insurance reviews and claims determinations.

Ms. Walker stated that AB 1979 has significant support and opposition from various professional associations, health systems, and business organizations. Dr. Daniels requested additional information regarding the bill's supporters and opponents, and Ms. Walker agreed to provide that information.

**Public Comment:** None.

### **13. Review, Discussion, and Possible Adoption of 2027–2030 Strategic Plan**

Ms. Walker presented the draft 2027–2030 Strategic Plan developed by DCA’s SOLID Planning Solutions based on the Board’s strategic planning session held in April 2026. She requested feedback on the draft plan before it is returned to the Board for final approval at the October 2026 meeting. She noted that the wording of the proposed mission statement would be difficult to communicate succinctly during outreach activities. She also suggested revising Goal 1, Objective 1.4, related to creating an electronic CE workflow, explaining that the objective may be substantially completed before the new strategic plan period begins and could be broadened to reflect long-term improvements.

Ms. Cruz compared the proposed mission statement to the Board’s current mission statement and noted that the primary changes involved the order of certain terms and the replacement of “chiropractic care” with “advancing chiropractic competency.” Dr. Daniels suggested simplifying the mission statement to make it easier to communicate to stakeholders and recommended focusing on public protection through licensure, education, enforcement, and high standards of care.

Dr. Azzolino suggested removing “engagement” from the mission statement to shorten it, while retaining the concept elsewhere in the strategic plan. Dr. Paris suggested moving “engagement” to the Board’s values and recommended revisiting the vision statement to better reflect consumer expectations regarding safe and effective chiropractic care. Dr. Daniels noted the vision statement should reflect the Board’s aspirations, and Dr. Azzolino emphasized the importance of advancing chiropractic competency and maintaining high professional standards.

**Public Comment:** None.

### **14. Future Agenda Items**

Dr. Daniels requested a future agenda item to discuss the Board’s authority to conduct site inspections, including verification of corporate registrations and practice locations. She also suggested exploring the use of AI to assist with preparation of meeting minutes to improve efficiency and reduce staff workload.

Dr. Paris reiterated his request for a future agenda item to discuss hands-on adjustments during CE courses.

**Public Comment:** None.

### **15. Closed Session**

The Board met in closed session to deliberate and vote on disciplinary matters pursuant to Government Code section 11126, subdivision (c)(3).

The Board then returned to open session.

### **16. Adjournment**

Dr. Adams adjourned the meeting at 12:28 p.m.

DRAFT

## Attachment A

### List of Approved Applications for Initial Doctor of Chiropractic Licenses Issued from April 1, 2026, to June 30, 2026

| First Name    | Middle Name  | Last Name       | Date Issued | License No. |
|---------------|--------------|-----------------|-------------|-------------|
| Kyla          | Sky Louise   | Awes            | 04/28/2026  | DC 35298    |
| Huynh         | Gia          | Tran            | 04/30/2026  | DC 35299    |
| Briana        | Marie        | Salazar         | 05/05/2026  | DC 35300    |
| Joshua        | Vishal       | Singh           | 05/19/2026  | DC 35301    |
| Tal           | Dean         | Barnston        | 06/11/2026  | DC 35302    |
| Lukas         | Mejer        | Johansen        | 06/11/2026  | DC 35303    |
| Carl          | Dustin       | Radloff         | 04/01/2026  | DC 37623    |
| Kongmeng      | Kyle         | Vang            | 04/01/2026  | DC 37624    |
| Allison       |              | Menendez        | 04/03/2026  | DC 37625    |
| Camryn        | Michelle     | Arledge         | 04/06/2026  | DC 37626    |
| Mohammadsamad |              | Nik Khahbahrami | 04/08/2026  | DC 37627    |
| Sonia         | Cristina Rin | Guerra          | 04/09/2026  | DC 37628    |
| Daniely       | Tatiana      | Mendoza         | 04/15/2026  | DC 37629    |
| Matthew       |              | Mai             | 04/15/2026  | DC 37630    |
| Samantha      | Mae          | Wellborn        | 04/15/2026  | DC 37631    |
| Saahil        | Jignesh      | Bhakta          | 04/15/2026  | DC 37632    |
| Changwon      |              | Lee             | 04/16/2026  | DC 37633    |
| Nicholas      | Lane         | Gibson          | 04/16/2026  | DC 37634    |
| John          | Anthony      | Velazquez       | 04/16/2026  | DC 37635    |
| Deja          | V.A.         | Ruiz            | 04/20/2026  | DC 37636    |
| Justin        | Keith        | Butler          | 04/24/2026  | DC 37637    |
| Christian     | Logan        | Johnson         | 04/27/2026  | DC 37638    |
| Kathleen      | Rose         | McCann          | 04/28/2026  | DC 37639    |
| Ginger        | Lyndale      | Armstrong       | 04/30/2026  | DC 37640    |
| Luz           | Maria        | Pimentel        | 04/30/2026  | DC 37641    |

| First Name | Middle Name | Last Name        | Date Issued | License No. |
|------------|-------------|------------------|-------------|-------------|
| Nicholas   | Gregory     | Ring             | 04/30/2026  | DC 37642    |
| Jared      | Christopher | Marandino        | 05/01/2026  | DC 37643    |
| Selay      |             | Safar-Zafari     | 05/04/2026  | DC 37644    |
| Kiana      | Ardeshiri   | Sagun            | 05/04/2026  | DC 37645    |
| Alexander  | Fitzsimmons | Dumars           | 05/05/2026  | DC 37646    |
| Fiel       | Pangilinan  | Buencamino Jr.   | 05/05/2026  | DC 37647    |
| Krystal    | Nicole      | Rios             | 05/06/2026  | DC 37648    |
| Jeffrey    | Aaron       | Dunnigan         | 05/06/2026  | DC 37649    |
| Emma       | Ann         | Petermann        | 05/08/2026  | DC 37650    |
| Jordi      | Brandon     | Hernandez-Garcia | 05/11/2026  | DC 37651    |
| Shae       | Lynn        | Tonn             | 05/11/2026  | DC 37652    |
| Brandon    | Nicholas    | Vernon           | 05/11/2026  | DC 37653    |
| Bethany    | Ruth        | Provencial       | 05/12/2026  | DC 37654    |
| Naomi      | Dalys       | Acevedo Quinones | 05/14/2026  | DC 37655    |
| Rachel     | Akemi       | Murata           | 05/14/2026  | DC 37656    |
| David      |             | Alfaro Perez     | 05/14/2026  | DC 37657    |
| Ani        |             | Khodagulyan      | 05/15/2026  | DC 37658    |
| Molly      | Yasmaly     | Shamieh          | 05/18/2026  | DC 37659    |
| Adrian     |             | Mousavi          | 05/20/2026  | DC 37660    |
| Jorge      | Luis        | Pando Guzman     | 05/22/2026  | DC 37661    |
| Paige      | Emery       | Kavanagh         | 05/22/2026  | DC 37662    |
| Mohammed   | Odai        | Qalla            | 05/22/2026  | DC 37663    |
| Oscar      | Hugo        | Torres           | 05/26/2026  | DC 37664    |
| Misty      | Jane        | O'Brien          | 05/27/2026  | DC 37665    |
| Dayana     | Gisselle    | Orellana Sanchez | 05/28/2026  | DC 37666    |
| David      |             | Grigorian        | 05/29/2026  | DC 37667    |
| Ana        | Alejandra   | Morales          | 06/01/2026  | DC 37668    |
| Justin     | Ryan        | Gurule           | 06/01/2026  | DC 37669    |

| First Name  | Middle Name  | Last Name       | Date Issued | License No. |
|-------------|--------------|-----------------|-------------|-------------|
| Sean        | Michael      | Thomas          | 06/02/2026  | DC 37670    |
| Joseph      | Mario        | Cabrera Pinales | 06/02/2026  | DC 37671    |
| Christian   | Mark         | Salt            | 06/03/2026  | DC 37672    |
| David       | Do Heon      | Lim             | 06/03/2026  | DC 37673    |
| Chloe       | Munday       | Ross            | 06/03/2026  | DC 37674    |
| Cruz        | Rolando      | Orona           | 06/04/2026  | DC 37675    |
| Aja         | K.           | Gample          | 06/05/2026  | DC 37676    |
| Samuel      | Zarate       | Moya            | 06/09/2026  | DC 37677    |
| Holli       | Christine    | Harris          | 06/09/2026  | DC 37678    |
| Dohoon      |              | Kim             | 06/09/2026  | DC 37679    |
| Cassidy     | Rei          | Johnson         | 06/09/2026  | DC 37680    |
| Nicholas    | James        | McCrary         | 06/10/2026  | DC 37681    |
| Nathan Kyle | Criseno      | Quintana        | 06/10/2026  | DC 37682    |
| Samantha    |              | Kessler         | 06/11/2026  | DC 37683    |
| Angelica    | Lei Lose     | Stoehr          | 06/12/2026  | DC 37684    |
| Alexa       | Rayne        | Sers            | 06/12/2026  | DC 37685    |
| Ihab        |              | Mardini         | 06/12/2026  | DC 37686    |
| Nathaniel   | Aaron Hansen | Bradley         | 06/15/2026  | DC 37687    |
| Aaron       | Edward       | Haley           | 06/17/2026  | DC 37688    |
| Bianqa      | Yasmin       | Rodriguez       | 06/19/2026  | DC 37689    |
| Alyson      | Arias        | Olavarria       | 06/24/2026  | DC 37690    |
| James       | Clinton      | Johnson Jr.     | 06/26/2026  | DC 37691    |
| Emily       | Jewel        | Baker           | 06/26/2026  | DC 37692    |
| Angela      | Trinidad     | Salas           | 06/26/2026  | DC 37693    |
| Hamid       |              | Saidi           | 06/29/2026  | DC 37694    |
| Alec        |              | Griffin         | 06/30/2026  | DC 37695    |



**Attachment B**

**List of Approved New Continuing Education Providers**

| <b>Provider Name</b>                        | <b>CE Oversight Contact Person</b> | <b>Provider Status</b> |
|---------------------------------------------|------------------------------------|------------------------|
| EliteChiroCE.com                            | Paul Powers, D.C.                  | Corporation            |
| Christopher Saincome                        | Christopher Saincome, D.C.         | Individual             |
| SmartChiroCE.com –<br>Donald L. Hayes, D.C. | Donald L. Hayes, D.C.              | Individual (LLC)       |



## **Agenda Item 9 October 15, 2026**

### **Discussion and Possible Ratification of Approved DC License Applications**

#### **Purpose of the Item**

The Board will review and ratify the attached list of approved applications for initial doctor of chiropractic licenses.

#### **Action Requested**

The Board will be asked to make a motion to ratify the attached list of approved license applications.

#### **Background**

Staff reviewed and confirmed that the applicants on the attached list of approved applications for initial doctor of chiropractic licenses met all statutory and regulatory requirements for licensure.

#### **Attachment**

- List of Approved Applications for Initial Doctor of Chiropractic Licenses Issued from July 1, 2026, to September 30, 2026

**List of Approved Applications for Initial Doctor of Chiropractic Licenses  
Issued from July 1, 2026, to September 30, 2026**

| <b>First Name</b> | <b>Middle Name</b> | <b>Last Name</b> | <b>Date Issued</b> | <b>License No.</b> |
|-------------------|--------------------|------------------|--------------------|--------------------|
| Jacob             | Wayne              | Fisk             | 07/31/2026         | <b>DC 35304</b>    |
| Kara              | Elizabeth          | Summerlin        | 07/31/2026         | <b>DC 35305</b>    |
| Samantha          | Louise             | Priano           | 08/05/2026         | <b>DC 35306</b>    |
| Alicia            | Marie              | White            | 08/18/2026         | <b>DC 35307</b>    |
| Gemma             | Louise             | McDonald         | 08/26/2026         | <b>DC 35308</b>    |
| Kevin             | Prajwin            | Stanislaus       | 09/22/2026         | <b>DC 35309</b>    |
| Juan Manuel       | M.                 | Ibarra Jr.       | 07/03/2026         | <b>DC 37696</b>    |
| Dominique         |                    | Duncan           | 07/03/2026         | <b>DC 37697</b>    |
| Christine         |                    | Nipiosyan        | 07/06/2026         | <b>DC 37698</b>    |
| Wooyoung          |                    | Yi               | 07/16/2026         | <b>DC 37699</b>    |
| Michael           | Tyler              | Collins          | 07/16/2026         | <b>DC 37700</b>    |
| Shannon           | Lea                | Hickman-Fuente   | 07/20/2026         | <b>DC 37701</b>    |
| Souvenir          | Franky             | Piay             | 07/20/2026         | <b>DC 37702</b>    |
| Lyndsie           | Rochelle           | Brown            | 07/20/2026         | <b>DC 37703</b>    |
| Jose              | A.                 | Acevedo          | 07/20/2026         | <b>DC 37704</b>    |
| Kandis            |                    | Aghasi           | 07/20/2026         | <b>DC 37705</b>    |
| Kelly             | Phuong             | Rausch           | 07/21/2026         | <b>DC 37706</b>    |
| Marcus            | Harley             | Carr             | 07/22/2026         | <b>DC 37707</b>    |
| Celeste           |                    | Maltos-Salazar   | 07/22/2026         | <b>DC 37708</b>    |
| Morgan            | Marie              | Bodeau           | 07/22/2026         | <b>DC 37709</b>    |
| Angel             | Jesus              | Gomez            | 07/23/2026         | <b>DC 37710</b>    |
| Tianna            | Rose               | Salanoa          | 07/23/2026         | <b>DC 37711</b>    |
| Juan              | Miguel             | Larios           | 07/23/2026         | <b>DC 37712</b>    |
| Davit             |                    | Petrosyan        | 07/23/2026         | <b>DC 37713</b>    |
| Richard           | Michael            | Grant            | 07/27/2026         | <b>DC 37714</b>    |
| Vinita            | Pradip             | Gulati           | 07/27/2026         | <b>DC 37715</b>    |

**Agenda Item 9  
Attachment**

| <b>First Name</b> | <b>Middle Name</b> | <b>Last Name</b>   | <b>Date Issued</b> | <b>License No.</b> |
|-------------------|--------------------|--------------------|--------------------|--------------------|
| Jeanette          |                    | Kenworthy          | 07/27/2026         | <b>DC 37716</b>    |
| Andres            |                    | Chavez             | 07/27/2026         | <b>DC 37717</b>    |
| Zahra             |                    | Zabihi Jowsheghan  | 07/31/2026         | <b>DC 37718</b>    |
| Thuy              | Elise              | Katzenberger       | 08/03/2026         | <b>DC 37719</b>    |
| Michael           | T.                 | Watkins            | 08/04/2026         | <b>DC 37720</b>    |
| Victoria          | Lucille            | Moore              | 08/05/2026         | <b>DC 37721</b>    |
| Matthew           | David              | Nichols            | 08/06/2026         | <b>DC 37722</b>    |
| Casey             | Everett            | Horton             | 08/06/2026         | <b>DC 37723</b>    |
| Michael           | Anthony            | Fulton             | 08/07/2026         | <b>DC 37724</b>    |
| Ashley            | Nicole             | Molon              | 08/07/2026         | <b>DC 37725</b>    |
| Jeffrey           |                    | Matson             | 08/10/2026         | <b>DC 37726</b>    |
| Allan             |                    | Tsutsui            | 08/12/2026         | <b>DC 37727</b>    |
| Troy              | Orlando            | Robinson           | 08/13/2026         | <b>DC 37728</b>    |
| Ralph             | R.                 | Sawyer IV          | 08/17/2026         | <b>DC 37729</b>    |
| Louis             | Omar               | Navarro            | 08/17/2026         | <b>DC 37730</b>    |
| Evan              | Richard            | Hill               | 08/17/2026         | <b>DC 37731</b>    |
| Eathyn            |                    | Peterson           | 08/17/2026         | <b>DC 37732</b>    |
| Antonia           | Grace              | Denison            | 08/20/2026         | <b>DC 37733</b>    |
| Shanay            |                    | Yazdanpanah Samani | 08/25/2026         | <b>DC 37734</b>    |
| Kelson            | Kwaku              | Sarfo              | 08/25/2026         | <b>DC 37735</b>    |
| John              |                    | Krueger            | 08/25/2026         | <b>DC 37736</b>    |
| Giovanna          | Lauren             | Gutierrez          | 08/25/2026         | <b>DC 37737</b>    |
| Jorge             | Alejandro          | Leos               | 08/31/2026         | <b>DC 37738</b>    |
| Matthew           | Audisho            | Shino              | 08/31/2026         | <b>DC 37739</b>    |
| Nia               | Marie              | Helaire            | 08/31/2026         | <b>DC 37740</b>    |
| Hye               |                    | Byon               | 09/01/2026         | <b>DC 37741</b>    |
| Blaze             |                    | Taliaferro         | 09/08/2026         | <b>DC 37742</b>    |
| Joseph            | Michael            | Labbadia           | 09/09/2026         | <b>DC 37743</b>    |

**Agenda Item 9**  
**Attachment**

| <b>First Name</b> | <b>Middle Name</b> | <b>Last Name</b> | <b>Date Issued</b> | <b>License No.</b> |
|-------------------|--------------------|------------------|--------------------|--------------------|
| Fatima            | Ayse               | Salli            | 09/09/2026         | <b>DC 37744</b>    |
| Ihotu             | Jennifer           | Ali              | 09/09/2026         | <b>DC 37745</b>    |
| Walter            | Atom               | Homberg          | 09/15/2026         | <b>DC 37746</b>    |
| Xavier            | Russel             | Sarker           | 09/21/2026         | <b>DC 37747</b>    |
| Joey              |                    | San Juan         | 09/22/2026         | <b>DC 37748</b>    |
| Shaahin           | Yvan               | Falatoonzadeh    | 09/22/2026         | <b>DC 37749</b>    |
| Keegan            | Blade              | Fabri            | 09/23/2026         | <b>DC 37750</b>    |
| Mirnellys         | Aliz               | Rivera Rios      | 09/23/2026         | <b>DC 37751</b>    |
| Chelsey           |                    | Cioli            | 09/24/2026         | <b>DC 37752</b>    |
| Chelsey           |                    | Dodd Clark       | 09/24/2026         | <b>DC 37753</b>    |
| Luis              | Ernesto            | Garay Gutierrez  | 09/24/2026         | <b>DC 37754</b>    |
| Christopher       | Jordan             | Meza             | 09/24/2026         | <b>DC 37755</b>    |
| Alvin             |                    | Nguyen           | 09/24/2026         | <b>DC 37756</b>    |
| Kevin             | Alberto            | Flores Ramirez   | 09/25/2026         | <b>DC 37757</b>    |
| Gregory           |                    | Hartounian       | 09/25/2026         | <b>DC 37758</b>    |
| Bethany           | Kay                | La Beff          | 09/29/2026         | <b>DC 37759</b>    |
| Gordon            |                    | Ly               | 09/29/2026         | <b>DC 37760</b>    |
| Marie             | Wilcox             | Marler           | 09/30/2026         | <b>DC 37761</b>    |
| Jordan            | Phan               | Liang            | 09/30/2026         | <b>DC 37762</b>    |
| Aryaan            |                    | Meer             | 09/30/2026         | <b>DC 37763</b>    |



**Agenda Item 10  
October 15, 2026**

**Discussion and Possible Approval of New Continuing Education (CE) Provider Applications**

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**Purpose of the Item**

The Board will review and possibly approve new CE provider applications.

**Action Requested**

The Board will be asked to make a motion to approve the following new CE providers:

| Provider Name                   | CE Oversight Contact Person | Provider Status    |
|---------------------------------|-----------------------------|--------------------|
| Advance TeachCE, Inc.           | Gregory Harris              | Corporation        |
| Pain Management Center, Inc.    | Alejandro Katz LAc          | Corporation        |
| Tamara Lyn Diaz                 | Tamara Lyn Diaz             | Individual         |
| Matthew Hubbard                 | Mikala Hubbard              | Individual         |
| Judith Eda Hoffman              | Judith Hoffman              | Individual         |
| A Better CEC                    | M. Kirk Meier               | Individual         |
| SoCal Nutrition Consultants LLC | Morgan Close                | Corporation        |
| The Chicago School              | Christine Whitt, EdD        | University/College |

**Background**

Staff reviewed and confirmed that the CE provider applications listed above meet all regulatory requirements for approval.

## **New Continuing Education Provider Applications**

**October 15, 2026**

**Page 2**

### **Attachment**

N/A – To maintain compliance with Assembly Bill 434 (Baker, Chapter 780, Statutes of 2017) [State Web accessibility: standard and reports], the Board is unable to provide scanned documents on its website. To obtain a copy of the CE provider application through a California Public Records Act request, please email [chiro.info@dca.ca.gov](mailto:chiro.info@dca.ca.gov) or send a written request to the Board's office.



**Agenda Item 11  
October 15, 2026**

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**Executive Officer's Report and Updates**

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**Purpose of the Item**

The Executive Officer will provide the Board with an update on:

- A. Administration, Continuing Education, Enforcement, and Licensing Programs**
- B. Business Modernization Project and Implementation of Connect System**
- C. Board's Budget and Fund Condition**
- D. Status of Board's Pending Regulatory Proposals**
- E. Board's 2022–2026 Strategic Plan Objectives**

**Action Requested**

This agenda item is informational only and provided as a status update to the Board. No action is required or requested at this time.

**Attachments**

1. Executive Officer's October 10, 2026 Memo to Board Members
2. Board's Fund Condition Statement (as of September 30, 2026)
3. 2022–2026 Strategic Plan Objectives Progress Report (as of October 2026)



## MEMORANDUM

### Agenda Item 11 Attachment 1

|                |                                                               |
|----------------|---------------------------------------------------------------|
| <b>DATE</b>    | October 10, 2026                                              |
| <b>TO</b>      | Members of the Board of Chiropractic Examiners                |
| <b>FROM</b>    | Kristin Walker, Executive Officer                             |
| <b>SUBJECT</b> | <b>Executive Officer's Report – October 15, 2026, Meeting</b> |

This report provides an overview of recent Board of Chiropractic Examiners' (BCE) activities.

### **BCE Board and Licensing Committee Meetings**

The following meetings have been scheduled:

- Thursday, October 15, 2026 – Board (Whittier)
- Friday, December 4, 2026 – Licensing Committee (Teleconference)

### **Business Modernization: Connect System Enhancements and Website Redesign**

Staff continues to partner with the Department of Consumer Affairs (DCA) Office of Information Services (OIS) on business modernization efforts, including enhancements to the Connect system and a comprehensive redesign of BCE's website.

On April 23, 2026, BCE deployed several enhancements to Connect, including email and text message license renewal reminders, improvements to system-generated correspondence, bulk download functionality, case-to-profile linking, and secure messaging capabilities. Additionally, beginning with licenses and certificates expiring July 31, 2026, BCE transitioned from mailing printed renewal applications to issuing postcard renewal reminders directing licensees to renew online.

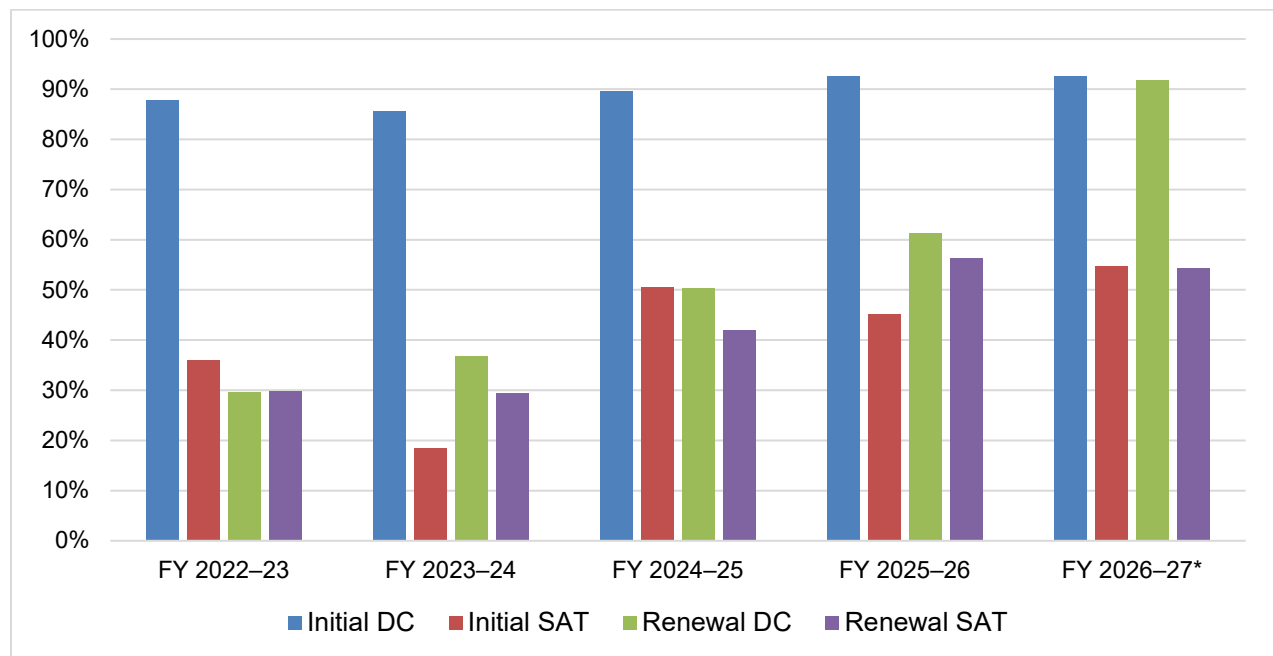
OIS is currently documenting BCE's existing workflows and conducting data mapping in the Connect system in preparation for a potential upgrade to a newer version of the platform that offers additional out-of-the-box functionality. The vendor is expected to provide a detailed project timeline, transition plan, and cost estimate to assist BCE in determining whether to proceed with the upgrade.

Staff is also collaborating with OIS and the vendor to modernize BCE's Continuing Education (CE) program by transitioning several manual, paper-based processes to

Connect. This includes development of a CE provider dashboard, online renewal and maintenance of CE provider information, creation of a CE course application workflow, management of course dates and locations, implementation of primary source verification of CE attendance records, and automated synchronization of attendance records with licensee accounts. The new CE provider dashboard is scheduled to launch on November 19, 2026.

Further, staff is working with OIS to redesign BCE's website and migrate it to the latest version of the [state web template](#). The web content is being updated and released on a flow basis in preparation for the transition. The full website redesign is anticipated to be released in November 2026.

#### Connect System Utilization Rate by Application Type



| Application | FY 2022-23 | FY 2023-24 | FY 2024-25 | FY 2025-26 | FY 2026-27* |
|-------------|------------|------------|------------|------------|-------------|
| Initial DC  | 87.8%      | 85.7%      | 89.6%      | 92.5%      | 92.5%       |
| Initial SAT | 36.0%      | 18.4%      | 50.5%      | 45.1%      | 54.7%       |
| Renewal DC  | 29.7%      | 36.8%      | 50.3%      | 61.3%      | 91.8%       |
| Renewal SAT | 29.9%      | 29.5%      | 41.9%      | 56.3%      | 54.3%       |

\*As of October 10, 2026

## **Chiropractic Program Accreditation Updates**

The WASC Senior College and University Commission (WSCUC) placed Life Chiropractic College West (LCCW) on probation following its February 13, 2026, meeting. The action became effective February 27, 2026, and was based on findings from an October 2025 special visit and subsequent institutional submissions indicating noncompliance with components of WSCUC Standards 1 through 4.

WSCUC's findings cited concerns related to governance and conflicts of interest, limited faculty engagement and lack of systematic program review processes, unclear long-term financial planning and ongoing deficits, and insufficient use of data to support institutional decision-making.

As part of the probation, WSCUC directed LCCW to submit a progress report by July 1, 2026, provide a teach-out plan by October 1, 2026, and participate in a follow-up special visit in fall 2026. Required corrective actions include strengthening board governance and compliance practices, developing sustainable financial plans, establishing a strategic plan informed by stakeholder input and tied to budget and enrollment forecasts, and implementing and assessing the effectiveness of a systematic program review process across academic and non-academic units.

In addition, at its July 10–11, 2026, meeting, the Council on Chiropractic Education (CCE) voted to continue the accreditation of LCCW's doctor of chiropractic program while placing the program on probation. The decision was based on CCE's determination that the evidence submitted by LCCW did not demonstrate compliance with accreditation standards related to integrity, student admissions, curriculum and outcomes assessment, curricular content and delivery, assessment of learning outcomes and curricular effectiveness, and quality patient care. As a result of the action, CCE has required LCCW to submit progress reports by December 1, 2026, and February 1, 2027, and CCE will conduct a focused site visit in spring 2027.

## **Government Reorganization Plan**

On April 4, 2025, Governor Newsom transmitted a [government reorganization plan](#) to the Little Hoover Commission to split the Business, Consumer Services and Housing Agency (BCSH) into two agencies: the California Housing and Homeless Agency (CHHA) focused on housing, homelessness, and civil rights functions; and the Business and Consumer Services Agency (BCSA) focused on consumer protection and business regulation. On June 2, 2025, the Little Hoover Commission released its [full report](#) recommending the Legislature allow the reorganization plan to take effect. The plan went into effect on July 5, 2025.

Under the reorganization plan, as of July 1, 2026, DCA was placed under the new BCSA along with the Department of Alcoholic Beverage Control, Alcoholic Beverage

Control Appeals Board, Department of Cannabis Control, Department of Financial Protection and Innovation, California Horse Racing Board, and Department of Real Estate.

## **Outreach**

The Board is scheduled to participate in the annual California Chiropractic Round Table meeting on November 13, 2026, in La Jolla. This event provides an opportunity to engage with licensees, chiropractic programs, and professional associations on emerging issues affecting the profession and public protection.

## **Personnel Updates**

Annie Sullivan was selected for the Enforcement Technician role. Her first day with BCE was September 16, 2026.

The vacant Assistant Executive Officer position is being evaluated to determine the most effective use of the position, including whether it should be filled as currently classified or modified to better support the Board's priorities and operational needs.

## **Program Statistics**

### Licensing Program

#### Initial Applications

| <b>Application Type</b>                | <b>FY 2024–25</b> | <b>FY 2025–26</b> | <b>FY 2026–27*</b> |
|----------------------------------------|-------------------|-------------------|--------------------|
| <b>Doctor of Chiropractic Licenses</b> | 375               | 362               | 80                 |
| <b>Average DC Processing Time</b>      | 36 days           | 28 days           | 28 days            |
| <b>Temporary DC Licenses</b>           | 1                 | 1                 | 1                  |
| <b>Average TDC Processing Time</b>     | 25 days           | 8 days            | 6 days             |
| <b>Satellite Certificates</b>          | 2,107             | 2,898             | 878                |
| <b>Average SAT Processing Time</b>     | 10 days           | 5 days            | 9 days             |
| <b>Corporation Certificates</b>        | 117               | 150               | 23                 |
| <b>Average COR Processing Time</b>     | 32 days           | 32 days           | 49 days            |

\*As of October 10, 2026

### Renewal Applications

| Application Type                       | FY 2024–25 | FY 2025–26 | FY 2026–27* |
|----------------------------------------|------------|------------|-------------|
| <b>Doctor of Chiropractic Licenses</b> | 11,627     | 11,636     | 3,334       |
| <b>Average DC Processing Time</b>      | 6 days     | 4 days     | 3 days      |
| <b>Satellite Certificates</b>          | 3,955      | 4,907      | 849         |
| <b>Average SAT Processing Time</b>     | 7 days     | 4 days     | 13 days     |
| <b>Corporation Certificates</b>        | 1,308      | 1,352      | 289         |
| <b>Average COR Processing Time</b>     | 9 days     | 5 days     | 5 days      |

\*As of October 10, 2026

### License Population: Years of Licensure as Doctor of Chiropractic

| Years of Licensure*   | Active        | Active %      | Inactive   | Inactive %    | Total         | Total %       |
|-----------------------|---------------|---------------|------------|---------------|---------------|---------------|
| <b>&lt;1 Year</b>     | 327           | 2.9%          | 0          | 0.0%          | 327           | 2.7%          |
| <b>1–4.99 Years</b>   | 1,287         | 11.6%         | 16         | 2.1%          | 1,303         | 11.0%         |
| <b>5–9.99 Years</b>   | 1,058         | 9.5%          | 35         | 4.7%          | 1,093         | 9.2%          |
| <b>10–19.99 Years</b> | 1,891         | 17.0%         | 116        | 15.4%         | 2,007         | 16.9%         |
| <b>20–29.99 Years</b> | 2,714         | 24.4%         | 207        | 27.5%         | 2,921         | 24.6%         |
| <b>30–39.99 Years</b> | 2,385         | 21.4%         | 219        | 29.1%         | 2,604         | 21.9%         |
| <b>40–49.99 Years</b> | 1,346         | 12.1%         | 147        | 19.6%         | 1,493         | 12.6%         |
| <b>50+ Years</b>      | 123           | 1.1%          | 12         | 1.6%          | 135           | 1.1%          |
| <b>Total</b>          | <b>11,131</b> | <b>100.0%</b> | <b>752</b> | <b>100.0%</b> | <b>11,883</b> | <b>100.0%</b> |

\*As of October 10, 2026

### Enforcement Program

| Enforcement Activity       | FY 2024–25 | FY 2025–26 | FY 2026–27* |
|----------------------------|------------|------------|-------------|
| <b>Complaints Received</b> | 525        | 593        | 165         |
| <b>Complaints Closed</b>   | 642        | 643        | 140         |
| <b>Pending Complaints</b>  | 216        | 166        | 191         |
| <b>Citations Issued</b>    | 18         | 19         | 11          |
| <b>Fines Assessed</b>      | \$36,000   | \$37,500   | \$16,500    |
| <b>Fines Collected</b>     | \$11,000   | \$14,500   | \$13,500    |

| Enforcement Activity        | FY 2024–25 | FY 2025–26 | FY 2026–27* |
|-----------------------------|------------|------------|-------------|
| AG Cases Opened/Initiated   | 25         | 52         | 11          |
| Accusations Filed           | 24         | 36         | 10          |
| Restriction Orders Granted  | 1          | 2          | 2           |
| Withdrawn/Dismissed         | 1          | 1          | 3           |
| AG Cases Closed             | 33         | 20         | 13          |
| AG Cases Pending            | 47         | 79         | 77          |
| License Applications Denied | 0          | 2          | 0           |
| Revocation                  | 5          | 1          | 2           |
| Surrender of License        | 3          | 6          | 2           |
| Probation with Suspension   | 0          | 0          | 0           |
| Probation Only              | 6          | 8          | 6           |
| Public Reprimand            | 0          | 1          | 0           |
| Cost Recovery Ordered       | \$89,245   | \$200,123  | \$69,961    |
| Cost Recovery Collected     | \$97,481   | \$70,213   | \$16,831    |
| Monitored Probationers      | 70         | 68         | 74          |

\*As of October 10, 2026

## Regulations

### Complete

- 1. Practice of Chiropractic Prohibited with Inactive License (add California Code of Regulations [CCR], Title 16, section 310.3):** This proposal clarifies the activities that cannot be performed by the holder of an inactive doctor of chiropractic license. The Board approved the proposed regulatory text at its October 24, 2024, meeting. This rulemaking was published in the Office of Administrative Law (OAL) Notice Register and released for a 45-day public comment period on February 6, 2026. The public comment period ended on March 23, 2026, and no comments were received. The final regulatory package was submitted to OAL for review on May 20, 2026. OAL approved the regulation on June 26, 2026, and it became effective on October 1, 2026.
- 2. Repeal of Mental Illness Regulation (repeal CCR, Title 16, section 315):** This proposal repeals a regulation that allows the Board to order a license holder to be examined by one or more physicians specializing in psychiatry when reasonable

cause exists that the licensee is mentally ill to the extent that it may affect their ability to practice. This regulation is unnecessary because the Board already has broader statutory authority under [Business and Professions Code \(BPC\) sections 820 through 828](#) to order a physical or mental examination of a licensee whenever it appears the licensee may be unable to practice safely due to mental illness or physical illness affecting competency. The Board approved the proposed regulatory text at its October 24, 2024, meeting. This rulemaking was published in the OAL Notice Register and released for a 45-day public comment period on February 20, 2026. The public comment period ended on April 6, 2026, and no comments were received. The final regulatory package was submitted to OAL for review on May 20, 2026. OAL approved the regulation on June 30, 2026, and it became effective on October 1, 2026.

Final Filing Phase

(None)

Initial Filing Phase

(None)

Production Phase

3. **Approval of Doctor of Chiropractic Degree Programs, Educational Requirements, and Application and Examination Process for Doctor of Chiropractic Licensure, Including Temporary and Expedited Licensure and Fee Waiver for Military Spouses and Domestic Partners and Expedited Licensure for Veterans, Applicants Enrolled in U.S. Department of Defense SkillBridge Program, Refugees, Asylees, and Special Immigrant Visa Holders (amend CCR, Title 16, sections 320, 321, 330–331.16, and 340–349):** This proposal will amend the regulations regarding Board approval of chiropractic programs, including the minimum curriculum and clinical experience requirements. This proposal will also clarify the application and examination process for initial licensure as a doctor of chiropractic, including the qualifying circumstances for expedited review of a license application. Additionally, this proposal will implement [Assembly Bill \(AB\) 107 \(Salas, Chapter 693, Statutes of 2021\)](#), which provides for the temporary licensure of military spouses, and [AB 883 \(Mathis, Chapter 348, Statutes of 2023\)](#), which requires the Board to expedite the initial licensure process for applicants who are active-duty members of the United States Armed Forces enrolled in the United States Department of Defense SkillBridge program. The Board approved the proposed regulatory text at its April 17, 2025, and August 1, 2025, meetings. The Board will be asked to consider substantive changes to the approved text at its October 15, 2026, meeting.

- 4. Renewal and Restoration of Doctor of Chiropractic Licenses, Including Basic Life Support Certification for Active Licensees (amend CCR, Title 16, sections 370 and 371 and add section 371.1):** This proposal will clarify the processes for renewal and restoration of doctor of chiropractic licenses, extend the timeframe for cancellation of a license from three to four years, and update the CE and competency requirements that must be met prior to the restoration of a cancelled license. Additionally, this proposal will mandate the maintenance of basic life support provider or advisor certification, including cardiopulmonary resuscitation (CPR), for all licensees as a condition of licensure in active status. The Board approved the proposed regulatory text at its August 1, 2025, meeting. This package is anticipated to be submitted to OAL for publication in the Notice Register and a 45-day public comment period in late 2026.
- 5. Discipline by Another Jurisdiction and Licensee Reporting Requirements (amend CCR, Title 16, sections 304 and 314):** This proposal will update the reporting of licensee arrests, convictions, and discipline by other public agencies and clarify a licensee's duty to report any violation of the statutes and regulations governing the practice of chiropractic to the Board. The Board approved the proposed regulatory text at its July 20, 2023, meeting. This package is anticipated to be submitted to OAL for publication in the Notice Register and released for a 45-day public comment period in late 2026.
- 6. Record Keeping Requirements for Chiropractic Patient Records, Including Retention and Disposition of Records Upon Closure of Practice or Death/Incapacity of Licensee (amend CCR, Title 16, section 318):** This proposal will update the record keeping requirements to specify the necessary documentation for the patient history, complaint, diagnosis/analysis, and treatment and to differentiate between an initial patient encounter and an established patient visit. This proposal will also specify requirements for the retention of records and the disposition of records upon the closure of a practice or the death or incapacity of a licensee. The Board approved the proposed regulatory text at its August 1, 2025, meeting. This package is anticipated to be submitted to OAL for publication in the Notice Register and released for a 45-day public comment period in late 2026.
- 7. Satellite Office Certificates and Notice to Consumers of Licensure (add CCR, Title 16, section 303.1, and amend section 308):** This proposal will clarify the requirements for obtaining and renewing a satellite office certificate and for notifying consumers that doctors of chiropractic are licensed and regulated by the Board by posting or displaying a valid license or satellite office certificate at each place of practice. The Board approved the proposed regulatory text at its January 16, 2026, meeting. The Board will be asked to consider substantive changes to the approved text at its October 15, 2026, meeting.



8. **CE Requirements for Petitions for Reinstatement of Revoked or Surrendered Licenses (amend CCR, Title 16, section 365):** This proposal will clarify that a former licensee petitioning the Board for reinstatement of a revoked or surrendered license must complete up to 96 hours of CE before becoming eligible for a hearing, and establish that credit will only be granted once for any specific course or activity. The Board approved the proposed regulatory text at its April 17, 2025, meeting. This package is anticipated to be submitted to OAL for publication in the Notice Register and released for a 45-day public comment period in late 2026.
9. **CE Fees, Requirements, and Approval Process (amend CCR, Title 16, sections 360, 361, 362, 363, and 364, and add section 360.1):** This proposal will make comprehensive changes to the Board's CE Program, including amending the annual CE requirements for licensees, establishing five course competency areas that will be approved by the Board, defining the three recognized learning formats for courses, updating the course review and approval process, and creating a re-approval process for courses that have previously been approved by the Board. The Board approved the proposed regulatory text at its July 23, 2026, meeting. This package is anticipated to be submitted to OAL for publication in the Notice Register and released for a 45-day public comment period in early 2027.

Concept Phase

10. **Disciplinary Guidelines and Uniform Standards for Substance Abusing Licensees, Including Filing and Evaluation Process for Petitions for Reinstatement, Reduction of Penalty, or Early Termination of Probation (amend CCR, Title 16, section 384, add section 385, and repeal section 386):** This proposal will update the *Disciplinary Guidelines and Model Disciplinary Orders*, implement the Uniform Standards for Substance Abusing Licensees, and enhance the process for petitions for reinstatement, reduction of penalty, and early termination of probation before the Board. This proposal is planned to be discussed by the Board at its January 2027 meeting.
11. **Doctor of Chiropractic Licensure by Reciprocity (amend CCR, Title 16, section 323):** This proposal will clarify the requirements for out-of-state doctors of chiropractic to obtain a chiropractic license in California. This proposal is planned to be discussed by the Board at its January 2027 meeting.
12. **New Temporary Licensure Pathway with Public Notification and Practice Limitations (add CCR, Title 16, section 321.2):** This proposal will establish a new temporary licensure process with a public notification requirement and practice limitations for an applicant who has graduated with a Doctor of Chiropractic degree from a Board-approved program and has taken and passed the National Board of Chiropractic Examiners Parts I, II, III, and IV examinations or equivalent, but does

not meet all of the licensure eligibility requirements. The Board will consider this proposal at its October 15, 2026, meeting.

- 13. Standards of Practice for Virtual Care (add CCR, Title 16, section 318.2):** This proposal will specify the standards of practice for the delivery of chiropractic services through virtual care. The Board will consider this proposal at its October 15, 2026, meeting.
- 14. Standards of Practice for Use of Artificial Intelligence (AI) in Chiropractic Practice (add CCR, Title 16, section 318.3):** This proposal will clarify the responsibilities and standards for a licensee's integration and use of AI technology in chiropractic practice. This proposal is planned to be discussed by the Board at its January 2027 meeting.
- 15. Minimum Supervision and Training Requirements for Chiropractic Assistants, Responsibility for Conduct on Premises, and Sexual Misconduct (amend CCR, Title 16, sections 312 and 316):** This proposal will clarify the role of and delineate the activities that can be performed by chiropractic assistants within a chiropractic practice, define and establish the supervision requirements by a licensed doctor of chiropractic, and require that chiropractic assistants follow and provide only the treatment defined in the supervising doctor's treatment plan. Additionally, this proposal will clarify a supervising licensee's responsibility for conduct on the premises of a chiropractic facility and define sexual misconduct within the chiropractic profession for purposes of BPC section 726. This proposal is planned to be discussed by the Board at its January 2027 meeting.
- 16. Hardship Extensions to Annual CE Requirements (add CCR, Title 16, section 364.1):** This proposal will create a process for granting an extension to the annual CE requirements for a licensee who provides satisfactory proof to the Board that they have been adversely affected by a natural disaster, a state or federal declared state of emergency, or other hardship. Staff is developing proposed regulatory text based on the Continuing Education Committee's discussions and guidance. This proposal is planned to be discussed by the Board at its January 2027 meeting.
- 17. Retired License Status and Fee (add CCR, Title 16, section 328):** This proposal would establish a new retired status for doctor of chiropractic licenses and implement an application fee to cover the reasonable regulatory cost of issuing a retired license in accordance with [BPC section 464](#). Staff is working with the Licensing Committee to assess licensees' potential interest in a new retired license status and the estimated fiscal impact on the Board.

**0152 - Board of Chiropractic Examiners**  
**Analysis of Fund Condition**  
**(Dollars in Thousands)**  
**2026 Budget Act**

Prepared 9.30.2026

With Estimated Loan Repayment

|                                                                                                         | <b>Actuals<br/>2025-26</b> | <b>CY<br/>2026-27</b> | <b>BY<br/>2027-28</b> | <b>BY +1<br/>2028-29</b> |
|---------------------------------------------------------------------------------------------------------|----------------------------|-----------------------|-----------------------|--------------------------|
| <b>BEGINNING BALANCE</b>                                                                                | \$ 3,652                   | \$ 4,055              | \$ 2,960              | \$ 1,956                 |
| Prior Year Adjustment                                                                                   | \$ 8                       | \$ -                  | \$ -                  | \$ -                     |
| Adjusted Beginning Balance                                                                              | \$ 3,660                   | \$ 4,055              | \$ 2,960              | \$ 1,956                 |
| <b>REVENUES, TRANSFERS AND OTHER ADJUSTMENTS</b>                                                        |                            |                       |                       |                          |
| Revenues                                                                                                |                            |                       |                       |                          |
| 4121200 - Delinquent fees                                                                               | \$ 18                      | \$ 34                 | \$ 34                 | \$ 34                    |
| 4127400 - Renewal fees                                                                                  | \$ 4,157                   | \$ 4,157              | \$ 4,157              | \$ 4,157                 |
| 4129200 - Other regulatory fees                                                                         | \$ 96                      | \$ 108                | \$ 108                | \$ 108                   |
| 4129400 - Other regulatory licenses and permits                                                         | \$ 840                     | \$ 689                | \$ 689                | \$ 689                   |
| 4163000 - Income from surplus money investments                                                         | \$ 181                     | \$ 98                 | \$ 93                 | \$ 42                    |
| 4171400 - Escheat of unclaimed checks and warrants                                                      | \$ 2                       | \$ -                  | \$ -                  | \$ -                     |
| 4172500 - Miscellaneous revenues                                                                        | \$ 1                       | \$ 1                  | \$ 1                  | \$ 1                     |
| Totals, Revenues                                                                                        | \$ 5,295                   | \$ 5,087              | \$ 5,082              | \$ 5,031                 |
| Transfers and loans to/from other funds                                                                 |                            |                       |                       |                          |
| Loan Repayment to Vehicle Inspection and Repair Fund<br>0421 per Item 1111-011-0421, Budget Act of 2014 | \$ -                       | \$ -500               | \$ -250               | \$ -198                  |
| Totals, Transfers and Other Adjustments                                                                 | \$ -                       | \$ -500               | \$ -250               | \$ -198                  |
| <b>TOTALS, REVENUES, TRANSFERS AND OTHER ADJUSTMENTS</b>                                                | \$ 5,295                   | \$ 4,587              | \$ 4,832              | \$ 4,833                 |
| <b>TOTAL RESOURCES</b>                                                                                  | \$ 8,955                   | \$ 8,642              | \$ 7,792              | \$ 6,789                 |
| Expenditures:                                                                                           |                            |                       |                       |                          |
| 1111 Department of Consumer Affairs (State Operations)                                                  | \$ 4,487                   | \$ 5,146              | \$ 5,300              | \$ 5,459                 |
| 9900 Statewide General Administrative Expenditures (Pro                                                 | \$ 413                     | \$ 536                | \$ 536                | \$ 536                   |
| <b>TOTALS, EXPENDITURES AND EXPENDITURE ADJUSTMENTS</b>                                                 | \$ 4,900                   | \$ 5,682              | \$ 5,836              | \$ 5,995                 |
| <b>FUND BALANCE</b>                                                                                     |                            |                       |                       |                          |
| Reserve for economic uncertainties                                                                      | \$ 4,055                   | \$ 2,960              | \$ 1,956              | \$ 793                   |
| Months in Reserve                                                                                       | 8.6                        | 6.1                   | 3.9                   | 1.5                      |
| Budget Surplus/Deficit                                                                                  | \$ 395                     | \$ -1,095             | \$ -1,004             | \$ -1,162                |

**NOTES:**

1. Assumes workload and revenue projections are realized in BY and ongoing.
2. Balance from the 2014-15 loan is currently \$948.
3. Expenditure growth projected at 3% beginning BY.

# Agenda Item 11 Attachment 3

| BCE 2022-2026 Action Plan                             |                                                                                                                                                                                                                                                                                             | Responsibility                             | Due Date          | Current Status |             |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------|----------------|-------------|
| Goal Area 1: Licensing and Professional Qualification |                                                                                                                                                                                                                                                                                             |                                            |                   |                |             |
| 1.1                                                   | Complete comprehensive updates to the Board’s continuing education program and regulations to provide clarity and accessibility, and to ensure continuing licensee competency and public protection.                                                                                        |                                            |                   | 57%            |             |
| Success Measure:                                      | Promulgated updated continuing education regulations and educated licensees and continuing education providers on those regulations.                                                                                                                                                        |                                            | Q2 2025           |                |             |
| 1.1.1                                                 | Identify proposed framework for licensee continuing education (CE) requirements and course approval process and obtain CE Committee and Board approval.                                                                                                                                     | EO                                         | Q1 2023           |                | Completed   |
| 1.1.2                                                 | Draft proposed language for updated regulations and obtain approval from DCA regulatory counsel.                                                                                                                                                                                            | EO                                         | Q1 2023           |                | Completed   |
| 1.1.3                                                 | Conduct fiscal analysis of CE regulations and develop proposed fee amounts for course approval and reapproval.                                                                                                                                                                              | EO                                         | Q1 2023           |                | Completed   |
| 1.1.4                                                 | Present final regulatory proposal (language and fee amounts) to Board for approval.                                                                                                                                                                                                         | EO                                         | Q2 2023           |                | Completed   |
| 1.1.5                                                 | Finalize regulatory package and initiate the rulemaking process.                                                                                                                                                                                                                            | EO                                         | Q2 2023           |                | In Progress |
| 1.1.6                                                 | Inform licensees and CE providers of changes through written notices, outreach, and information sessions.                                                                                                                                                                                   | EO                                         | Q3 2023 – ongoing |                | In Progress |
| 1.1.7                                                 | Complete regulatory process.                                                                                                                                                                                                                                                                | EO                                         | Q1 2024           | In Progress    |             |
| 1.2                                                   | Establish a robust, effective Licensing Committee to identify issues and increase efficiency.                                                                                                                                                                                               |                                            |                   | 100%           |             |
| Success Measure:                                      | The completion of the action plan for all current pending licensing issues.                                                                                                                                                                                                                 |                                            | Q3 2023           |                |             |
| 1.2.1                                                 | Gather background information to educate Licensing Committee members on pending licensing issues.                                                                                                                                                                                           | Licensing Manager                          | Q1 2023           |                | Completed   |
| 1.2.2                                                 | Train Licensing Lead (staff member) as a Licensing Committee liaison (calendar, meeting agendas, etc.).                                                                                                                                                                                     | EO and AEO                                 | Q2 2023           |                | Completed   |
| 1.2.3                                                 | Educate Licensing Committee members on background and history of prior actions.                                                                                                                                                                                                             | EO                                         | Q2 2023 – ongoing |                | Completed   |
| 1.2.4                                                 | Identify current issues, discuss possible solutions, and present recommendations to the Licensing Committee Chair.                                                                                                                                                                          | AEO                                        | Q2 2023           |                | Completed   |
| 1.2.5                                                 | Staff works with the Licensing Committee Chair to create an action plan for pending and current issues identified above.                                                                                                                                                                    | AEO and Licensing Lead/Licensing Liaison   | Q3 2023           |                | Completed   |
| 1.3                                                   | Review reciprocity requirements to minimize barriers to licensure in California.                                                                                                                                                                                                            |                                            |                   |                | 100%        |
| Success Measure:                                      | The Board has identified how they are going to minimize any potential barriers to licensure through reciprocity.                                                                                                                                                                            |                                            | Q3 2024           |                |             |
| 1.3.1                                                 | Conduct an environmental scan of reciprocity requirements (1. BCE, 2. Other states, and 3. Other DCA healing art boards).                                                                                                                                                                   | AEO                                        | Q2 2023           | Completed      |             |
| 1.3.2                                                 | Analyze the data that has been collected.                                                                                                                                                                                                                                                   | AEO                                        | Q3 2023           | Completed      |             |
| 1.3.3                                                 | Develop potential options and recommendation for the Licensing Committee on how to minimize barriers to licensure.                                                                                                                                                                          | AEO                                        | Q3 2023           | Completed      |             |
| 1.3.4                                                 | Summarize environmental scan, analysis, potential options, and recommendation.                                                                                                                                                                                                              | AEO                                        | Q4 2023           | Completed      |             |
| 1.3.5                                                 | Present findings and recommendations to the Licensing Committee.                                                                                                                                                                                                                            | Licensing Lead/Licensing Committee Liaison | Q1 2024           | Completed      |             |
| 1.3.6                                                 | Present Licensing Committee’s recommendation to the Board.                                                                                                                                                                                                                                  | EO                                         | Q3 2024           | Completed      |             |
| 1.4                                                   | Continue to monitor the Board’s license fee structure to ensure the Board’s financial stability, maintain access to the Board’s services, and determine whether the Board needs to consider plans for restructuring its fees.                                                               |                                            |                   | 100%           |             |
| Success Measure:                                      | The Board has delivered its report on its fee structures and recommendation to the Legislature.                                                                                                                                                                                             |                                            | Q4 2026           |                |             |
| 1.4.1                                                 | Bring any budget issues to the Board’s attention.                                                                                                                                                                                                                                           | EO                                         | Q3 2022 – ongoing |                | Completed   |
| 1.4.2                                                 | Establish regular and thorough monthly process to monitor BCE’s budget and fund condition.                                                                                                                                                                                                  | Lead Administrative Analyst                | Q1 2023           |                | Completed   |
| 1.4.3                                                 | Establish quarterly budget meetings with budget analyst at DCA.                                                                                                                                                                                                                             | Lead Administrative Analyst                | Q1 2023           |                | Completed   |
| 1.4.4                                                 | Conduct analysis of the impact of recent fee restructuring.                                                                                                                                                                                                                                 | Lead Administrative Analyst                | Q3 2023 - ongoing |                | Completed   |
| 1.4.5                                                 | Provide reports to the Government and Public Affairs Committee on the impact of recent fee restructuring.                                                                                                                                                                                   | Lead Administrative Analyst                | Q3 2023 - ongoing |                | Completed   |
| 1.4.6                                                 | Create report on license fee structure (due to Legislature by January 1, 2027).                                                                                                                                                                                                             | EO and AEO                                 | Q2 2025           |                | Completed   |
| 1.4.7                                                 | Submit license fee structure report to the Legislature with 2026 Sunset Review Report.                                                                                                                                                                                                      | EO                                         | Q4 2025           |                | Completed   |
| Goal Area 2: Enforcement                              |                                                                                                                                                                                                                                                                                             |                                            |                   |                |             |
| 2.1                                                   | Implement updated disciplinary guidelines, Uniform Standards for Substance Abusing Licensees, and Consumer Protection Enforcement Initiative (CPEI) regulations, to provide consistency and clarity in disciplinary penalties, help educate licensees and the public, and deter violations. |                                            |                   | 62%            |             |
| Success Measure:                                      | Completed regulation process for all three areas (Disciplinary Guidelines, Uniform Standards for Substance Abusing Licensees, and CPEI regulations).                                                                                                                                        |                                            | Q4 2025           |                |             |
| 2.1.1                                                 | Disciplinary Guidelines & Uniform Standards – finish developing the proposed guidelines.                                                                                                                                                                                                    | AEO                                        | Q1 2023           | Completed      |             |

|                                            |                                                                                                                                                                                                                                                 |                                   |                   |             |             |
|--------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-------------------|-------------|-------------|
| 2.1.2                                      | Disciplinary Guidelines & Uniform Standards – vet through Regulatory Counsel and DAG Liaison (AGs office).                                                                                                                                      | AEO                               | Q1 2023           | In Progress |             |
| 2.1.3                                      | Disciplinary Guidelines & Uniform Standards – present proposal to Enforcement Committee.                                                                                                                                                        | Enforcement Lead                  | Q2 2023           | Completed   |             |
| 2.1.4                                      | Disciplinary Guidelines & Uniform Standards – present proposal to Board.                                                                                                                                                                        | Enforcement Lead                  | Q4 2023           | In Progress |             |
| 2.1.5                                      | Disciplinary Guidelines & Uniform Standards – begin regulatory process.                                                                                                                                                                         | AEO                               | Q1 2024           | In Progress |             |
| 2.1.6                                      | Disciplinary Guidelines & Uniform Standards – complete regulatory process.                                                                                                                                                                      | AEO                               | Q1 2025           | Not Started |             |
| 2.1.7                                      | CPEI (12 regulations) – develop an action plan for the different regulations (assigning to committees), formalizing plans with committee chairs to clarify assignments.                                                                         | EO                                | Q1 2023           | Completed   |             |
| 2.1.8                                      | CPEI – develop proposals.                                                                                                                                                                                                                       | AEO                               | Q4 2023           | Completed   |             |
| 2.1.9                                      | CPEI – vet through DCA Regulatory Counsel.                                                                                                                                                                                                      | AEO                               | Q4 2023           | Completed   |             |
| 2.1.10                                     | CPEI – present proposals to appropriate Committees.                                                                                                                                                                                             | Enforcement Lead / Licensing Lead | Q1 2024           | Completed   |             |
| 2.1.11                                     | CPEI – present proposals to Board.                                                                                                                                                                                                              | Enforcement Lead / Licensing Lead | Q3 2024           | Completed   |             |
| 2.1.12                                     | CPEI – begin regulatory process.                                                                                                                                                                                                                | AEO                               | Q4 2024           | Completed   |             |
| 2.1.13                                     | CPEI – complete regulatory process.                                                                                                                                                                                                             | AEO                               | Q4 2025           | In Progress |             |
| 2.2                                        | Streamline internal enforcement processes and standards, including complaint intake, investigations, and case management activities, to increase efficiency and ensure timely action.                                                           |                                   |                   | 71%         |             |
| Success Measure:                           | Enforcement Program is meeting the established performance measure targets.                                                                                                                                                                     |                                   | Q2 2025           |             |             |
| 2.2.1                                      | Conduct process review with OIO.                                                                                                                                                                                                                | Enforcement Analysts              | Q4 2022           |             | Completed   |
| 2.2.2                                      | Document baseline processing times.                                                                                                                                                                                                             | EO                                | Q1 2023           |             | Completed   |
| 2.2.3                                      | Standardize internal enforcement process – make sure all standards are met each time – considering OIO recommendations.                                                                                                                         | AEO and Enforcement Manager       | Q1 2023           |             | Completed   |
| 2.2.4                                      | Update duty statements for staff in Enforcement Unit, separating case management from investigations (increasing specialization).                                                                                                               | EO                                | Q1 2023           |             | Completed   |
| 2.2.5                                      | Update and document all processes/ procedures.                                                                                                                                                                                                  | AEO and Enforcement Manager       | Q2 2023           |             | Completed   |
| 2.2.6                                      | Update training of all staff, cross-train on all tasks.                                                                                                                                                                                         | Enforcement Manager               | Q2 2023           |             | In Progress |
| 2.2.7                                      | Measure impact of process improvements on enforcement timeframes.                                                                                                                                                                               | EO                                | Q2 2025           |             | In Progress |
| 2.3                                        | Improve the effectiveness of the Enforcement Program by implementing Expert Witness program enhancements, including recruitment, training, and ongoing assessment of diverse subject matter experts in specific areas of chiropractic practice. |                                   |                   | 13%         |             |
| Success Measure:                           | Program enhancements implemented, observed improvement in expert reports, and higher success rate at hearings.                                                                                                                                  |                                   | Q4 2025           |             |             |
| 2.3.1                                      | Begin recruitment process for new SMEs.                                                                                                                                                                                                         | EO                                | Q1 2023           |             | Completed   |
| 2.3.2                                      | Staff review SME applications.                                                                                                                                                                                                                  | Enforcement Manager               | Q1 2023           |             | Not Started |
| 2.3.3                                      | Enforcement Committee members interview and vet potential SMEs.                                                                                                                                                                                 | Enforcement Committee             | Q2 2023 – ongoing |             | Not Started |
| 2.3.4                                      | Contract with SMEs selected experts.                                                                                                                                                                                                            | Enforcement Lead                  | Q2 2023 – ongoing |             | Not Started |
| 2.3.5                                      | Train SMEs.                                                                                                                                                                                                                                     | EO and AEO                        | Q3 2023 – ongoing |             | Not Started |
| 2.3.6                                      | Measure effectiveness of expert witnesses (success ratio, input from Deputy Attorney General (DAG)).                                                                                                                                            | AEO and Enforcement Manager       | Q4 2023 – ongoing |             | In Progress |
| 2.3.7                                      | Report on effectiveness of SMEs to Enforcement Committee and provide any further recommendations.                                                                                                                                               | Enforcement Lead                  | Q4 2023 – ongoing |             | In Progress |
| 2.3.8                                      | Continue monitoring effectiveness of Expert Witness Program (identify benchmarks - outcomes and hearing success).                                                                                                                               | EO and Enforcement Committee      | Q4 2025 – ongoing |             | In Progress |
| 2.4                                        | Develop and implement clearly defined standards for licensee recordkeeping by updating regulations to provide consistency, clarity, and accessibility to licensees, the public, and other stakeholders.                                         |                                   |                   | 71%         |             |
| Success Measure:                           | Adopted updated standards for licensee recordkeeping into regulation.                                                                                                                                                                           |                                   | Q4 2024           |             |             |
| 2.4.1                                      | Review and discuss requirements in other states.                                                                                                                                                                                                | EO and Enforcement Committee      | Q4 2022           |             | Completed   |
| 2.4.2                                      | Develop a regulatory proposal for consideration by Enforcement Committee.                                                                                                                                                                       | EO                                | Q1 2023           |             | Completed   |
| 2.4.3                                      | Have Legal/Regulations Counsel review proposal.                                                                                                                                                                                                 | EO                                | Q1 2023           |             | Completed   |
| 2.4.4                                      | Present proposal to Enforcement Committee for review, discussion, and possible recommendation to Board.                                                                                                                                         | EO                                | Q2 2023           |             | Completed   |
| 2.4.5                                      | Obtain Board approval of proposal.                                                                                                                                                                                                              | EO                                | Q4 2023           |             | Completed   |
| 2.4.6                                      | Begin regulatory process (formally submitting to DCA for approval, ready for Director's Review).                                                                                                                                                | AEO and Enforcement Lead          | Q4 2023           |             | In Progress |
| 2.4.7                                      | Complete regulatory process.                                                                                                                                                                                                                    | AEO and Enforcement Lead          | Q4 2024           |             | Not Started |
| Goal Area 3: Public Relations and Outreach |                                                                                                                                                                                                                                                 |                                   |                   |             |             |
| 3.1                                        | Include more stakeholder ideas and perspectives in Board activities by continuing to foster relationships with legislators, other healing arts boards, professional organizations, and government agencies.                                     |                                   |                   | 80%         |             |
| Success Measure:                           | Improved at least five relationships with stakeholders across all above groups.                                                                                                                                                                 |                                   | Q4 2023           |             |             |
| 3.1.1                                      | Identify relationships (existing and potential).                                                                                                                                                                                                | EO and AEO                        | Q1 2023           |             | Completed   |
| 3.1.2                                      | Define each relationship's plan (avenues, content) (include dialogues).                                                                                                                                                                         | EO and AEO                        | Q2 2023           |             | Completed   |
| 3.1.3                                      | Arrange introductions/open channels of communication when needed.                                                                                                                                                                               | EO                                | Q2 2023           |             | Completed   |
|                                            |                                                                                                                                                                                                                                                 |                                   |                   |             |             |

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| 3.1.4                             | Schedule meetings/forums (develop MOUs if needed).                                                                                                                                                                       | EO                                 | Q4 2023 – ongoing | Completed   |
| 3.1.5                             | Managers network/regularly communicate with other healing arts peers (include staff as appropriate).                                                                                                                     | Enforcement and Licensing Managers | Q4 2023 – ongoing | In Progress |
| 3.2                               | Continue to increase the Board’s presence and availability through diverse outreach opportunities where the Board can collaborate and engage with stakeholders to allow for sharing of feedback, input, and suggestions. |                                    |                   | 40%         |
| Success Measure:                  | Participated in at least three external outreach opportunities and hosted at least three listening sessions.                                                                                                             |                                    | Q3 2023           |             |
| 3.2.1                             | Identify existing outreach opportunities where the Board can participate.                                                                                                                                                | EO                                 | Q1 2023           |             |
| 3.2.2                             | Publicize opportunities to give feedback to the Board.                                                                                                                                                                   | AEO                                | Q1 2023           |             |
| 3.2.3                             | Host roundtable discussions / listening sessions (document feedback).                                                                                                                                                    | EO                                 | Q2 2023 – ongoing |             |
| 3.2.4                             | Review feedback given.                                                                                                                                                                                                   | EO and AEO                         | Q2 2023 – ongoing |             |
| 3.2.5                             | Communicate feedback to appropriate policy committee chair, determine action (address in public meeting, etc.).                                                                                                          | EO and AEO                         | Q3 2023 – ongoing |             |
| 3.3                               | Create diverse outreach plans to increase awareness about the profession and the Board’s role to build relationships with stakeholders and diversify the profession.                                                     |                                    |                   | 86%         |
| Success Measure:                  | Board has approved its outreach plan and released at least three updated materials.                                                                                                                                      |                                    | Q1 2024           |             |
| 3.3.1                             | Document existing communication challenges, opportunities.                                                                                                                                                               | EO and AEO                         | Q1 2023           |             |
| 3.3.2                             | Discern what stakeholder groups would like to know (internal, anecdotal, environmental scan feedback).                                                                                                                   | Licensing/Admin Manager            | Q1 2023           |             |
| 3.3.3                             | Touch base with DCA outreach/communications unit (what’s available, state fair booths, etc.).                                                                                                                            | EO                                 | Q1 2023           |             |
| 3.3.4                             | Develop plan for modes of communication (social media, events, brochures, etc.).                                                                                                                                         | AEO                                | Q2 2023           |             |
| 3.3.5                             | Get plan approval from Government & Public Affairs Committee, then to Board for approval.                                                                                                                                | AEO                                | Q3 2023           |             |
| 3.3.6                             | Create/maintain outreach calendar.                                                                                                                                                                                       | AEO                                | Q4 2023           |             |
| 3.3.7                             | Create/update materials (printed materials, PDE) (get Board and legal review).                                                                                                                                           | AEO                                | Q1 2024           |             |
| 3.4                               | Build an interactive, language accessible social media presence to engage with stakeholders and assess stakeholder sentiment of the Board.                                                                               |                                    |                   |             |
| Success Measure:                  | Board has developed a presence with at least bi-weekly posts across all accounts.                                                                                                                                        |                                    | Q2 2024           |             |
| 3.4.1                             | Brainstorm among staff on what to share, identify priority items, clarify audiences.                                                                                                                                     | EO                                 | Q1 2023           |             |
| 3.4.2                             | Establish internal procedure for use and management of social media accounts.                                                                                                                                            | EO                                 | Q1 2023           |             |
| 3.4.3                             | Meet with DCA Office of Public Affairs (strategy and graphics).                                                                                                                                                          | EO                                 | Q1 2023           |             |
| 3.4.4                             | Discuss social media outreach with Government & Public Affairs Committee, get feedback on what to share.                                                                                                                 | Lead Admin Analyst                 | Q2 2023           |             |
| 3.4.5                             | Get input from Board members about information to share (events of interest).                                                                                                                                            | Lead Admin Analyst                 | Q2 2023           |             |
| 3.4.6                             | Develop bank of material to share on an ongoing basis.                                                                                                                                                                   | AEO                                | Q2 2023 – ongoing |             |
| 3.4.7                             | Develop a system to track other accounts to monitor for sharing potential.                                                                                                                                               | AEO                                | Q2 2023           |             |
| 3.4.8                             | Ask Board-approved colleges for material to share.                                                                                                                                                                       | Licensing Manager                  | Q4 2023           |             |
| 3.4.9                             | Review and determine how to measure stakeholder sentiment.                                                                                                                                                               | AEO                                | Q2 2024           |             |
| 3.5                               | Improve the Board’s website by providing informative, language accessible content for applicants, licensees, the public, and other stakeholders and enhancing the functionality and user experience.                     |                                    |                   | 78%         |
| Success Measure:                  | Updated format and content included for all business areas.                                                                                                                                                              |                                    | Q4 2024           |             |
| 3.5.1                             | Meet with OIS to determine process, timeline.                                                                                                                                                                            | EO                                 | Q1 2023           |             |
| 3.5.2                             | Assess current site - Get and review metrics from OIS, identify structure and updates needed.                                                                                                                            | EO                                 | Q1 2023           |             |
| 3.5.3                             | Review other DCA boards’ websites to get layout ideas, identify a template to adopt.                                                                                                                                     | AEO                                | Q1 2023           |             |
| 3.5.4                             | Prioritize easy fixes and removing any obsolete information.                                                                                                                                                             | AEO                                | Q2 2023           |             |
| 3.5.5                             | Identify what informative content should appear on site (including FAQs, requirements in plain language, and steps).                                                                                                     | AEO                                | Q2 2023           |             |
| 3.5.6                             | Review all current forms to improve them (verify ADA compliance, ensure fillable pdf versions, optimize for Connect, and confirm mobile device access.                                                                   | EO                                 | Q2 2023           |             |
| 3.5.7                             | Communicate website redesign request to OIS.                                                                                                                                                                             | AEO                                | Q3 2023           |             |
| 3.5.8                             | Update forms.                                                                                                                                                                                                            | AEO                                | Q2 2024           |             |
| 3.5.9                             | Obtain feedback from external users on new website functionality through polls, listening sessions, and informal discussions.                                                                                            | EO and AEO                         | Q4 2024           |             |
| Goal Area 4: Laws and Regulations |                                                                                                                                                                                                                          |                                    |                   |             |
| 4.1                               | Increase efficiency in rulemaking processes to move pending regulatory packages forward, prevent a backlog of packages, and improve staff and Board effectiveness.                                                       |                                    |                   | 100%        |
| Success Measure:                  | No current package older than two years.                                                                                                                                                                                 |                                    | Q2 2026           |             |

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| 4.1.1                                                                                                                                                                                          | Implement regular (monthly) monitoring and reporting progress for pending regulations to maintain visibility.                                                                                                                     | EO                                        | Q1 2023                       | Completed   |
| 4.1.2                                                                                                                                                                                          | Identify challenges observed in regulatory process.                                                                                                                                                                               | EO                                        | Q1 2023                       | Completed   |
| 4.1.3                                                                                                                                                                                          | Develop action plan to address all pending regulatory workload items.                                                                                                                                                             | EO                                        | Q1 2023                       | Completed   |
| 4.1.4                                                                                                                                                                                          | Discuss proposals as a team to get staff input.                                                                                                                                                                                   | EO                                        | Q1 2023 – ongoing             | Completed   |
| 4.1.5                                                                                                                                                                                          | Train all lead AGPA and higher staff on rulemaking through DCA and OAL.                                                                                                                                                           | AEO                                       | Q2 2023                       | Completed   |
| 4.1.6                                                                                                                                                                                          | Thoroughly research and develop background information and justification for all regulatory proposals before submitting to a committee for consideration.                                                                         | AEO and Committee Liaisons                | Q2 2023 – ongoing             | Completed   |
| 4.1.7                                                                                                                                                                                          | Develop initial package as proposals make their way through the committee process (to catch issues before final Board approval).                                                                                                  | AEO                                       | Q2 2023 – ongoing             | Completed   |
| 4.1.8                                                                                                                                                                                          | Educate Board and Committee members on rulemaking process and best practices (include in onboarding).                                                                                                                             | EO and DCA Regulatory Counsel             | Q3 2023                       | Completed   |
| 4.1.9                                                                                                                                                                                          | Monitor pending regulatory workload volume and completion time.                                                                                                                                                                   | EO                                        | Q3 2023 – Q2 2026 and ongoing | Completed   |
| <b>4.2 Perform a comprehensive review of existing regulations to identify and address any unnecessary or obsolete regulations and to clarify current regulations as needed.</b>                |                                                                                                                                                                                                                                   |                                           |                               | 100%        |
| <b>Success Measure:</b>                                                                                                                                                                        | Board has addressed issues identified during comprehensive review.                                                                                                                                                                |                                           | Q4 2026                       |             |
| 4.2.1                                                                                                                                                                                          | Create action plan for review of regulations (possibly group by topic – licensing, enforcement, general).                                                                                                                         | EO                                        | Q1 2023                       |             |
| 4.2.2                                                                                                                                                                                          | Review all existing regulations to identify unnecessary, obsolete, or unclear regulations (as grouped by topic with staff SMEs).                                                                                                  | AEO                                       | Q4 2023                       |             |
| 4.2.3                                                                                                                                                                                          | Develop recommendations to address identified issue(s) for each regulation.                                                                                                                                                       | AEO                                       | Q2 2024                       |             |
| 4.2.4                                                                                                                                                                                          | Consult with DCA Regulatory Counsel.                                                                                                                                                                                              | AEO                                       | Q3 2024                       |             |
| 4.2.5                                                                                                                                                                                          | Present final recommendations to appropriate committee for review and discussion.                                                                                                                                                 | AEO, Committee Liaisons                   | Q1 2025                       |             |
| 4.2.6                                                                                                                                                                                          | Committee makes recommendation to full Board.                                                                                                                                                                                     | Committees                                | Q4 2025                       |             |
| 4.2.7                                                                                                                                                                                          | Board approves proposal to amend or repeal as appropriate.                                                                                                                                                                        | Board                                     | Q4 2025                       |             |
| 4.2.8                                                                                                                                                                                          | Begin regulatory process.                                                                                                                                                                                                         | AEO and Lead Admin Analyst                | Q1 2026                       |             |
| 4.2.9                                                                                                                                                                                          | Complete regulatory process.                                                                                                                                                                                                      | AEO and Lead Admin Analyst                | Q4 2026                       | Completed   |
| <b>Goal Area 5: Organizational Development</b>                                                                                                                                                 |                                                                                                                                                                                                                                   |                                           |                               |             |
| <b>5.1 Update processes and procedures, key staff roles, and staff organizational structure to establish clear responsibilities and increase efficiency.</b>                                   |                                                                                                                                                                                                                                   |                                           |                               | 100%        |
| <b>Success Measure:</b>                                                                                                                                                                        | Completed reorganization and have up-to-date documentation for staff roles.                                                                                                                                                       |                                           | Q3 2023                       |             |
| 5.1.1                                                                                                                                                                                          | Ensure all staff duties are accounted for.                                                                                                                                                                                        | EO                                        | Q4 2022                       |             |
| 5.1.2                                                                                                                                                                                          | Finalize reorganization plan and submit it to DCA Office of Human Resources for approval.                                                                                                                                         | EO                                        | Q1 2023                       |             |
| 5.1.3                                                                                                                                                                                          | Conduct change management activities.                                                                                                                                                                                             | Enforcement Manager and Licensing Manager | Q1 2023                       |             |
| 5.1.4                                                                                                                                                                                          | Issue updated duty statements to staff.                                                                                                                                                                                           | Enforcement Manager and Licensing Manager | Q1 2023                       |             |
| 5.1.5                                                                                                                                                                                          | Implement new organizational structure.                                                                                                                                                                                           | EO                                        | Q1 2023                       |             |
| 5.1.6                                                                                                                                                                                          | Document current processes and ask for staff feedback and recommendations on proposed improvements (i.e., paperless, customer-focused).                                                                                           | AEO                                       | Q1 2023                       |             |
| 5.1.7                                                                                                                                                                                          | Standardize, document, and store updated processes and procedures.                                                                                                                                                                | AEO                                       | Q2 2023                       |             |
| 5.1.8                                                                                                                                                                                          | Train staff on the updated processes and procedures.                                                                                                                                                                              | AEO                                       | Q3 2023                       |             |
| <b>5.2 Maintain a high-performance, engaged, and inclusive culture focused on effective training, individual development, and continuous improvement, to recruit and retain quality staff.</b> |                                                                                                                                                                                                                                   |                                           |                               | 79%         |
| <b>Success Measure:</b>                                                                                                                                                                        | Improvement in employee engagement scores.                                                                                                                                                                                        |                                           | Q2 2024                       |             |
| 5.2.1                                                                                                                                                                                          | Encourage an open, receptive, and problem-solving mindset.                                                                                                                                                                        | EO                                        | Q4 2022                       |             |
| 5.2.2                                                                                                                                                                                          | Put together methods to solicit feedback and suggestions on the different processes. Possible method = role play activities during meetings for staff to better understand and serve stakeholders including consumers, licensees. | EO                                        | Q4 2022                       |             |
| 5.2.3                                                                                                                                                                                          | Conduct employee engagement survey to assess staff morale and establish baseline.                                                                                                                                                 | EO                                        | Q1 2023                       |             |
| 5.2.4                                                                                                                                                                                          | Conduct listening sessions to obtain feedback (concerns, problems, etc.) from staff.                                                                                                                                              | EO                                        | Q1 2023                       |             |
| 5.2.5                                                                                                                                                                                          | Review and update job announcements (include telework opportunity).                                                                                                                                                               | EO                                        | Q1 2023                       |             |
| 5.2.6                                                                                                                                                                                          | Conduct all staff meetings to maintain line of communication and follow up on concerns, questions, etc. from listening sessions.                                                                                                  | EO                                        | Q1 2023 – ongoing             |             |
| 5.2.7                                                                                                                                                                                          | Identify potential training topics for staff and management.                                                                                                                                                                      | AEO                                       | Q1 2023 – ongoing             |             |
| 5.2.8                                                                                                                                                                                          | Implement basic cross-training for all Board processes (including Connect training).                                                                                                                                              | AEO                                       | Q1 2023 – ongoing             |             |
| 5.2.9                                                                                                                                                                                          | Develop and deliver and/or sign up for staff trainings as a team.                                                                                                                                                                 | AEO                                       | Q2 2023                       |             |
| 5.2.10                                                                                                                                                                                         | Develop and disseminate customer satisfaction survey.                                                                                                                                                                             | AEO                                       | Q2 2023 – ongoing             | In Progress |



|                         |                                                                                                                                                                                           |                                           |                   |             |
|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------|-------------|
| 5.2.11                  | Encourage Individual Development Plans (IDP) and conduct regular check ins to help staff to be effective and well-rounded in their own position and develop additional areas of interest. | EO                                        | Q4 2023 – ongoing | Completed   |
| 5.2.12                  | Conduct second employee engagement survey to assess staff morale and identify additional opportunities for improvement (from 5.2.3).                                                      | EO                                        | Q1 2024           | In Progress |
| 5.2.13                  | Create action plan for improvement based on engagement survey results.                                                                                                                    | EO                                        | Q2 2024           | Completed   |
| 5.2.14                  | Implement action plan to address employee engagement results and improvements.                                                                                                            | EO and AEO                                | Q4 2024           | In Progress |
| <b>5.3</b>              | <b>Promote diverse, inclusive, and effective communication styles and opportunities to improve intraorganizational collaboration.</b>                                                     |                                           |                   |             |
| <b>Success Measure:</b> | Positive results on the annual communication survey.                                                                                                                                      |                                           | Q2 2023           | 91%         |
| 5.3.1                   | Encourage staff feedback and two-way communication during unit meetings.                                                                                                                  | EO                                        | Q4 2022 – ongoing | Completed   |
| 5.3.2                   | Implement and share a monthly structured report (follow through on updates and decisions) with Board members and staff.                                                                   | EO                                        | Q1 2023           | Completed   |
| 5.3.3                   | Present monthly report highlights during Board meetings.                                                                                                                                  | EO                                        | Q1 2023           | Completed   |
| 5.3.4                   | Re-establish regular unit meetings.                                                                                                                                                       | Licensing Manager,<br>Enforcement Manager | Q1 2023           | Completed   |
| 5.3.5                   | Encourage staff to review Board and committee meeting agendas, meeting minutes, and relevant meeting materials.                                                                           | EO                                        | Q1 2023           | Completed   |
| 5.3.6                   | Create a resource list for liaisons to know which staff members to reach out to regarding specific topics.                                                                                | AEO                                       | Q1 2023           | Completed   |
| 5.3.7                   | Introduce committee liaison to committees' chairs.                                                                                                                                        | EO                                        | Q1 2023           | Completed   |
| 5.3.8                   | Introduce Board liaison to Board members.                                                                                                                                                 | EO                                        | Q1 2023           | Completed   |
| 5.3.9                   | Add liaison contact information to existing rosters and the Board's website.                                                                                                              | EO                                        | Q1 2023           | Completed   |
| 5.3.10                  | Communicate any updates (new Board members) to staff.                                                                                                                                     | AEO                                       | Q2 2023           | Completed   |
| 5.3.11                  | Create and distribute an annual survey to get feedback from staff and Board members regarding communication and collaboration.                                                            | AEO                                       | Q4 2023 – ongoing | In Progress |
| <b>5.4</b>              | <b>Re-design the board member onboarding procedures and orientation processes, considering diverse learning styles, to create effective and engaged board members.</b>                    |                                           |                   |             |
| <b>Success Measure:</b> | Board has implemented the new onboarding and orientation process and the new materials have been shared with all Board members.                                                           |                                           | Q2 2023           | 78%         |
| 5.4.1                   | Present proposed framework for a new orientation and onboarding process for new Board members to Government and Public Affairs Committee                                                  | EO                                        | Q4 2022           | Completed   |
| 5.4.2                   | Create welcome package (include forms).                                                                                                                                                   | Board Liaison/EO                          | Q1 2023           | Completed   |
| 5.4.3                   | Update Board member resource binder.                                                                                                                                                      | Board Liaison/EO                          | Q1 2023           | Completed   |
| 5.4.4                   | Update new Board member training session materials.                                                                                                                                       | Board Liaison/EO                          | Q1 2023           | Completed   |
| 5.4.5                   | Outline Board member mentor responsibilities.                                                                                                                                             | Board Liaison/EO                          | Q1 2023           | Completed   |
| 5.4.6                   | Familiarize staff with mandatory Board member paperwork that needs to be completed upon appointment and annually.                                                                         | Board Liaison/EO                          | Q2 2023           | Completed   |
| 5.4.7                   | Create desk manual/guidelines for Board Liaison and share with all staff.                                                                                                                 | Board Liaison/EO                          | Q2 2023           | Completed   |
| 5.4.8                   | Update Board Member Administrative Procedure Manual with updated framework.                                                                                                               | Board Liaison/EO                          | Q2 2023           | In Progress |





**Agenda Item 12**  
**October 15, 2026**

**Update and Discussion on Implementation of the Board's Sunset Bill,  
Assembly Bill (AB) 2775 (Berman, Chapter 220, Statutes of 2026)**

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**Purpose of the Item**

The Board will receive an update on the implementation of its sunset bill, AB 2775 (Berman, Chapter 220, Statutes of 2026).

**Action Requested**

This agenda item is informational only and provided as a status update to the Board. No action is required or requested at this time.

**Background**

AB 2775 was approved by Governor Newsom on September 14, 2026. The bill extends the Board's sunset review date by four years and subjects the Board's powers and duties to review by the Legislature as if the Chiropractic Initiative Act were scheduled to be repealed on January 1, 2031.

This bill:

1. Updates the Board's fee schedule by revising most of the minimum statutory fee amounts and authorizing the Board to increase most of the fees through regulation to new specified maximum amounts.
2. Requires the Board to set penalty fees for the delinquent renewal of a satellite office certificate, certificate of registration of a chiropractic corporation, or continuing education provider status.
3. Authorizes the Board to create, by regulation, a system for the issuance of a temporary license to practice chiropractic to an applicant who does not qualify for a temporary license as a military spouse or domestic partner under existing law, and to charge application, issuance, and replacement license fees, not to exceed the limits for a license to practice chiropractic.
4. Authorizes the Board to establish, by regulation, a system for the issuance and renewal of a chiropractic facility permit, including application, renewal, and replacement permit fees, in an amount sufficient to cover the reasonable

regulatory costs to the Board to administer the permit system and not to exceed the limits for a satellite office certificate.

5. Authorizes the Board to automatically revoke a license to practice chiropractic if a licensee has been convicted in any court of a sex offense or any offense that is subject to the mandatory 10-year license revocation period specified in Business and Professions Code section 1003, subdivision (b).
6. Authorizes the Board to automatically suspend a license to practice chiropractic following a conviction of a serious felony, as defined.
7. Creates an exception to the seven-year limitation on denying a license based on formal discipline if the discipline was for conduct that would have constituted an act of sexual abuse, misconduct, or relations with a patient, as specified.
8. Requires the Board to distribute a copy of its licensee directory electronically to each licensee and removes the requirement that the distribution be without charge.
9. Requires the Board to distribute a copy of the directory to a licensee by mail, if the licensee requests distribution by mail, and prohibits the Board from charging the licensee the costs of publication and distribution.
10. States the intent of the Legislature to work with stakeholders to examine licensed chiropractors holding specialized certification who provide chiropractic care to animal patients and evaluate opportunities to expand access to qualified animal chiropractic care while ensuring appropriate consumer and animal protections are in place.

**Estimated Fiscal Impact:** The revised statutory minimum fee amounts in this bill are expected to increase the Board's annual revenue by approximately \$235,000 in 2026–27 and \$432,000 in 2027–28 and ongoing. The new automatic revocation and suspension provisions are also expected to reduce the Board's annual enforcement-related legal costs by approximately \$20,000.

Additionally, the bill authorizes the Board to generate up to an additional \$3.2 million in annual revenue by increasing fees through the regulatory process up to the new statutory maximums.

**Estimated IT Impact:** DCA's Office of Information Services (OIS) estimates an IT impact of \$23,000 to update 18 fee amounts in the Board's systems. This work will be absorbed within existing IT maintenance resources.

**Implementation Requirements:** Staff is working with OIS to implement the new fee amounts effective January 1, 2027, and to distribute the Board's directory electronically. Licensing and Enforcement Unit staff have also been trained on the expanded license denial and enforcement authority in the bill.

**Sunset Bill – AB 2775 (Berman, Ch. 220, Stats. 2026)**

**October 15, 2026**

**Page 3**

The Board already approved a regulatory proposal to implement a penalty fee for the delinquent renewal of continuing education provider status at its July 23, 2026, meeting.

The Board will consider regulatory proposals to create a system for the issuance of a temporary license and to implement a penalty for the late renewal of a satellite office certificate during this meeting under Agenda Items 14C and 15, respectively.

Additionally, the Licensing Committee will discuss regulatory proposals regarding a chiropractic facility permit and a chiropractic corporation certificate, including a new penalty fee for late renewal, during the December 4, 2026, meeting.

**Attachments**

1. AB 2775 (Berman, Chapter 220, Statutes of 2026)
2. Updated Fee Schedule Effective January 1, 2027

**Assembly Bill No. 2775**

**CHAPTER 220**

An act to amend Sections 480, 1000, 1001, 1006.5, and 1056 of, and to add Sections 1008 and 1009 to, the Business and Professions Code, relating to healing arts, and making an appropriation therefor.

[Approved by Governor September 14, 2026. Filed with  
Secretary of State September 14, 2026.]

**LEGISLATIVE COUNSEL'S DIGEST**

**AB 2775, Berman. Chiropractic Act.**

Existing law, the Chiropractic Act, enacted by an initiative measure, provides for the licensure and regulation of chiropractors in this state by the State Board of Chiropractic Examiners. Existing law subjects the powers and duties of the board to review by the appropriate policy committees of the Legislature as if the act was scheduled to be repealed as of January 1, 2027.

This bill would instead subject the powers and duties of the board to that review as if that act were scheduled to be repealed on January 1, 2031.

Existing law requires the board to annually compile a complete directory of all licensees within the state. Existing law requires that the board distribute one copy of the directory without charge to each licensee.

This bill would require the board to distribute a copy of the directory electronically to each licensee and remove the requirement that the distribution be without charge. The bill would require the board to distribute a copy of the directory to a licensee by mail, if the licensee requests distribution by mail, but would prohibit the board from charging the licensee the costs of publication and distribution.

Existing law requires a board within the Department of Consumer Affairs to issue a temporary license to practice a profession or vocation to an applicant who, among other things, holds a license to practice the profession or vocation in another state and is married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States, as specified.

This bill would authorize the State Board of Chiropractic Examiners, by regulation, to create a system for the issuance of a temporary license to practice chiropractic to an applicant who does not qualify for a temporary license pursuant to the above-described provision that would authorize an unlicensed person to practice chiropractic. The bill would authorize the board to charge application, issuance, and replacement license fees, not to exceed the limits for a license to practice chiropractic.

Existing law establishes a schedule of 22 different fees necessary to carry out the responsibilities required by the Chiropractic Initiative Act and the

Chiropractic Act and authorizes the board to adopt lower fees by regulation. Existing law directs the deposit of these funds into the State Board of Chiropractic Examiners' Fund, a continuously appropriated fund.

This bill, for most of those fees, would revise the amount of the fee and would authorize the board to increase the amount of the fee to a specified maximum amount. The bill would specify that, if the board adopts lower fees by regulation, it shall be in an amount sufficient to support the functions of the board in the administration of its duties, as specified. The bill would require the board to set penalty fees for the delinquent renewal of a satellite office certificate, certificate of registration of a chiropractic corporation, or continuing education provider status. The bill would authorize the board to establish by regulation a system for the issuance and renewal of a chiropractic facility permit, including application, renewal, and replacement permit fees, in an amount sufficient to cover the reasonable regulatory costs to the board to administer the permit system. By authorizing new fees for deposit into a continuously appropriated fund, the bill would make an appropriation.

Existing provisions of the Chiropractic Initiative Act authorize the board to refuse to grant, suspend, or revoke a license to practice chiropractic, place the licensee upon probation, or issue a reprimand, for violation of the rules and regulations adopted by the board in accordance with the act or for any cause specified in the act, in accordance with specified statutory proceedings.

This bill would authorize the board to automatically revoke a license to practice chiropractic under specified circumstances, including if the licensee has been convicted in any court in or outside the state for specified offenses. The bill would also authorize the board to automatically suspend a license to practice chiropractic following a conviction of a serious felony, as defined.

Existing law authorizes a board within the Department of Consumer Affairs to deny a license based on formal discipline by a licensing board in or outside of California and that is substantially related to the qualifications, functions, or duties of the business or profession for which the application is made. Existing law generally limits this authorization to formal discipline that occurred within 7 years preceding the date of application. Existing law creates an exception to that 7-year limitation if the formal discipline was based on conduct that would have constituted an act of sexual abuse, misconduct, or relations with a patient, or sexual exploitation, as specified, if committed in this state by a licensed physician and surgeon.

This bill would create a similar exception to that 7-year limitation for conduct that would have constituted an act of sexual abuse, misconduct, or relations with a patient, as specified, if committed in this state by a licensed chiropractor.

This bill would state the intent of the Legislature to work with stakeholders to examine licensed chiropractors holding specialized certification who provide chiropractic care to animal patients and evaluate opportunities to expand access to qualified animal chiropractic care while ensuring appropriate consumer and animal protections are in place.

This bill would make other technical and nonsubstantive changes.

Appropriation: yes.

*The people of the State of California do enact as follows:*

SECTION 1. It is the intent of the Legislature to work with stakeholders to examine licensed chiropractors holding specialized certification who provide chiropractic care to animal patients and evaluate opportunities to expand access to qualified animal chiropractic care while ensuring appropriate consumer and animal protections are in place.

SEC. 2. Section 480 of the Business and Professions Code is amended to read:

480. (a) Notwithstanding any other provision of this code, a board may deny a license regulated by this code on the grounds that the applicant has been convicted of a crime or has been subject to formal discipline only if either of the following conditions are met:

(1) The applicant has been convicted of a crime within the preceding seven years from the date of application that is substantially related to the qualifications, functions, or duties of the business or profession for which the application is made, regardless of whether the applicant was incarcerated for that crime, or the applicant has been convicted of a crime that is substantially related to the qualifications, functions, or duties of the business or profession for which the application is made and for which the applicant is presently incarcerated or for which the applicant was released from incarceration within the preceding seven years from the date of application. However, the preceding seven-year limitation shall not apply in either of the following situations:

(A) The applicant was convicted of a serious felony, as defined in Section 1192.7 of the Penal Code, or a crime for which registration is required pursuant to paragraph (2) or (3) of subdivision (d) of Section 290 of the Penal Code.

(B) The applicant was convicted of a financial crime currently classified as a felony that is directly and adversely related to the fiduciary qualifications, functions, or duties of the business or profession for which the application is made, pursuant to regulations adopted by the board, and for which the applicant is seeking licensure under any of the following:

- (i) Chapter 6 (commencing with Section 6500) of Division 3.
- (ii) Chapter 9 (commencing with Section 7000) of Division 3.
- (iii) Chapter 11.3 (commencing with Section 7512) of Division 3.
- (iv) Licensure as a funeral director or cemetery manager under Chapter 12 (commencing with Section 7600) of Division 3.
- (v) Division 4 (commencing with Section 10000).

(2) The applicant has been subjected to formal discipline by a licensing board in or outside California within the preceding seven years from the date of application based on professional misconduct that would have been cause for discipline before the board for which the present application is made and that is substantially related to the qualifications, functions, or

duties of the business or profession for which the present application is made. However, prior disciplinary action by a licensing board within the preceding seven years shall not be the basis for denial of a license if the basis for that disciplinary action was a conviction that has been dismissed pursuant to Section 1203.4, 1203.4a, 1203.41, 1203.42, or 1203.425 of the Penal Code or a comparable dismissal or expungement. Formal discipline that occurred earlier than seven years preceding the date of application may be grounds for denial of a license only if the formal discipline was for either of the following:

(A) Conduct that, if committed in this state by a physician and surgeon licensed pursuant to Chapter 5 (commencing with Section 2000) of Division 2, would have constituted an act of sexual abuse, misconduct, or relations with a patient pursuant to Section 726 or sexual exploitation as defined in subdivision (a) of Section 729.

(B) Conduct that, if committed in this state by a chiropractor licensed pursuant to the Chiropractic Initiative Act, would have constituted an act of sexual abuse, misconduct, or relations with a patient pursuant to Section 726.

(b) Notwithstanding any other provision of this code, a person shall not be denied a license on the basis that the person has been convicted of a crime, or on the basis of acts underlying a conviction for a crime, if that person has obtained a certificate of rehabilitation under Chapter 3.5 (commencing with Section 4852.01) of Title 6 of Part 3 of the Penal Code, has been granted clemency or a pardon by a state or federal executive, or has made a showing of rehabilitation pursuant to Section 482.

(c) Notwithstanding any other provision of this code, a person shall not be denied a license on the basis of any conviction, or on the basis of the acts underlying the conviction, that has been dismissed pursuant to Section 1203.4, 1203.4a, 1203.41, 1203.42, or 1203.425 of the Penal Code, or a comparable dismissal or expungement. An applicant who has a conviction that has been dismissed pursuant to Section 1203.4, 1203.4a, 1203.41, or 1203.42 of the Penal Code shall provide proof of the dismissal if it is not reflected on the report furnished by the Department of Justice.

(d) Notwithstanding any other provision of this code, a board shall not deny a license on the basis of an arrest that resulted in a disposition other than a conviction, including an arrest that resulted in an infraction, citation, or a juvenile adjudication.

(e) A board may deny a license regulated by this code on the grounds that the applicant knowingly made a false statement of fact that is required to be revealed in the application for the license. A board shall not deny a license based solely on an applicant's failure to disclose a fact that would not have been cause for denial of the license had it been disclosed.

(f) A board shall follow the following procedures in requesting or acting on an applicant's criminal history information:

(1) A board issuing a license pursuant to Chapter 3 (commencing with Section 5500), Chapter 3.5 (commencing with Section 5615), Chapter 10 (commencing with Section 7301), Chapter 20 (commencing with Section

9800), or Chapter 20.3 (commencing with Section 9880) of Division 3, or Chapter 3 (commencing with Section 19000) or Chapter 3.1 (commencing with Section 19225) of Division 8 may require applicants for licensure under those chapters to disclose criminal conviction history on an application for licensure.

(2) Except as provided in paragraph (1), a board shall not require an applicant for licensure to disclose any information or documentation regarding the applicant's criminal history. However, a board may request mitigating information from an applicant regarding the applicant's criminal history for purposes of determining substantial relation or demonstrating evidence of rehabilitation, provided that the applicant is informed that disclosure is voluntary and that the applicant's decision not to disclose any information shall not be a factor in a board's decision to grant or deny an application for licensure.

(3) If a board decides to deny an application for licensure based solely or in part on the applicant's conviction history, the board shall notify the applicant in writing of all of the following:

(A) The denial or disqualification of licensure.

(B) Any existing procedure the board has for the applicant to challenge the decision or to request reconsideration.

(C) That the applicant has the right to appeal the board's decision.

(D) The processes for the applicant to request a copy of the applicant's complete conviction history and question the accuracy or completeness of the record pursuant to Sections 11122 to 11127 of the Penal Code.

(g) (1) For a minimum of three years, each board under this code shall retain application forms and other documents submitted by an applicant, any notice provided to an applicant, all other communications received from and provided to an applicant, and criminal history reports of an applicant.

(2) Each board under this code shall retain the number of applications received for each license and the number of applications requiring inquiries regarding criminal history. In addition, each licensing authority shall retain all of the following information:

(A) The number of applicants with a criminal record who received notice of denial or disqualification of licensure.

(B) The number of applicants with a criminal record who provided evidence of mitigation or rehabilitation.

(C) The number of applicants with a criminal record who appealed any denial or disqualification of licensure.

(D) The final disposition and demographic information, consisting of voluntarily provided information on race or gender, of any applicant described in subparagraph (A), (B), or (C).

(3) (A) Each board under this code shall annually make available to the public through the board's internet website and through a report submitted to the appropriate policy committees of the Legislature deidentified information collected pursuant to this subdivision. Each board shall ensure confidentiality of the individual applicants.



(B) A report pursuant to subparagraph (A) shall be submitted in compliance with Section 9795 of the Government Code.

(h) “Conviction” as used in this section shall have the same meaning as defined in Section 7.5.

(i) This section does not in any way modify or otherwise affect the existing authority of the following entities in regard to licensure:

- (1) The State Athletic Commission.
- (2) The Bureau for Private Postsecondary Education.
- (3) The California Horse Racing Board.

SEC. 3. Section 1000 of the Business and Professions Code is amended to read:

1000. (a) The law governing practitioners of chiropractic is found in an initiative act entitled “An act prescribing the terms upon which licenses may be issued to practitioners of chiropractic, creating the State Board of Chiropractic Examiners and declaring its powers and duties, prescribing penalties for violation hereof, and repealing all acts and parts of acts inconsistent herewith,” adopted by the electors November 7, 1992, which may be cited as the Chiropractic Initiative Act.

(b) The State Board of Chiropractic Examiners is within the Department of Consumer Affairs.

(c) Notwithstanding any other law, the powers and duties of the State Board of Chiropractic Examiners, as set forth in this article and under the Chiropractic Initiative Act shall be subject to review by the appropriate policy committees of the Legislature. The review shall be performed as if this chapter were scheduled to be repealed as of January 1, 2031.

SEC. 4. Section 1001 of the Business and Professions Code is amended to read:

1001. In each year, the State Board of Chiropractic Examiners shall compile and may thereafter publish and sell a complete directory of all persons within the state who hold unforfeited and unrevoked certificates to practice chiropractic, and whose certificate in any manner authorizes the treatment of human beings for diseases, injuries, deformities, or any other physical or mental conditions.

The directory shall contain:

(a) The following information concerning each such person:

- (1) The name, address, telephone number, and email of such person.
- (2) The names and symbols indicating their title.
- (3) The school, attendance at which qualified them for examination or admission to practice.

(4) The date of the issuance of their certificate.

(b) The annual report of the board for the prior year.

(c) Information relating to other laws of this state and the United States which the board determines to be of interest to persons licensed to practice chiropractic.

(d) Copies of opinions of the Attorney General relating to the practice of chiropractic.

(e) A copy of the provisions of this chapter and a copy of the act cited in Section 1000.

The board may require the persons designated in this section to furnish such information as it may deem necessary to enable it to compile the directory. Every person so designated shall report immediately each and every change of residence or contact information, giving both their old and new address or contact information, as applicable.

The directory shall be evidence of the right of the persons named in it to practice unless their certificate to practice chiropractic has been canceled, suspended, or revoked. The board may collect from each person who voluntarily subscribes to or purchases a copy of the directory the cost of publication and distribution thereof, except that one copy of the directory shall be distributed electronically to each certificate holder of the board. If a certificate holder requests distribution by mail, the board shall distribute one copy of the directory to a certificate holder by mail, but the board shall not charge the certificate holder for the cost of publication and distribution.

SEC. 5. Section 1006.5 of the Business and Professions Code is amended to read:

1006.5. (a) Notwithstanding any other law, the amount of regulatory fees necessary to carry out the responsibilities required by the Chiropractic Initiative Act and this chapter are, unless a lower fee is adopted by the board by regulation, fixed in the following schedule:

(1) The fee to apply for a license to practice chiropractic shall be two hundred five dollars (\$205) and may be increased to an amount not to exceed two hundred eighty dollars (\$280).

(2) The fee for issuance of an initial license to practice chiropractic shall be one hundred sixty dollars (\$160) and may be increased to an amount not to exceed two hundred fifteen dollars (\$215).

(3) The fee to renew an active or inactive license to practice chiropractic shall be four hundred dollars (\$400) and may be increased to an amount not to exceed six hundred fifty dollars (\$650).

(4) The fee to apply for approval as a continuing education provider shall be three hundred thirty-five dollars (\$335) and may be increased to an amount not to exceed four hundred fifty dollars (\$450).

(5) The fee to renew as a continuing education provider shall be two hundred eighty-five dollars (\$285) and may be increased to an amount not to exceed three hundred eighty-five dollars (\$385).

(6) The fee to apply for approval of a continuing education course shall be thirty-five dollars (\$35) per hour of instruction and may be increased to an amount not to exceed sixty dollars (\$60) per hour of instruction.

(7) The fee to apply for a satellite office certificate shall be eighty dollars (\$80) and may be increased to an amount not to exceed one hundred ten dollars (\$110).

(8) The fee to renew a satellite office certificate shall be sixty dollars (\$60) and may be increased to an amount not to exceed eighty-five dollars (\$85).

(9) The fee to apply for a license to practice chiropractic pursuant to Section 9 of the Chiropractic Initiative Act shall be equal to the application fee specified in paragraph (1) unless a lower fee is adopted by the board by regulation.

(10) The fee to apply for a certificate of registration of a chiropractic corporation shall be one hundred ninety-five dollars (\$195) and may be increased to an amount not to exceed two hundred sixty-five dollars (\$265).

(11) The fee to renew a certificate of registration of a chiropractic corporation shall be seventy-five dollars (\$75) and may be increased to an amount not to exceed one hundred five dollars (\$105).

(12) The fee to file a chiropractic corporation special report shall be one hundred fifteen dollars (\$115) and may be increased to an amount not to exceed one hundred fifty-five dollars (\$155).

(13) The fee to apply for approval as a referral service shall be three hundred twenty dollars (\$320) and may be increased to an amount not to exceed four hundred thirty dollars (\$430).

(14) The fee for an endorsed verification of licensure shall be seventy-five dollars (\$75) and may be increased to an amount not to exceed one hundred five dollars (\$105).

(15) The fee for replacement of a lost or destroyed license to practice chiropractic shall be seventy dollars (\$70) and may be increased to an amount not to exceed ninety-five dollars (\$95).

(16) The fee for replacement of a satellite office certificate shall be seventy dollars (\$70) and may be increased to an amount not to exceed ninety-five dollars (\$95).

(17) The fee for replacement of a certificate of registration of a chiropractic corporation shall be seventy dollars (\$70) and may be increased to an amount not to exceed ninety-five dollars (\$95).

(18) The fee to restore a forfeited or canceled license to practice chiropractic shall be double the annual renewal fee specified in paragraph (3).

(19) The fee to apply for approval to serve as a preceptor shall be seventy-five dollars (\$75) and may be increased to an amount not to exceed one hundred five dollars (\$105).

(20) The penalty fees for the delinquent renewal of a satellite office certificate, certificate of registration of a chiropractic corporation, or continuing education provider status shall be set by the board in accordance with Section 163.5.

(21) The fee to petition for reinstatement of a revoked or surrendered license shall be four thousand one hundred eighty-five dollars (\$4,185).

(22) The fee to petition for early termination of probation shall be three thousand one hundred ninety-five dollars (\$3,195).

(23) The fee to petition for reduction of penalty shall be three thousand one hundred ninety-five dollars (\$3,195).

(b) If a lower fee than the minimum specified in subdivision (a) is adopted by the board by regulation, it shall be an amount sufficient to support the

functions of the board in the administration of the Chiropractic Initiative Act and this chapter.

(c) The board may establish, by regulation, a system for the issuance and renewal of a chiropractic facility permit. The board may charge application, renewal, and replacement permit fees in an amount sufficient to cover the reasonable regulatory cost to the board to administer this permit system and not to exceed the limits specified for a satellite office certificate in paragraphs (7), (8), (16), and (20) of subdivision (a).

(d) The board may establish, by regulation, a system for the issuance of a temporary license to practice chiropractic to an applicant who does not qualify for a temporary license pursuant to Section 115.6. The board may charge application, issuance, and replacement license fees in an amount sufficient to cover the reasonable regulatory cost to the board to administer this temporary license system and not to exceed the limits specified for a license to practice chiropractic in paragraphs (1), (2), and (15) of subdivision (a).

SEC. 6. Section 1008 is added to the Business and Professions Code, to read:

1008. (a) Except as otherwise provided in subdivision (b), the board or its designee may automatically revoke a license to practice chiropractic under any of the following circumstances:

(1) The licensee has been convicted in any court in or outside of this state of any offense that, if committed or attempted in this state, based on the elements of the convicted offense, would have been punishable as one or more of the offenses described in subdivision (c) of Section 290 of the Penal Code.

(2) The licensee is required to register as a sex offender pursuant to the provisions of Section 290 of the Penal Code.

(3) The licensee has been convicted of any offense that is subject to the mandatory 10-year license revocation period specified in subdivision (b) of Section 1003.

(b) This section shall not apply to a person who is required to register as a sex offender pursuant to Section 290 of the Penal Code solely because of a misdemeanor conviction under Section 314 of the Penal Code.

(c) The licensee may request a hearing within 30 days of the automatic revocation order. The proceeding shall be conducted in accordance with the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code).

(d) A plea or verdict of guilty or a conviction after a plea of nolo contendere is deemed to be a conviction within the meaning of this section. The record of conviction shall be conclusive evidence of the fact that the conviction occurred.

(e) If the related conviction of the licensee is overturned on appeal, the revocation ordered pursuant to this section shall automatically cease. The licensee shall provide the board with certified court records or other satisfactory proof establishing that the conviction has been overturned, and the board shall not be required to take action to restore the license until such

proof is received. Nothing in this subdivision shall prohibit the board from pursuing disciplinary action against the licensee based on any cause other than the overturned conviction, including, but not limited to, the underlying conduct alleged in the criminal case.

SEC. 7. Section 1009 is added to the Business and Professions Code, to read:

1009. (a) The board or its designee may automatically suspend a license to practice chiropractic following a conviction of a serious felony, as defined in Section 1192.7 of the Penal Code, by a licensee.

(b) The suspension may remain in effect until the time for appeal has elapsed if no appeal has been taken, or until judgment of conviction has been affirmed on appeal, or has otherwise become final, and until the further order of the board.

(c) The licensee may request a hearing within 30 days of the automatic suspension order. The proceeding shall be conducted in accordance with the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code).

(d) If the related conviction of the licensee is overturned on appeal, any suspension order issued pursuant to this section shall be rescinded by the board. The licensee shall provide the board with certified court records or other satisfactory proof establishing that the conviction has been overturned, and the board shall not be required to take action to restore the license until such proof is received. Nothing in this subdivision shall prohibit the board from pursuing disciplinary action against the licensee based on any cause other than the overturned conviction, including, but not limited to, the underlying conduct alleged in the criminal case.

SEC. 8. Section 1056 of the Business and Professions Code is amended to read:

1056. The income of a chiropractic corporation attributable to professional services rendered while a shareholder is a disqualified person (as defined in the Professional Corporation Act) shall not in any manner accrue to the benefit of the shareholder or their shares in the chiropractic corporation.

**Board of Chiropractic Examiners' Updated Fee Schedule**  
**Effective January 1, 2027**

The Board's sunset bill, Assembly Bill 2775 (Berman, Chapter 220, Statutes of 2026), amends Business and Professions Code section 1006.5 and implements the following fee schedule beginning January 1, 2027.

| <b>Fee Description</b>                                     | <b>Current<br/>Fee Amount</b> | <b>2027<br/>Fee Amount</b> |
|------------------------------------------------------------|-------------------------------|----------------------------|
| Doctor of Chiropractic License Application                 | \$345                         | \$205                      |
| Doctor of Chiropractic Reciprocal License Application      | \$283                         | \$205                      |
| Doctor of Chiropractic Initial License                     | \$137                         | \$160                      |
| Doctor of Chiropractic License Renewal                     | \$336                         | \$400                      |
| Doctor of Chiropractic License Restoration                 | \$672                         | \$800                      |
| Doctor of Chiropractic Duplicate/Replacement License       | \$71                          | \$70                       |
| Satellite Office Certificate Application                   | \$69                          | \$80                       |
| Satellite Office Certificate Renewal                       | \$50                          | \$60                       |
| Satellite Office Certificate Duplicate/Replacement         | \$71                          | \$70                       |
| Chiropractic Corporation Certificate Application           | \$171                         | \$195                      |
| Chiropractic Corporation Certificate Renewal               | \$62                          | \$75                       |
| Chiropractic Corporation Certificate Special Report Filing | \$98                          | \$115                      |
| Chiropractic Corporation Certificate Duplicate/Replacement | \$70                          | \$70                       |

| <b>Fee Description</b>                                                 | <b>Current<br/>Fee Amount</b>    | <b>2027<br/>Fee Amount</b>      |
|------------------------------------------------------------------------|----------------------------------|---------------------------------|
| Petition for Early Termination of Probation<br>or Reduction of Penalty | \$3,195                          | \$3,195                         |
| Petition for Reinstatement of a Revoked<br>or Surrendered License      | \$4,185                          | \$4,185                         |
| License Certification/Verification                                     | \$83                             | \$75                            |
| Continuing Education Provider<br>Application                           | \$291                            | \$335                           |
| Continuing Education Provider Renewal                                  | \$118                            | \$285                           |
| Continuing Education Course Application                                | \$116 per hour of<br>instruction | \$35 per hour of<br>instruction |
| Preceptor                                                              | \$72                             | \$75                            |
| Referral Service Application                                           | \$279                            | \$320                           |



**Agenda Item 13**  
**October 15, 2026**

## **Update and Discussion on Implementation of Other Legislation Affecting the Board**

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### **Purpose of the Item**

Staff will provide the Board with an update on the implementation of 2026 legislation impacting the Board.

### **Action Requested**

This agenda item is informational only and provided as a status update to the Board. No action is required or requested at this time.

### **Background**

Below is an overview of the chaptered bills that will be discussed during the meeting. These bills become effective January 1, 2027.

#### **A. [Assembly Bill \(AB\) 1775 \(Ward, Chapter 467, Statutes of 2026\)](#) Veterans.**

**Status:** Approved by Governor Newsom on September 26, 2026

**Summary:** This bill, among other things, requires the Department of Consumer Affairs (DCA) boards to expedite, and authorizes them to assist, the initial licensure process for an applicant who supplies satisfactory evidence to the board that the applicant served as an active duty member of the U.S. Armed Forces and received a discharge solely as a result of Executive Order No. 14183 issued on January 27, 2025.

**Estimated Fiscal Impact on the Board:** None.

**Implementation Requirements:** Staff will work with DCA's Office of Information Services (OIS) to update the initial doctor of chiropractic license application to allow a qualified applicant to request that the Board expedite their application under the provisions of this bill. Staff will also update the licensing performance metrics to track the number of applications received and licenses issued under these provisions.



**B. [AB 1811 \(Rogers, Chapter 549, Statutes of 2026\)](#) Health professionals.**

**Status:** Approved by Governor Newsom on September 27, 2026

**Summary:** Existing law requires the DCA healing arts boards to collect or request workforce data from their respective licensees for future workforce planning at least biennially at the time of electronic renewal.

This bill, among other things, also requires the workforce data to be collected or requested by boards at the time a license or registration is issued. The bill requires the information collected or requested by boards to also include the hours worked in inpatient and outpatient care, hours worked providing direct outpatient primary care services, whether the licensee accepts Medicaid, and whether the licensee offers a formal sliding fee scale.

**Estimated Fiscal Impact on the Board:** This bill has an estimated fiscal impact of \$4,375 in 2026–27 to develop and implement a process to collect or request workforce data at the time a license is issued. This impact is absorbable within the Board's existing resources.

**Implementation Requirements:** Staff will work with OIS to implement the necessary changes to the health workforce data survey and to add a request to complete the survey to the initial licensure notification.

**C. [AB 1979 \(Bonta, Chapter 854, Statutes of 2026\)](#) Health care services: artificial intelligence.**

**Status:** Approved by Governor Newsom on September 30, 2026

**Summary:** This bill, among other things, requires a health facility, clinic, physician's office, or office of a group practice to take reasonable steps to ensure that a licensed health care professional, acting within their scope of practice, retains the ability to exercise independent professional judgment in their care of a patient whenever that care is informed by the output of a clinical decision support system, as defined.

The bill prohibits a health facility, clinic, physician's office, or office of a group practice from using or deploying a tool, system, or device that includes artificial intelligence to independently perform any clinical function that is required by law to be performed by a person with a professional license. The bill authorizes the appropriate professional licensing board to pursue an injunction or restraining order to enforce these provisions to the extent that a violation constitutes the practice of a health care profession without a license.

The bill also specifies that these provisions do not apply to the use of automated decision systems for documentation and communication that does not involve the

## Discussion Regarding Legislation Implementation

October 15, 2026

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application of professional judgment, including automated messages to inform patients of updates to their health records.

**Estimated Fiscal Impact on the Board:** None.

**Implementation Requirements:** Staff will develop and distribute outreach materials to educate licensees on the provisions of this bill.

### D. [Senate Bill 1445 \(Committee on Business, Professions and Economic Development, Chapter 237, Statutes of 2026\)](#) **Healing arts.**

**Status:** Approved by Governor Newsom on September 14, 2026

**Summary:** Existing law requires DCA boards and bureaus and the Department of Real Estate to register a servicemember or a spouse of a servicemember who relocated to the state because of military orders for military service within this state and meets specified requirements. Under existing law, a registered person is deemed a licensee of the registering authority for purposes of the laws administered by that registering authority relating to standards of practice, discipline, and continuing education, as specified. Among the requirements for registration, the applicant must be in good standing and have performed at least one activity within the scope and under the authority of their professional license within the two years preceding their relocation. Existing law also requires the applicant to submit to the registering authority an affidavit attesting to having met all of the requirements for registration and to the accuracy of the information submitted to the registering authority, as specified.

This bill defines “good standing” and “military orders” for purposes of those provisions and deletes the requirement that the applicant must have performed an activity within the scope and under the authority of their professional license within the two years preceding their relocation. The bill also requires the applicant’s affidavit to include an attestation that the applicant read, understood, and will comply with the standards and scope of practice of the registering authority’s licensees.

**Estimated Fiscal Impact on the Board:** None.

**Implementation Requirements:** None. OIS will deploy department-wide updates to the Federal Professional License Portability and State Registration online portal.

### **Attachment**

- Copy of the Above-Referenced Chaptered Bills

**Assembly Bill No. 1775**

**CHAPTER 467**

An act to amend Sections 115.4 and 115.8 of the Business and Professions Code, and to amend Section 885 of, and to add Section 886 to, the Military and Veterans Code, relating to veterans.

[Approved by Governor September 26, 2026. Filed with  
Secretary of State September 26, 2026.]

**LEGISLATIVE COUNSEL'S DIGEST**

**AB 1775, Ward. Veterans.**

Existing law establishes the Department of Consumer Affairs under the direction of the Director of Consumer Affairs and sets forth its powers and duties relating to the administration of the various boards under its jurisdiction that license and regulate various professions and vocations. Existing law requires those boards to expedite, and authorizes them to assist, the initial licensure process for an applicant who supplies satisfactory evidence to the board that the applicant has served as an active duty member of the Armed Forces of the United States and was honorably discharged.

This bill would extend that requirement and authorization to also include members who were discharged or received a discharge solely as a result of a specified executive order. The bill would extend the requirement and authorization for the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board, commencing June 1, 2027. The bill would make additional conforming changes.

Existing law requires the department, subject to an appropriation by the Legislature, to establish the Veteran's Military Discharge Upgrade Grant Program to help fund service providers who, for free or at low cost, will educate veterans about discharge upgrades and assist veterans in filing discharge upgrade applications, as specified. Existing law authorizes the department to prioritize veteran recipients of the services, such as prioritizing those who are able to demonstrate their less than honorable characterization of service was connected to a mental health condition, traumatic brain injury, sexual assault or harassment, or sexual orientation.

This bill would instead require the program to help fund service providers who will educate veterans on the above-described services at no cost. The bill would additionally require the department to prioritize veteran recipients, regardless of discharge status, who are able to demonstrate that their less than honorable characterization of service was connected to a behavioral health condition, traumatic brain injury, sexual assault or harassment, or sexual orientation or who are able to demonstrate their characterization of service was connected to gender identity.

This bill would additionally require the department, subject to an appropriation by the Legislature, to establish the Veteran’s Housing and Supportive Services Grant Program to help fund service providers who, for at no cost, will provide housing supports for veterans. The bill would require the department to develop criteria, procedures, and accountability measures as may be necessary to implement the grant program, and to prioritize veteran recipients, regardless of discharge status, who are able to demonstrate their less than honorable characterization of service was connected to a behavioral health condition, traumatic brain injury, sexual assault or harassment, or sexual orientation or who are able to demonstrate their characterization of service was connected to gender identity.

*The people of the State of California do enact as follows:*

SECTION 1. Section 115.4 of the Business and Professions Code is amended to read:

115.4. (a) Notwithstanding any other law, and except as provided in subdivision (e), on and after July 1, 2016, a board within the department shall expedite, and may assist, the initial licensure process for an applicant who supplies satisfactory evidence to the board that the applicant has served as an active duty member of the Armed Forces of the United States and was honorably discharged or received a discharge solely as a result of Executive Order No. 14183 issued on January 27, 2025.

(b) Notwithstanding any other law, on and after July 1, 2024, a board within the department shall expedite, and may assist, the initial licensure process for an applicant who supplies satisfactory evidence to the board that the applicant is an active duty member of a regular component of the Armed Forces of the United States enrolled in the United States Department of Defense SkillBridge program as authorized under Section 1143(e) of Title 10 of the United States Code.

(c) A board may adopt regulations necessary to administer this section in accordance with the provisions of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code.

(d) For purposes of this section, the term “applicant” refers to an applicant for an individual license and does not refer to applicants for business or entity licenses.

(e) The requirement pursuant to subdivision (a) involving those who received a discharge solely as a result of Executive Order No. 14183 issued on January 27, 2025, shall begin on June 1, 2027, for the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board.

SEC. 2. Section 115.8 of the Business and Professions Code is amended to read:

115.8. The Department of Consumer Affairs shall compile information on military and spouse licensure into an annual report for the Legislature, which shall be submitted in conformance with Section 9795 of the

Government Code. The report shall include all of the following for each license type of each board:

- (a) The number of applications for a temporary license submitted by military spouses per fiscal year, pursuant to Section 115.6.
- (b) The number of applications for expedited licenses received from honorably discharged military members and military spouses, or those who received a discharge solely as a result of Executive Order No. 14183 issued on January 27, 2025, pursuant to Sections 115.4 and 115.5.
- (c) The number of licenses issued and denied per fiscal year pursuant to Sections 115.4, 115.5, and 115.6.
- (d) The number of licenses issued pursuant to Section 115.6 that were suspended or revoked per fiscal year.
- (e) The number of applications for waived renewal fees received and granted pursuant to Section 114.3 per fiscal year.
- (f) The average length of time between application and issuance of licenses pursuant to Sections 115.4, 115.5, and 115.6.

SEC. 3. Section 885 of the Military and Veterans Code is amended to read:

885. (a) The department shall establish the Veteran's Military Discharge Upgrade Grant Program to help fund service providers who, at no cost, will educate veterans about discharge upgrades and assist qualifying veterans in filing discharge upgrade applications.

(b) The department shall develop criteria, procedures, and accountability measures as may be necessary to implement the grant program. The department shall prioritize veteran recipients, regardless of discharge status, who are able to demonstrate their less than honorable characterization of service was connected to a behavioral health condition, traumatic brain injury, sexual assault or harassment, or sexual orientation or who are able to demonstrate their characterization of service was connected to gender identity.

(c) Funding for the grant program is subject to appropriation by the Legislature.

(d) The department may adopt regulations as necessary to implement this section.

SEC. 4. Section 886 is added to the Military and Veterans Code, to read:

886. (a) The department shall establish the Veteran's Housing and Supportive Services Grant Program to help fund service providers who, for at no cost, will provide housing supports for veterans.

(b) The department shall develop criteria, procedures, and accountability measures as may be necessary to implement the grant program. The department shall prioritize veteran recipients, regardless of discharge status, who are able to demonstrate their less than honorable characterization of service was connected to a behavioral health condition, traumatic brain injury, sexual assault or harassment, or sexual orientation or who are able to demonstrate their characterization of service was connected to gender identity.

(c) Funding for the grant program is subject to appropriation by the Legislature.

(d) The department may adopt regulations as necessary to implement this section.

O

## **Assembly Bill No. 1811**

### **CHAPTER 549**

An act to amend Section 502 of the Business and Professions Code, and to add and repeal Section 30 of the Health and Safety Code, relating to health professions.

[Approved by Governor September 27, 2026. Filed with  
Secretary of State September 27, 2026.]

#### **LEGISLATIVE COUNSEL'S DIGEST**

AB 1811, Rogers. Health professionals.

(1) Existing federal law requires the Secretary of Health and Human Services to designate health professional shortage areas and requires the secretary, in establishing criteria for the designation of those areas, to consider, among other things, the ratio of available health manpower to the number of individuals in an area or population group and indicators of a need for health services, as specified. Existing state law makes references to federally recognized or designated health professional shortage areas in various contexts, including, among others, the California Physician Corps Program, the California Reproductive Health Services Corps, the Oral Health Program, the Virtual Health Hub for Rural Communities Pilot Program, and health professions planning grants.

This bill, until January 1, 2035, would define the term “health professional shortage area” to mean (1) an area determined by the Department of Health Care Access and Information to have a shortage of health professionals, (2) a health professional shortage area currently designated or recognized by the United States Department of Health and Human Services, or (3) an area designated or recognized as a health professional shortage area by the United States Department of Health and Human Services on January 1, 2025, regardless of whether that area remains designated or recognized by the United States Department of Health and Human Services as a health professional shortage area. The bill would authorize the Department of Health Care Access and Information to revoke designations, as specified.

(2) Existing law requires specified boards, including the Board of Registered Nursing and the Respiratory Care Board of California, to collect certain workforce data from their respective licensees and registrants for future workforce planning at least biennially. Existing law requires other boards that regulate healing arts licensees or registrants to request workforce data from their respective licensees and registrants for future workforce planning at least biennially. Existing law requires the workforce data collected or requested to include specified information, including, among others, the type of employer or classification of primary practice site, as specified. Existing law prohibits a licensee or registrant from being required

to provide the information as a condition for license or registration renewal and prohibits licensees or registrants from being subject to discipline for not providing the information. Existing law requires the boards and the Department of Health Care Access and Information to maintain the confidentiality of licensee and registrant information collected pursuant to these provisions and authorizes release of the information only in aggregate form. Existing law requires each board to provide individual licensee and registrant data to the Department of Health Care Access and Information on a quarterly basis, as specified.

This bill would require the workforce data to be collected or requested by boards at the time a license or registration is issued, except as specified. The bill would require the information collected or requested by boards to also include, among other things, the hours worked in inpatient care, hours worked in outpatient care, and whether the licensee or registrant offers a formal sliding fee scale. The bill would instead require each board to provide licensee and registrant data on a monthly basis.

(3) Existing constitutional provisions require that a statute that limits the right of access to the meetings of public bodies or the writings of public officials and agencies be adopted with findings demonstrating the interest protected by the limitation and the need for protecting that interest.

This bill would make legislative findings to that effect.

(4) This bill would incorporate additional changes to Section 502 of the Business and Professions Code proposed by SB 1271 to be operative only if this bill and SB 1271 are enacted and this bill is enacted last.

*The people of the State of California do enact as follows:*

SECTION 1. Section 502 of the Business and Professions Code is amended to read:

502. (a) Notwithstanding any other law, both of the following apply:

(1) The Board of Registered Nursing, the Board of Vocational Nursing and Psychiatric Technicians of the State of California, the Physician Assistant Board, and the Respiratory Care Board of California shall collect workforce data from their respective licensees and registrants as specified in subdivision (b) for future workforce planning at the time the license or registration is issued and at least biennially thereafter. The data shall be collected at the time of electronic license or registration issuance and renewal for those boards that utilize electronic issuances and renewals for licensees or registrants.

(2) (A) All other boards that are not listed in paragraph (1) that regulate healing arts licensees or registrants under this division shall request workforce data from their respective licensees and registrants as specified in subdivision (b) for future workforce planning at the time the license or registration is issued and at least biennially thereafter. The data shall be requested at the time of electronic license or registration issuance and



renewal for those boards that utilize electronic issuances and renewals for licensees or registrants.

(B) Notwithstanding subparagraph (A) and until July 1, 2027, the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board is not required to request workforce data at the time the license or registration is issued. On and after July 1, 2027, the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board shall request the workforce data at the time the license or registration is issued.

(b) In conformance with specifications under subdivision (d), the workforce data collected or requested by each board about its licensees and registrants shall include, at a minimum, all of the following information:

- (1) Anticipated year of retirement.
- (2) Primary and secondary area of practice or specialty.
- (3) City, county, and ZIP Code of practice.
- (4) Date of birth.
- (5) Educational background and the highest level attained at time of licensure or registration.
- (6) Gender or gender identity.
- (7) Hours spent in direct patient care, including telehealth hours as a subcategory, training, research, and administration.
- (8) Hours worked in inpatient care.
- (9) Hours worked in outpatient care.
- (10) Languages spoken.
- (11) National Provider Identifier.
- (12) Hours worked providing direct outpatient primary care services.
- (13) Race or ethnicity.
- (14) Type of employer or classification of primary practice site, including, but not limited to, clinic, hospital, managed care organization, or private practice.
- (15) Whether the licensee or registrant accepts Medicaid.
- (16) Whether the licensee or registrant offers a formal sliding fee scale.
- (17) Work hours.
- (18) Sexual orientation.
- (19) Disability status.

(c) Each board shall maintain the confidentiality of the information it receives from licensees and registrants under this section and shall only release information in an aggregate form that cannot be used to identify an individual other than as specified in subdivision (e).

(d) The Department of Consumer Affairs, in consultation with the Department of Health Care Access and Information, shall specify for each board subject to this section the specific information and data that will be collected or requested pursuant to subdivision (b). The Department of Consumer Affairs' identification and specification of this information and data shall be exempt until June 30, 2023, from the requirements of the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code).

(e) Each board, or the Department of Consumer Affairs on its behalf, shall, beginning on July 1, 2022, and monthly thereafter, provide the individual licensee and registrant data it collects pursuant to this section to the Department of Health Care Access and Information in a manner directed by the Department of Health Care Access and Information, including license or registration number and associated license or registration information. The Department of Health Care Access and Information shall maintain the confidentiality of the licensee and registrant information it receives and shall only release information in an aggregate form that cannot be used to identify an individual.

(f) A licensee or registrant shall not be required to provide the information listed in subdivision (b) as a condition for license or registration renewal, and licensees or registrants shall not be subject to discipline for not providing the information listed in subdivision (b).

(g) This section does not alter or affect mandatory reporting requirements for licensees or registrants established pursuant to this division, including, but not limited to, Sections 1715.5, 1902.2, 2425.3, and 2455.2.

SEC. 1.1. Section 502 of the Business and Professions Code is amended to read:

502. (a) Notwithstanding any other law, both of the following apply:

(1) The Board of Registered Nursing, the Board of Vocational Nursing and Psychiatric Technicians of the State of California, the Physician Assistant Board, and the Respiratory Care Board of California shall collect workforce data from their respective licensees and registrants as specified in subdivision (b) for future workforce planning at the time the license or registration is issued and at least biennially thereafter. The data shall be collected at the time of electronic license or registration issuance and renewal for those boards that utilize electronic issuances and renewals for licensees or registrants.

(2) (A) All other boards that are not listed in paragraph (1) that regulate healing arts licensees or registrants under this division shall request workforce data from their respective licensees and registrants as specified in subdivision (b) for future workforce planning at the time the license or registration is issued and at least biennially thereafter. The data shall be requested at the time of electronic license or registration issuance and renewal for those boards that utilize electronic issuances and renewals for licensees or registrants.

(B) Notwithstanding subparagraph (A) and until July 1, 2027, the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board is not required to request workforce data at the time the license or registration is issued. On and after July 1, 2027, the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board shall request the workforce data at the time the license or registration is issued.

(b) In conformance with specifications under subdivision (d), the workforce data collected or requested by each board about its licensees and registrants shall include, at a minimum, all of the following information:

(1) Anticipated year of retirement.

- (2) Primary and secondary area of practice or specialty.
  - (3) City, county, and ZIP Code of practice.
  - (4) Date of birth.
  - (5) Educational background and the highest level attained at time of licensure or registration.
  - (6) Gender or gender identity.
  - (7) Hours spent in direct patient care, including telehealth hours as a subcategory, training, research, and administration.
  - (8) Hours worked in inpatient care.
  - (9) Hours worked in outpatient care.
  - (10) Languages spoken.
  - (11) National Provider Identifier.
  - (12) Hours worked providing direct outpatient primary care services.
  - (13) Race or ethnicity.
  - (14) Type of employer or classification of primary practice site, including, but not limited to, clinic, hospital, managed care organization, or private practice.
  - (15) Whether the licensee or registrant accepts Medicaid.
  - (16) Whether the licensee or registrant offers a formal sliding fee scale.
  - (17) Work hours.
  - (18) Sexual orientation.
  - (19) Disability status.
- (c) Each board shall maintain the confidentiality of the information it receives from licensees and registrants under this section and shall only release information in an aggregate form that cannot be used to identify an individual other than as specified in subdivision (e).
- (d) The Department of Consumer Affairs, in consultation with the Department of Health Care Access and Information, shall specify for each board subject to this section the specific information and data that will be collected or requested pursuant to subdivision (b). The Department of Consumer Affairs' identification and specification of this information and data shall be exempt until June 30, 2023, from the requirements of the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code).
- (e) Each board, or the Department of Consumer Affairs on its behalf, shall, beginning on July 1, 2022, and monthly thereafter, provide the individual licensee and registrant data it collects pursuant to this section to the Department of Health Care Access and Information in a manner directed by the Department of Health Care Access and Information, including license or registration number and associated license or registration information. The Department of Health Care Access and Information shall maintain the confidentiality of the licensee and registrant information it receives and shall only release information in an aggregate form that cannot be used to identify an individual.
- (f) A licensee or registrant shall not be required to provide the information listed in subdivision (b) as a condition for license or registration renewal,

and licensees or registrants shall not be subject to discipline for not providing the information listed in subdivision (b).

(g) This section does not alter or affect mandatory reporting requirements for licensees or registrants established pursuant to this division, including, but not limited to, Sections 1715.5, 1902.2, 2425.3, and 2455.2.

(h) (1) Pursuant to the workforce data collection requirement in paragraph (2) of subdivision (a), the Medical Board of California shall, by April 1, 2027, request all of the following, as applicable, from a licensed midwife in the form and manner prescribed by the board:

(A) The licensed midwife's eligibility to serve as a clinical preceptor for student midwives enrolled in a midwifery education program approved by the Medical Board of California, including whether they have met the minimum requirements to become a clinical preceptor.

(B) If the licensed midwife responds that they are eligible to serve as a clinical preceptor pursuant to subparagraph (A), both of the following:

(i) Whether the licensed midwife is currently available, or anticipates becoming available within the next two years, to serve as a clinical preceptor for student midwives.

(ii) The primary practice setting or settings in which the licensed midwife would offer to serve as a clinical preceptor, including, but not limited to, home births, freestanding birth centers, hospital-based or integrated maternity settings, rural or frontier community settings, or federally qualified health centers, as defined by Section 1396(d)(1)(2) of Title 42 of the United States Code.

(C) If the licensed midwife responds that they are currently available pursuant to subparagraph (B), the maximum number of student midwives the licensed midwife is currently able to supervise concurrently and the county or counties in the state in which the licensed midwife currently practices and within which they would be available for clinical preceptorship.

(D) If the licensed midwife responds that they are not currently available pursuant to subparagraph (B), the primary reason or reasons for their unavailability.

(2) (A) The Medical Board of California shall maintain the confidentiality of the information it receives from licensed midwives under this subdivision and shall only release information in an aggregate form that cannot be used to identify an individual other than as specified in subparagraph (B).

(B) The Medical Board of California shall quarterly provide the individual licensed midwife data it collects pursuant to this subdivision to the Department of Health Care Access and Information in a manner directed by the Department of Health Care Access and Information for the purpose of statewide midwifery workforce planning, analysis, and public reporting. The Department of Health Care Access and Information shall maintain the confidentiality of the licensed midwife information it receives and shall only release information in an aggregate form that cannot be used to identify an individual licensed midwife.

(C) On or before June 30, 2029, the Department of Health Care Access and Information shall submit a report to the Legislature, pursuant to Section

9795 of the Government Code, detailing the findings of the Department of Health Care Access and Information based on the information received pursuant to subparagraph (B).

(3) A licensed midwife shall not be required to provide the information requested in this subdivision as a condition for license renewal, and a licensed midwife shall not be subject to discipline for not providing the information requested in this subdivision.

(i) This section shall become inoperative on June 30, 2029, and, as of January 1, 2030, is repealed.

SEC. 1.2. Section 502 is added to the Business and Professions Code, to read:

502. (a) Notwithstanding any other law, both of the following apply:

(1) The Board of Registered Nursing, the Board of Vocational Nursing and Psychiatric Technicians of the State of California, the Physician Assistant Board, and the Respiratory Care Board of California shall collect workforce data from their respective licensees and registrants as specified in subdivision (b) for future workforce planning at the time the license or registration is issued and at least biennially thereafter. The data shall be collected at the time of electronic license or registration issuance and renewal for those boards that utilize electronic issuances and renewals for licensees or registrants.

(2) (A) All other boards that are not listed in paragraph (1) that regulate healing arts licensees or registrants under this division shall request workforce data from their respective licensees and registrants as specified in subdivision (b) for future workforce planning at the time the license or registration is issued and at least biennially thereafter. The data shall be requested at the time of electronic license or registration issuance and renewal for those boards that utilize electronic issuances and renewals for licensees or registrants.

(B) Notwithstanding subparagraph (A) and until July 1, 2027, the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board is not required to request workforce data at the time the license or registration is issued. On and after July 1, 2027, the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board shall request the workforce data at the time the license or registration is issued.

(b) In conformance with specifications under subdivision (d), the workforce data collected or requested by each board about its licensees and registrants shall include, at a minimum, all of the following information:

- (1) Anticipated year of retirement.
- (2) Primary and secondary area of practice or specialty.
- (3) City, county, and ZIP Code of practice.
- (4) Date of birth.
- (5) Educational background and the highest level attained at time of licensure or registration.
- (6) Gender or gender identity.
- (7) Hours spent in direct patient care, including telehealth hours as a subcategory, training, research, and administration.

- (8) Hours worked in inpatient care.
  - (9) Hours worked in outpatient care.
  - (10) Languages spoken.
  - (11) National Provider Identifier.
  - (12) Hours worked providing direct outpatient primary care services.
  - (13) Race or ethnicity.
  - (14) Type of employer or classification of primary practice site, including, but not limited to, clinic, hospital, managed care organization, or private practice.
  - (15) Whether the licensee or registrant accepts Medicaid.
  - (16) Whether the licensee or registrant offers a formal sliding fee scale.
  - (17) Work hours.
  - (18) Sexual orientation.
  - (19) Disability status.
- (c) Each board shall maintain the confidentiality of the information it receives from licensees and registrants under this section and shall only release information in an aggregate form that cannot be used to identify an individual other than as specified in subdivision (e).
- (d) The Department of Consumer Affairs, in consultation with the Department of Health Care Access and Information, shall specify for each board subject to this section the specific information and data that will be collected or requested pursuant to subdivision (b). The Department of Consumer Affairs' identification and specification of this information and data shall be exempt until June 30, 2023, from the requirements of the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code).
- (e) Each board, or the Department of Consumer Affairs on its behalf, shall, beginning on July 1, 2022, and monthly thereafter, provide the individual licensee and registrant data it collects pursuant to this section to the Department of Health Care Access and Information in a manner directed by the Department of Health Care Access and Information, including license or registration number and associated license or registration information. The Department of Health Care Access and Information shall maintain the confidentiality of the licensee and registrant information it receives and shall only release information in an aggregate form that cannot be used to identify an individual.
- (f) A licensee or registrant shall not be required to provide the information listed in subdivision (b) as a condition for license or registration renewal, and licensees or registrants shall not be subject to discipline for not providing the information listed in subdivision (b).
- (g) This section does not alter or affect mandatory reporting requirements for licensees or registrants established pursuant to this division, including, but not limited to, Sections 1715.5, 1902.2, 2425.3, and 2455.2.
- (h) This section shall become operative on June 30, 2029.
- SEC. 2. Section 30 is added to the Health and Safety Code, to read:

30. (a) Notwithstanding any other law, and for purposes of this code and any other state law or regulation, “health professional shortage area” means all of the following:

(1) A health professional shortage area currently designated or recognized by the United States Department of Health and Human Services.

(2) An area designated or recognized as a health professional shortage area by the United States Department of Health and Human Services on January 1, 2025, regardless of whether that area remains designated or recognized by the United States Department of Health and Human Services as a health professional shortage area.

(3) An area determined by the Department of Health Care Access and Information to have a shortage of health professionals.

(b) The Department of Health Care Access and Information may revoke a designation of a health professional shortage area described in paragraph (2) or (3) of subdivision (a).

(c) Notwithstanding any other law, and for purposes of this code and any other state law or regulation, any reference to a health professional shortage area, including, but not limited to, references qualified as referring to health professional shortage areas designated or recognized by a federal agency, shall be deemed to refer to the definition in subdivision (a).

(d) This section shall remain in effect only until January 1, 2035, and as of that date is repealed.

SEC. 3. The Legislature finds and declares that Sections 1, 1.1, and 1.2 of this act, which amend Section 502 of the Business and Professions Code, impose a limitation on the public’s right of access to the meetings of public bodies or the writings of public officials and agencies within the meaning of Section 3 of Article I of the California Constitution. Pursuant to that constitutional provision, the Legislature makes the following findings to demonstrate the interest protected by this limitation and the need for protecting that interest:

In order to protect the privacy of licensees and registrants, while also gathering useful workforce data, it is necessary that some information collected from licensees and registrants only be released in aggregate form.

SEC. 4. Sections 1.1 and 1.2 of this bill incorporate amendments to Section 502 of the Business and Professions Code proposed by both this bill and Senate Bill 1271. Those sections of this bill shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2027, (2) this bill amends Section 502 of the Business and Professions Code and Senate Bill 1271 amends, repeals, and adds Section 502 of the Business and Professions Code, and (3) this bill is enacted after Senate Bill 1271, in which case Section 1 of this bill shall not become operative.

## **Assembly Bill No. 1979**

### **CHAPTER 854**

An act to add Chapter 25.5 (commencing with Section 22758.5) to Division 8 of the Business and Professions Code, and to amend Sections 56.05 and 56.06 of the Civil Code, relating to health care services.

[Approved by Governor September 30, 2026. Filed with  
Secretary of State September 30, 2026.]

#### **LEGISLATIVE COUNSEL'S DIGEST**

AB 1979, Bonta. Health care services: artificial intelligence.

(1) The Confidentiality of Medical Information Act (CMIA) prohibits a provider of health care, a health care service plan, a contractor, or a corporation and its subsidiaries and affiliates from intentionally sharing, selling, using for marketing, or otherwise using any medical information, as defined, for any purpose not necessary to provide health care services to a patient, except as provided. Existing law makes a violation of these provisions that results in economic loss or personal injury punishable as a misdemeanor. Existing law deems a business that offers a mental health digital service or reproductive or sexual health digital service to a consumer for the purpose of allowing the individual to manage the individual's information, or for the diagnosis, treatment, or management of a medical condition of the individual, to be a provider of health care subject to the requirements of the CMIA.

The bill would additionally deem a business that offers a health care chatbot, as defined, to a consumer for the above-described purposes to be a provider of health care subject to the requirements of the CMIA. Because the bill would expand the scope of a crime, it would impose a state-mandated local program.

(2) Existing law requires a health facility, clinic, physician's office, or office of a group practice that uses generative artificial intelligence to generate written or verbal patient communications pertaining to patient clinical information, as defined, to ensure that those communications include both a disclaimer that indicates to the patient that a communication was generated by generative artificial intelligence, as specified, and clear instructions describing how a patient may contact a human health care provider, employee, or other appropriate person, except as specified.

This bill would require a health facility, clinic, physician's office, or office of a group practice to take reasonable steps to ensure that a licensed health care professional, acting within their scope of practice, retains the ability to exercise independent professional judgment in their care of a patient whenever that care is informed by the output of a clinical decision support system, as defined. The bill would prohibit a health facility, clinic,



physician's office, or office of a group practice from using or deploying a tool, system, or device that includes artificial intelligence to independently perform any clinical function that is required by law to be performed by a person with a professional license. The bill would make a violation of these provisions by a physician subject to the jurisdiction of the Medical Board of California or the Osteopathic Medical Board of California. The bill would also authorize the appropriate professional licensing board to pursue an injunction or restraining order to enforce these provisions to the extent that a violation constitutes the practice of a health care profession without a license. The bill would specify that these provisions do not apply to the use of automated decision systems for documentation and communication that does not involve the application of professional judgment, including automated messages to inform patients of updates to their health records.

(3) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

*The people of the State of California do enact as follows:*

SECTION 1. Chapter 25.5 (commencing with Section 22758.5) is added to Division 8 of the Business and Professions Code, to read:

#### CHAPTER 25.5. AI CLINICAL DECISION SUPPORT

22758.5. (a) A health facility, clinic, physician's office, or office of a group practice shall take reasonable steps to ensure that a licensed health care provider, acting within their scope of practice, retains the ability to exercise independent professional judgment in their care of a patient whenever that care is informed by the output of a clinical decision support system.

(b) (1) A health facility, clinic, physician's office, or office of a group practice shall not use or deploy a tool, system, or device that includes artificial intelligence to do any of the following:

(A) Direct, guide, supervise, or instruct unlicensed personnel in their performance of any clinical function that is required by law to be performed by a person with a professional license.

(B) Independently perform any clinical function that is required by law to be performed by a person with a professional license.

(2) This subdivision does not prohibit the use or deployment of a tool, system, or device by a trainee as part of a supervised course of study or training program while working toward licensure.

(c) (1) A violation of this section by a physician is subject to the jurisdiction of the Medical Board of California or the Osteopathic Medical Board of California, as appropriate.

(2) To the extent that a violation of this section constitutes the practice of a health care profession without a license, the appropriate health care professional licensing board may pursue an injunction or restraining order to enforce this section, as authorized by Section 125.5.

(3) Nothing in this section limits the authority for a health care professional licensing board or enforcement agency to pursue any remedy otherwise authorized under the law.

(d) This section does not apply to the use of automated decision systems for documentation and communication that does not involve the application of professional judgment, including, but not limited to, automated messages to inform patients of updates to their health records, generating reminders, or assisting patients to find information at their request.

(e) For purposes of this section, the following definitions apply:

(1) “Artificial intelligence” has the same meaning as defined in Section 1339.75 of the Health and Safety Code.

(2) (A) “Automated decision system” means a computational process derived from machine learning, statistical modeling, data analytics, or artificial intelligence that issues simplified output, including a score, classification, or recommendation, that is used to assist or replace human discretionary decisionmaking and materially impacts natural persons.

(B) “Automated decision system” does not include a spam email filter, firewall, antivirus software, identity and access management tools, calculator, database, dataset, or other compilation of data.

(3) “Clinic” has the same meaning as defined in Section 1200 of the Health and Safety Code.

(4) “Clinical decision support system” means an artificial intelligence system that produces a prediction, classification, recommendation, evaluation, or analysis that aids clinical decisionmaking related to timing of care, diagnosis, or treatment. It does not include systems that provide appointment management such as booking, canceling and rescheduling appointments, appointment reminders, patient education and pre-visit materials and preparation, and payment processing, to the extent the independent performance of these activities by the system does not require a professional license.

(5) “Generative artificial intelligence” has the same meaning as that term is defined in Section 1339.75 of the Health and Safety Code.

(6) “Health care provider” means a person licensed or certified pursuant to Division 2 (commencing with Section 500).

(7) “Health facility” has the same meaning as defined in Section 1250 of the Health and Safety Code.

(8) “Office of a group practice” has the same meaning as defined in Section 1339.75 of the Health and Safety Code.

(9) “Physician’s office” has the same meaning as defined in Section 1339.75 of the Health and Safety Code.

SEC. 2. Section 56.05 of the Civil Code is amended to read:

56.05. For purposes of this part:

(a) “Artificial intelligence” has the same meaning as that term is defined in Section 1339.75 of the Health and Safety Code.

(b) “Authorization” means permission granted in accordance with Section 56.11 or 56.21 for the disclosure of medical information.

(c) “Authorized recipient” means a person who is authorized to receive medical information pursuant to Section 56.10 or 56.20.

(d) “Confidential communications request” means a request by a subscriber or enrollee that health care service plan communications containing medical information be communicated to them at a specific mail or email address or specific telephone number, as designated by the subscriber or enrollee.

(e) “Contractor” means a person or entity that is a medical group, independent practice association, pharmaceutical benefits manager, or a medical service organization and is not a health care service plan or provider of health care. “Contractor” does not include insurance institutions as defined in subdivision (k) of Section 791.02 of the Insurance Code or pharmaceutical benefits managers licensed pursuant to the Knox-Keene Health Care Service Plan Act of 1975 (Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code).

(f) “Enrollee” has the same meaning as that term is defined in Section 1345 of the Health and Safety Code.

(g) “Expiration date or event” means a specified date or an occurrence relating to the individual to whom the medical information pertains or the purpose of the use or disclosure, after which the provider of health care, health care service plan, pharmaceutical company, or contractor is no longer authorized to disclose the medical information.

(h) “Generative artificial intelligence” has the same meaning as that term is defined in Section 1339.75 of the Health and Safety Code.

(i) “Health care chatbot” means a generative artificial intelligence system with a natural language interface that does all of the following:

- (1) Provides adaptive, human-like responses to user inputs.
- (2) Is marketed as facilitating or supporting health services to a consumer.
- (3) (A) Uses health care chatbot information to facilitate or support health service to a consumer.

(B) For purposes of this paragraph, “health care chatbot information” means information related to a consumer’s physical or mental health or wellness that a consumer provides to a chatbot, either directly or by allowing access to that information, or is collected, generated, or inferred by a chatbot.

(j) “Health care service plan” means an entity regulated pursuant to the Knox-Keene Health Care Service Plan Act of 1975 (Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code).

(k) “Licensed health care professional” means a person licensed or certified pursuant to Division 2 (commencing with Section 500) of the Business and Professions Code, the Osteopathic Initiative Act or the Chiropractic Initiative Act, or Division 2.5 (commencing with Section 1797) of the Health and Safety Code.

(l) “Marketing” means to make a communication about a product or service that encourages recipients of the communication to purchase or use the product or service.

“Marketing” does not include any of the following:

(1) Communications made orally or in writing for which the communicator does not receive direct or indirect remuneration, including, but not limited to, gifts, fees, payments, subsidies, or other economic benefits, from a third party for making the communication.

(2) Communications made to current enrollees solely for the purpose of describing a provider’s participation in an existing health care provider network or health plan network of a Knox-Keene licensed health plan to which the enrollees already subscribe; communications made to current enrollees solely for the purpose of describing if, and the extent to which, a product or service, or payment for a product or service, is provided by a provider, contractor, or plan or included in a plan of benefits of a Knox-Keene licensed health plan to which the enrollees already subscribe; or communications made to plan enrollees describing the availability of more cost-effective pharmaceuticals.

(3) Communications that are tailored to the circumstances of a particular individual to educate or advise the individual about treatment options, and otherwise maintain the individual’s adherence to a prescribed course of medical treatment, as provided in Section 1399.901 of the Health and Safety Code, for a chronic and seriously debilitating or life-threatening condition as defined in subdivisions (e) and (f) of Section 1367.21 of the Health and Safety Code, if the health care provider, contractor, or health plan receives direct or indirect remuneration, including, but not limited to, gifts, fees, payments, subsidies, or other economic benefits, from a third party for making the communication, if all of the following apply:

(A) The individual receiving the communication is notified in the communication in typeface no smaller than 14-point type of the fact that the provider, contractor, or health plan has been remunerated and the source of the remuneration.

(B) The individual is provided the opportunity to opt out of receiving future remunerated communications.

(C) The communication contains instructions in typeface no smaller than 14-point type describing how the individual can opt out of receiving further communications by calling a toll-free number of the health care provider, contractor, or health plan making the remunerated communications. Further communication shall not be made to an individual who has opted out after 30 calendar days from the date the individual makes the opt-out request.

(m) (1) “Medical information” means any individually identifiable information, in electronic or physical form, in possession of or derived from a provider of health care, health care service plan, pharmaceutical company, or contractor regarding a patient’s medical history, mental health application information, reproductive or sexual health application information, mental or physical condition, or treatment. “Individually identifiable” means that the medical information includes or contains any element of personal

identifying information sufficient to allow identification of the individual, such as the patient's name, address, electronic mail address, telephone number, or social security number, or other information that, alone or in combination with other publicly available information, reveals the identity of the individual.

(2) If individually identifying information regarding immigration status, including current and prior immigration status, or place of birth, is known or collected in electronic or physical form by a provider of health care, health care service plan, pharmaceutical company, or contractor regarding a patient's medical history, it shall be treated as medical information, as defined in paragraph (1).

(n) "Mental health application information" means information related to a consumer's inferred or diagnosed mental health or substance use disorder, as defined in Section 1374.72 of the Health and Safety Code, collected by a mental health digital service.

(o) "Mental health digital service" means a mobile-based application or internet website that collects mental health application information from a consumer, markets itself as facilitating mental health services to a consumer, and uses the information to facilitate mental health services to a consumer.

(p) "Patient" means a natural person, whether or not still living, who received health care services from a provider of health care and to whom medical information pertains.

(q) "Pharmaceutical company" means a company or business, or an agent or representative thereof, that manufactures, sells, or distributes pharmaceuticals, medications, or prescription drugs. "Pharmaceutical company" does not include a pharmaceutical benefits manager, as included in subdivision (e), or a provider of health care.

(r) "Protected individual" means any adult covered by the subscriber's health care service plan or a minor who can consent to a health care service without the consent of a parent or legal guardian, pursuant to state or federal law. "Protected individual" does not include an individual that lacks the capacity to give informed consent for health care pursuant to Section 813 of the Probate Code.

(s) "Provider of health care" means a person licensed or certified pursuant to Division 2 (commencing with Section 500) of the Business and Professions Code; a person licensed pursuant to the Osteopathic Initiative Act or the Chiropractic Initiative Act; a person certified pursuant to Division 2.5 (commencing with Section 1797) of the Health and Safety Code; or a clinic, health dispensary, or health facility licensed pursuant to Division 2 (commencing with Section 1200) of the Health and Safety Code. "Provider of health care" does not include insurance institutions as defined in subdivision (k) of Section 791.02 of the Insurance Code.

(t) "Reproductive or sexual health application information" means information about a consumer's reproductive health, menstrual cycle, fertility, pregnancy, pregnancy outcome, plans to conceive, or type of sexual activity collected by a reproductive or sexual health digital service, including, but not limited to, information from which one can infer someone's

pregnancy status, menstrual cycle, fertility, hormone levels, birth control use, sexual activity, or gender identity.

(u) “Reproductive or sexual health digital service” means a mobile-based application or internet website that collects reproductive or sexual health application information from a consumer, markets itself as facilitating reproductive or sexual health services to a consumer, and uses the information to facilitate reproductive or sexual health services to a consumer.

(v) “Sensitive services” means all health care services related to mental or behavioral health, sexual and reproductive health, sexually transmitted infections, substance use disorder, gender-affirming care, and intimate partner violence, and includes services described in Sections 6924, 6925, 6926, 6927, 6928, 6929, and 6930 of the Family Code, and Sections 121020 and 124260 of the Health and Safety Code, obtained by a patient at or above the minimum age specified for consenting to the service specified in the section.

(w) “Subscriber” has the same meaning as that term is defined in Section 1345 of the Health and Safety Code.

(x) “Immigration enforcement” means any and all efforts to investigate, enforce, or assist in the investigation or enforcement of any federal civil immigration law, and also includes any and all efforts to investigate, enforce, or assist in the investigation or enforcement of any federal criminal immigration law that penalizes a person’s presence in, entry or reentry to, or employment in, the United States.

SEC. 3. Section 56.06 of the Civil Code is amended to read:

56.06. (a) Any business organized for the purpose of maintaining medical information in order to make the information available to an individual or to a provider of health care at the request of the individual or a provider of health care, for purposes of allowing the individual to manage the individual’s information, or for the diagnosis and treatment of the individual, shall be deemed to be a provider of health care subject to the requirements of this part. However, this section shall not be construed to make a business specified in this subdivision a provider of health care for purposes of any law other than this part, including laws that specifically incorporate by reference the definitions of this part.

(b) Any business that offers software or hardware to consumers, including a mobile application or other related device that is designed to maintain medical information in order to make the information available to an individual or a provider of health care at the request of the individual or a provider of health care, for purposes of allowing the individual to manage the individual’s information, or for the diagnosis, treatment, or management of a medical condition of the individual, shall be deemed to be a provider of health care subject to the requirements of this part. However, this section shall not be construed to make a business specified in this subdivision a provider of health care for purposes of any law other than this part, including laws that specifically incorporate by reference the definitions of this part.

(c) Any business that is licensed pursuant to Division 10 (commencing with Section 26000) of the Business and Professions Code that is authorized

to receive or receives identification cards issued pursuant to Section 11362.71 of the Health and Safety Code or information contained in a physician's recommendation issued in accordance with Article 25 (commencing with Section 2525) of Chapter 5 of Division 2 of the Business and Professions Code shall be deemed to be a provider of health care subject to the requirements of this part. However, this section shall not be construed to make a business specified in this subdivision a provider of health care for purposes of any law other than this part, including laws that specifically incorporate by reference the definitions of this part.

(d) Any business that offers a mental health digital service to a consumer for the purpose of allowing the individual to manage the individual's information, or for the diagnosis, treatment, or management of a medical condition of the individual, shall be deemed to be a provider of health care subject to the requirements of this part. However, this section shall not be construed to make a business specified in this subdivision a provider of health care for purposes of any law other than this part, including laws that specifically incorporate by reference the definitions of this part.

(e) Any business that offers a reproductive or sexual health digital service to a consumer for the purpose of allowing the individual to manage the individual's information, or for the diagnosis, treatment, or management of a medical condition of the individual, shall be deemed to be a provider of health care subject to the requirements of this part. However, this section shall not be construed to make a business specified in this subdivision a provider of health care for purposes of any law other than this part, including, but not limited to, laws that specifically incorporate by reference the definitions of this part.

(f) Any business that offers a health care chatbot to a consumer for the purpose of allowing the individual to manage the individual's information, or for the diagnosis, treatment, or management of a medical condition of the individual, shall be deemed to be a provider of health care subject to the requirements of this part. However, this section shall not be construed to make a business specified in this subdivision a provider of health care for purposes of any law other than this part, including laws that specifically incorporate by reference the definitions of this part.

(g) Any business described in this section shall maintain the same standards of confidentiality required of a provider of health care with respect to medical information disclosed to the business.

(h) Any business described in this section is subject to the penalties for improper use and disclosure of medical information prescribed in this part.

SEC. 4. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime

within the meaning of Section 6 of Article XIII B of the California Constitution.

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## Senate Bill No. 1445

### CHAPTER 237

An act to amend Sections 115.10, 802.5, 1621, 1724, 1750.1, 2564.79, 4202.6, 4826.3, 4980.36, 4980.41, 4980.43.2, 4980.72, 4980.78, 4980.81, 4990.26.1, 4996.17.1, 4996.17.2, 4996.23.1, 4999.32, 4999.33, 4999.46.2, 4999.60, 4999.62, 7026.12, 7057, 7071.18, 7139.3, 7511, 7582.22, 9884.76, 9884.9, 17913, 19120, 19239, 19278, and 19279.2 of, and to repeal Sections 1632.6, 4840.9, 4842, 6980.82, 7519, 7581.5, and 7599.71 of, the Business and Professions Code, relating to healing arts.

[Approved by Governor September 14, 2026. Filed with  
Secretary of State September 14, 2026.]

#### LEGISLATIVE COUNSEL'S DIGEST

SB 1445, Committee on Business, Professions and Economic Development. Healing arts.

(1) Under existing law, the Department of Consumer Affairs is composed of various boards, bureaus, and commissions that license and regulate the practice of various professions and vocations. Existing law provides that these entities are established to ensure that those private businesses and professions deemed to engage in activities that have potential impact upon the public health, safety, and welfare are adequately regulated to protect the people of California, as prescribed.

Existing law requires a registering authority, defined as the Department of Real Estate or specified boards, bureaus, and commissions of the Department of Consumer Affairs, to register a servicemember or a spouse of a servicemember who relocated to the state because of military orders for military service within this state and meets specified requirements. Under existing law, a registered person is deemed a licensee of the registering authority for purposes of the laws administered by that registering authority relating to standards of practice, discipline, and continuing education, as specified. Among the requirements for registrations, the applicant must be in good standing and have performed at least one activity within the scope and under the authority of their professional license within the 2 years preceding their relocation. Existing law also requires the applicant to submit to the registering authority an affidavit attesting to having met all of the requirements for registration and to the accuracy of the information submitted to the registering authority, as specified.

This bill would define “good standing” and “military orders” for purposes of those provisions. The bill would delete the requirement that the applicant have performed an activity within the scope and under the authority of their professional license within the 2 years preceding their relocation. The bill would require that the applicant’s affidavit to include an attestation that the

applicant read, understood, and will comply with the standards and scope of practice of the registering authority's licensees. By expanding the scope of the crime of perjury and by expanding the application of professional licensing laws, the violation of some of which is a crime, this bill would impose a state-mandated local program.

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*The people of the State of California do enact as follows:*

SECTION 1. Section 115.10 of the Business and Professions Code is amended to read:

115.10. (a) For purposes of this section, the following definitions apply:

- (1) “Applicant” means a servicemember or a spouse of a servicemember.
  - (2) “Board” means an entity described in Section 101.
  - (3) “Good standing” means a license that was not revoked or otherwise disciplined, was not voluntarily surrendered while under investigation for unprofessional conduct, and is not subject to a pending investigation relating to unprofessional conduct.
  - (4) “Military orders” has the same meaning as set forth in Section 3955 of Title 50 of the United States Code.
  - (5) “Professional license” means an individual professional license and does not include a business or entity license.
  - (6) “Registering authority” means a board or the Department of Real Estate, as applicable.
  - (7) “Spouse” means an individual who is married to, or who is in a domestic partnership or other legal union with, a military servicemember.
- (b) Notwithstanding any other law, a registering authority shall register an applicant who satisfies all of the following requirements:
- (1) The applicant holds an active professional license in good standing in another state, district, or territory of the United States that confers on the applicant the authority to practice a profession or vocation within a similar scope of practice as that regulated by the registering authority.
  - (2) The applicant relocated to this state because of military orders for military service within this state and the applicant submits to the registering authority a copy of the military orders.

(3) For an applicant who is licensed within the same professional discipline in more than one jurisdiction, both of the following:

(A) The applicant maintains each license in good standing.

(B) The applicant submits to the registering authority written verification from, or documentation printed from an online licensing system for, each jurisdiction that the applicant's license is in good standing in the jurisdiction.

(4) The applicant submits to the registering authority written verification from, or documentation printed from an online licensing system for, the applicant's original licensing jurisdiction that the applicant's license is in good standing in that jurisdiction.

(5) For an applicant that is a spouse, the applicant submits evidence to the registering authority that the applicant is married to, or in a domestic partnership or other legal union with, a servicemember who is subject to military orders described in paragraph (2).

(6) The applicant submits to the registering authority their California address of record and an affidavit attesting to all of the following:

(A) The applicant meets all of the requirements for registration under this section.

(B) The information submitted to the registering authority pursuant to this section is accurate to the best of the applicant's knowledge.

(C) The applicant read, understood, and will comply with the standards and scope of practice of the registering authority's licensees.

(c) (1) The registering authority shall register an applicant within 30 days of receiving all applicable documentation described in subdivision (b).

(2) The registering authority shall not register an applicant who fails to provide all applicable documentation described in subdivision (b) and shall deem the applicant's request for registration incomplete.

(d) For each person registered pursuant to this section, the registering authority shall post all of the following on the registering authority's internet website:

(1) The person's name.

(2) The person's California address of record.

(3) The person's registration status.

(4) The state name and license number of each license from each original licensing jurisdiction.

(e) A person registered pursuant to this section shall be deemed to be a licensee of the registering authority for purposes of the laws administered by that registering authority relating to standards of practice, discipline, and continuing education for the duration of the military orders described in paragraph (2) of subdivision (b), and the registration shall expire when those military orders expire.

(f) A registering authority may take appropriate enforcement action against a person registered pursuant to this section, including, but not limited to, revoking or suspending the registration of a person who does not meet the requirements of subdivision (b) or the laws applicable to licensees pursuant to subdivision (e).

(g) A registering authority shall not collect or require a fee for registration pursuant to this section.

(h) A registering authority may develop and publish guidance to implement this section.

( \* \* \* \* )



**Agenda Item 14  
October 15, 2026**

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## **Licensing Committee Report**

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### **Purpose of the Item**

Committee Chair Pamela Daniels, D.C. will update the Board on the Committee's October 2, 2026, working group meeting.

The Board will also review, discuss, and possibly act on the Committee's recommendations regarding the regulatory proposals to establish minimum standards of practice for virtual care and a new temporary licensure pathway with public notification and practice limitations.

### **Action Requested**

The Board will be asked to consider approving the proposed text to add California Code of Regulations (CCR), title 16, sections 318.2 (Standards of Practice for Virtual Care) and 321.2 (Temporary Licensure for Applicants with Educational or Examination Deficiencies) in Attachments 1 and 2 and authorizing the Executive Officer to initiate the rulemaking process.

### **Background**

The Licensing Committee met as a working group on October 2, 2026, and discussed the following policy issues:

#### **Action Item #1: Standards of Practice for Virtual Care**

Business and Professions Code (BPC) section 686 requires a licensed health practitioner providing services via telehealth to comply with the requirements of BPC section 2290.5, the practice act relating to their profession, and the regulations adopted by their licensing board pursuant to that practice act.

BPC section 2290.5, subdivision (a)(6) defines telehealth as follows:

“‘Telehealth’ means the mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient’s health care. Telehealth facilitates patient self-management and caregiver support for patients and includes synchronous interactions and asynchronous store and forward transfers.”

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BPC section 2290.5 requires health care providers to inform the patient about the use of telehealth and obtain verbal or written consent from the patient for the use of telehealth as an acceptable mode of delivering health care services and public health before the delivery of health care via telehealth. Providers must also document the patient's consent. In addition, this statute provides that all laws regarding the confidentiality of health care information and a patient's rights to the patient's medical information shall apply to telehealth interactions and all laws and regulations governing professional responsibility, unprofessional conduct, and standards of practice that apply to the health provider's license shall apply while providing telehealth services.

During the August 25, 2023, meeting, the Committee reviewed proposed and approved laws and regulations by the California Acupuncture Board, the California Board of Occupational Therapy, the California Board of Behavioral Sciences, the Texas Board of Chiropractic Examiners, and the Florida Department of Public Health regarding the delivery of health care services via telehealth. The Committee also discussed the consumer protection benefits of establishing minimum standards for the delivery of chiropractic services via telehealth and directed staff to develop a regulatory proposal for the Committee's review. At the December 5, 2025, and March 27, 2026, meetings, the Committee discussed and provided feedback to staff on a conceptual proposal to specify the standards of practice for virtual care.

During the June 30, 2026, and October 2, 2026, meetings, the Committee reviewed a regulatory proposal that would:

- Define "virtual care" as the use of digital technology to enable and support the delivery of personalized clinical and administrative health care services, patient education, and care coordination, including telehealth, wearable devices, mobile applications, remote sensors, and other digital tools.
- Clarify that any person practicing chiropractic through virtual care with a patient who is physically located in California must be actively licensed by the Board.
- Specify that licensees are responsible for exercising the same standard of care when providing chiropractic services via virtual care as is required for traditional, in-person care.
- Require licensees, before conducting an initial telehealth visit, to determine that the delivery of chiropractic services via virtual care is clinically appropriate after evaluating their own competency, the patient's clinical presentation, their ability to conduct an appropriate evaluation, and the nature of the services to be provided.
- Specify the requirements for obtaining the patient's verbal or written consent for the use of virtual care as an acceptable mode of delivering chiropractic services, after providing disclosures about the risks, limitations, benefits, alternatives,

## Licensing Committee Report

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confidentiality, data privacy, potential technological failures, insurance implications, and other relevant considerations.

- Require licensees to provide specific disclosures and instructions for virtual care modalities other than telehealth, such as wearable devices or mobile applications, including proper setup and operation and when to seek in-person or emergency care.
- Specify that licensees must establish and maintain a written protocol for identifying and responding to patient emergencies or urgent conditions during virtual care, including procedures for referral to in-person or emergency medical services.
- Require licensees to take reasonable steps to ensure the secure transmission of electronic data and immediately notify each patient of any known data breach or unauthorized disclosure of their personal health information.

After discussion, the Committee recommended that the virtual care proposal be moved to the Board for consideration.

**Action Needed:** The Board is asked to review the regulatory proposal in Attachment 1 and consider initiating the rulemaking process. If the Board wishes to proceed with the proposal as drafted, staff recommends the Board make the following motion:

**Suggested Motion:** Approve the proposed regulatory text for California Code of Regulations, title 16, section 318.2 in Attachment 1 to Agenda Item 14 in the meeting materials, direct staff to submit the text to the Director of the Department of Consumer Affairs and the Business and Consumer Services Agency for review and if no adverse comments are received, authorize the Executive Officer to take all steps necessary to initiate the rulemaking process, make any non-substantive changes to the package, and set the matter for a hearing if requested. If no adverse comments are received during the 45-day comment period and no hearing is requested, authorize the Executive Officer to take all steps necessary to complete the rulemaking and adopt the proposed regulation at CCR, title 16, section 318.2 as noticed.

### **Action Item #2: New Temporary Licensure Pathway with Public Notification and Practice Limitations**

There are currently four recognized pathways to practice chiropractic in California—temporary licensure for active-duty military spouses and domestic partners, initial doctor of chiropractic (DC) licensure, licensure through reciprocity, and practice under the federal Servicemembers Civil Relief Act (SCRA).

Reciprocity was identified as a priority during the Board's 2022 sunset review and in the Board's 2022–2026 Strategic Plan, which includes an objective to review reciprocity



requirements to minimize barriers to licensure in California. Although the Board has an existing method of interstate licensure through reciprocity specified in CCR, title 16, section 323, the current processes and requirements for initial licensure and reciprocity are nearly identical, except that reciprocity allows for licensure under prior formats of the national examination.

While the DC license requirements and scopes of practice vary from state-to-state, all states currently have at least the following basic requirements for a DC license:

- Completion of at least 60 prechiropractic college credits
- Graduation from an accredited chiropractic program with a DC degree
- Pass the National Board of Chiropractic Examiners (NBCE) Parts I–IV examinations

Many states also require applicants to pass the NBCE Physiotherapy examination, administer their own state-specific jurisprudence examination, and conduct criminal background checks.

The Committee previously discussed the importance of maintaining California's high standards for chiropractic care while supporting workforce mobility. Rather than revising the reciprocity pathway, the Committee determined that establishing a new temporary licensure option with public notification and practice limitations would more effectively allow qualified applicants to begin practice while completing any remaining licensure requirements.

At its December 5, 2025, meeting, the Committee reviewed a conceptual proposal for this new temporary licensure pathway and considered whether it should be limited to applicants with at least five years of licensure and active practice, or whether it should be available to all graduates of Board-approved programs. During the January 16, 2026, meeting, the Board discussed the proposal and supported moving forward with a temporary licensure pathway that is open to all applicants with a DC degree from a Board-approved program and NBCE Parts I–IV, not just those who have previously been licensed.

Through the Board's 2026 sunset review, the Board obtained statutory authority to establish, by regulation, a new temporary license system and to charge application and issuance fees in an amount sufficient to cover the reasonable regulatory cost to the Board to administer this temporary license system and not to exceed the limits specified for a license to practice chiropractic.

During the October 2, 2026, meeting, the Committee discussed the proposal for this new temporary licensure pathway and recommended that it be moved to the Board for consideration.

**Action Needed:** The Board is asked to review the regulatory proposal in Attachment 2 and consider initiating the rulemaking process. If the Board wishes to proceed with the proposal as drafted, staff recommends the Board make the following motion:

**Suggested Motion:** Approve the proposed regulatory text for California Code of Regulations, title 16, section 321.2 in Attachment 2 to Agenda Item 14 in the meeting materials, direct staff to submit the text to the Director of the Department of Consumer Affairs and the Business and Consumer Services Agency for review and if no adverse comments are received, authorize the Executive Officer to take all steps necessary to initiate the rulemaking process, make any non-substantive changes to the package, and set the matter for a hearing if requested. If no adverse comments are received during the 45-day comment period and no hearing is requested, authorize the Executive Officer to take all steps necessary to complete the rulemaking and adopt the proposed regulation at CCR, title 16, section 321.2 as noticed.

### **Update: Standards for the Use of AI in Chiropractic Practice**

During the June 13, 2025, December 5, 2025, and March 27, 2026, meetings, the Committee engaged in policy discussions regarding the use of AI in clinical practice. The Committee emphasized the need for licensee education in AI literacy as they integrate more tools into their practices, particularly their understanding and recognition of potential biases and inaccuracies when using AI and their responsibility for the outputs.

The Committee also highlighted the importance of strengthening patient protections by requiring written informed consent for the use of AI, including plain language disclosures of the benefits, risks, limitations, and use of the patient's data, and ensuring patients have the right to decline or withdraw consent at any time. The Committee proposed adding explicit assurances that clinical care will not be affected by a patient's decision regarding AI, incorporating protections against discrimination or coercion, and clarifying the availability of non-AI alternatives or appropriate referrals. Further, the Committee noted the need to articulate that AI is not required unless and until it becomes part of generally accepted professional practice.

At the June 30, 2026, meeting, the Committee discussed and provided feedback on a conceptual regulatory proposal that would:

- Clarify that licensees remain fully responsible for all clinical decisions, including those informed by AI.
- Establish competency requirements to ensure licensees possess sufficient AI literacy to safely integrate and use AI in practice.
- Require steps to prevent disparate or discriminatory clinical outcomes associated with algorithmic or research bias.

## Licensing Committee Report

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- Ensure patient privacy through data security requirements and explicit authorization for any use of patient information in AI model training.
- Specify that licensees must document when AI informs clinical decision making and ensure the accuracy of any AI-generated clinical documentation.
- Require informed consent when AI is involved in clinical care or when patient data will be processed by an AI system.
- Prohibit fraudulent or deceptive uses of AI.

During the October 2, 2026, meeting, the Committee extensively discussed the need to future-proof the proposed regulatory language so that it remains effective as technology evolves, including through the emergence of embodied AI systems and other innovations. The Committee emphasized the importance of drafting language that is flexible enough to accommodate new technology while clearly delineating licensees' responsibilities regardless of the platform or form the technology takes and ensuring that the primacy of licensees' professional judgment in clinical practice is preserved. Staff is revising the proposal based on the Committee's input.

### **Update: Retired Doctor of Chiropractic License Status**

The Board issues one primary license type – the DC license. DC licenses must be renewed annually by the last day of a licensee's birth month, in either active or inactive status, or they expire. DC licenses that are not renewed within 60 days after expiration are placed in forfeiture status, and DC licenses that have been expired for three years are cancelled. The Board does not currently have a method for licensees to retire or voluntarily cancel their DC licenses. Instead, licensees must either: 1) continue to annually renew their license as active or inactive and pay the renewal fee; or 2) allow their license to expire and be placed in forfeiture status after 60 days and cancelled after three years.

Neither option is appropriate for a licensee who wishes to formally retire from the chiropractic profession. A licensee's status is public information and displayed on the Board's website. Maintaining a license in "active" or "inactive" status places a financial burden on a retired licensee who is no longer using the license and likely has no intention to return to practice. The terms "expired," "forfeiture," and "cancelled" on a licensee's profile page can be negatively perceived by the public and other licensing agencies as they often associate those terms with misconduct by the licensee.

BPC section 464 allows the Board to establish, by regulation, a system for a retired category of licensure for persons who are not actively engaged in the practice of chiropractic under the following conditions:

- A retired license shall be issued to a person with either an active license or an inactive license that was not placed on inactive status for disciplinary reasons.

## **Licensing Committee Report**

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- The holder of a retired license shall not engage in any activity for which a license is required, unless the Board, by regulation, specifies the criteria for a retired licensee to practice.
- The holder of a retired license shall not be required to renew that license.
- The Board shall establish an appropriate application fee for a retired license to cover the reasonable regulatory cost of issuing a license.
- In order to restore a retired license to active status, the holder of that license shall: 1) pay a fee established by statute or regulation; 2) certify, in a manner satisfactory to the Board, that they have not committed an act or crime constituting grounds for denial of licensure; 3) comply with the fingerprint submission requirements; 4) complete continuing education equivalent to that required for renewal of an active license, unless a different requirement is specified by the Board; and 5) complete any other requirements as specified by the Board by regulation.

During the October 2, 2026, meeting, the Committee continued its discussion on the feasibility and impact of establishing a retired license status, with a focus on the development of a licensee survey. The Committee provided detailed input on the survey design and content, emphasizing the importance of gathering data to assess the level of interest in a retired license status and the potential fiscal impact on the Board resulting from reduced annual license renewal revenue. Staff is finalizing the survey based on the Committee's recommendations and anticipates releasing it in November 2026.

### **Attachments**

1. Proposed Regulatory Language to Add California Code of Regulations, Title 16, Section 318.2 (Standards of Practice for Virtual Care)
2. Proposed Regulatory Language to Add California Code of Regulations, Title 16, Section 321.2 (Temporary Licensure for Applicants with Educational or Examination Deficiencies)

DEPARTMENT OF CONSUMER AFFAIRS  
**TITLE 16. BOARD OF CHIROPRACTIC EXAMINERS**

**PROPOSED REGULATORY LANGUAGE**  
**Standards of Practice for Virtual Care**

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**Add Section 318.2 to Article 2 of Division 4 of Title 16 of the California Code of Regulations to read as follows:**

**§ 318.2. Standards of Practice for Virtual Care.**

(a) Definitions. For the purposes of this section, the following definitions shall apply:

(1) "Board" means the California State Board of Chiropractic Examiners.

(2) "Licensee" means the holder of a current and active doctor of chiropractic license, or a valid temporary doctor of chiropractic license, issued by the Board.

(3) "Telehealth" has the same meaning as specified in Business and Professions Code section 2290.5, subdivision (a)(6). Telehealth is a subset of virtual care focused on the delivery of clinical and administrative health care services through telecommunications technology.

(4) "Virtual care" means the use of digital technology to enable and support the delivery of personalized clinical and administrative health care services, patient education, and care coordination. Virtual care includes, but is not limited to, telehealth services, the use of data from wearable devices, mobile applications, and remote sensors and other digital tools to support patient monitoring, engagement, education, and self-management.

(b) License Requirement. Any person engaging in the practice of chiropractic through virtual care with a patient who is physically located in California must have a current and active doctor of chiropractic license, or a valid temporary doctor of chiropractic license, issued by the Board.

(c) Standard of Care. A licensee may provide chiropractic services through virtual care to a patient who is physically located in California, subject to the conditions of this section. A licensee shall exercise the same professional standard of care when providing chiropractic services through virtual care as is required for in-person care or any other mode of service delivery, and shall comply with all other provisions of the

Chiropractic Initiative Act, the Board's regulations, and all other applicable provisions of law.

(d) Requirements for Initial Telehealth Visit. Before conducting an initial patient visit via telehealth, a licensee shall:

(1) Provide the patient or their representative with the licensee's full name and license number by either providing access to a copy of their license or directing the patient or their representative to the licensee's profile on the Board's online license information system.

(2) Determine that the delivery of chiropractic services via telehealth is clinically appropriate after evaluating all of the following factors:

(A) The licensee's competency to provide chiropractic services via telehealth, including their knowledge, skills, and abilities related to remote care delivery, the technology being used, and how telehealth may differ from in-person services;

(B) The patient's clinical presentation, including their history, symptoms, and complaints, and the complexity of the diagnosis or condition;

(C) The licensee's ability to conduct an appropriate evaluation of the patient, formulate a diagnosis or clinical impression, and develop or update a treatment or care plan through virtual means; and

(D) The nature of the chiropractic services to be provided to the patient, including the anticipated benefits, risks, and limitations associated with virtual delivery.

(3) Obtain the patient's or their representative's verbal or written consent for the use of telehealth as an acceptable mode of delivering chiropractic services after providing the disclosures specified in subsection (d)(4). If the consent is verbal, the licensee shall document in the patient's chiropractic records the date, a summary or description of the disclosures provided, and confirmation that the verbal consent was obtained from the patient or their representative. If the consent is written, the licensee shall retain in the patient's chiropractic records an acknowledgement of receipt of the disclosures that has been signed and dated by the patient or their representative.

(4) Disclose to the patient or their representative any considerations specific to the delivery and receipt of chiropractic services via telehealth, including:

(A) The potential risks, limitations, benefits, and available alternatives to receiving chiropractic services through telehealth;

(B) The potential risks to patient confidentiality, data privacy, and information security;

(C) Any data storage practices or policies specific to telehealth platforms or systems;

(D) The possibility of service disruptions or interruptions due to technological failures;

(E) Insurance coverage implications or limitations related to telehealth services; and

(F) Any other reasonably foreseeable issues that may affect the quality or effectiveness of chiropractic services delivered via telehealth compared to those delivered in person.

(e) Emergency Exception to Initial Telehealth Visit Requirements. The requirements of subsection (d) shall not apply to an unplanned telehealth encounter initiated in response to an actual or reasonably suspected emergency situation affecting the patient's health or wellbeing, when delaying care to complete the disclosures and consent requirements would pose a safety risk to the patient. If a telehealth encounter is provided pursuant to this subsection, the licensee shall, within seven calendar days following the encounter, provide the patient or their representative with:

(1) A written summary of the patient visit, including any post-visit instructions; and

(2) A written copy of the disclosures specified in subsection (d)(4).

(f) Documentation Requirements. A licensee shall document all chiropractic services provided through virtual care in the patient's chiropractic records in accordance with the same standards applicable to in-person services. In addition to the requirements of Section 318, a licensee shall:

(1) At the beginning of each telehealth visit, obtain from the patient or their representative, and document in the patient's chiropractic record, the name and telephone number of the patient's emergency contact and the address of the patient's present location; and

(2) Document in the patient's chiropractic record any material technical difficulties or interruptions occurring during a telehealth encounter that impact clinical assessment or service delivery.

(g) Disclosure Requirements for Virtual Care Other Than Telehealth. Prior to providing virtual care through any means other than telehealth, including, but not limited to, remote monitoring technologies, wearable devices, mobile applications, or remote

sensors, a licensee shall inform the patient or their representative verbally or in writing of all of the following:

(1) The proper setup, use, and operation of any device, application, or digital tool used to support the patient's care;

(2) Whether the licensee will actively monitor, review, or respond to the patient's health data, including any limitations on the frequency, timing, or conditions under which such data will be reviewed;

(3) The circumstances under which the patient should seek in-person evaluation, urgent care, or emergency medical services, particularly when the virtual care modality cannot support real-time assessment or immediate clinical intervention; and

(4) Any risks, limitations, or conditions specific to the use of the device or technology, including potential technical failures, data transmission issues, or loss of connectivity that may delay or prevent timely clinical review.

(h) Protocol for Patient Emergencies or Urgent Conditions. Before providing any virtual care, a licensee shall establish a written protocol for identifying and appropriately responding to patient emergencies or urgent conditions that may arise during a telehealth encounter or may be identified through the monitoring of a patient's health data. The protocol shall include procedures for referring the patient to in-person care or emergency medical services, as clinically indicated. The licensee shall retain the written protocol for the duration of its use and for at least five years after the protocol is replaced, inactivated, or discontinued, and the licensee shall provide a copy of the protocol to the Board within 10 calendar days of a written request by the Board.

(i) Data Security and Breach Notification. A licensee shall take reasonable steps to ensure the secure transmission of electronic data by using virtual care technology that meets recognized industry standards for encryption and data protection and complies with applicable federal and state privacy laws. A licensee shall immediately notify each patient in writing of any known data breach or unauthorized disclosure of the patient's personal health information.

(j) Violations. Failure to comply with the requirements of this section constitutes unprofessional conduct.

Note: Authority cited: Sections 4 and 10 of the Chiropractic Initiative Act of California (Initiative Measure, Stats. 1923, p. lxxxix, § 4, and p. xci, § 10, as amended by Stats. 1978, ch. 307, p. 636, § 1, and p. 640, § 3). Reference: Sections 4 and 10 of the Chiropractic Initiative Act of California (Initiative Measure, Stats. 1923, p. lxxxix, § 4, and p. xci, § 10, as amended by Stats. 1978, ch. 307, p. 636, § 1, and p. 640, § 3); and Sections 686 and 2290.5, Business and Professions Code.



DEPARTMENT OF CONSUMER AFFAIRS  
**TITLE 16. BOARD OF CHIROPRACTIC EXAMINERS**

**PROPOSED REGULATORY LANGUAGE**  
**Temporary Licensure for Applicants with Educational or Examination**  
**Deficiencies**

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**Add Section 321.2 to Article 3 of Division 4 of Title 16 of the California Code of Regulations to read as follows:**

**§ 321.2. Temporary Licensure for Applicants with Educational or Examination Deficiencies.**

(a) Definitions. For the purposes of this section, the following definitions shall apply:

(1) “Act” means the Chiropractic Initiative Act of California.

(2) “Board” means the California State Board of Chiropractic Examiners.

(3) “California Chiropractic Law Examination” or “CCLE” means the Board’s supplemental examination in California law and ethics.

(4) “Direct, on-site supervision” means the supervising doctor of chiropractic is physically present in the same chiropractic practice or other health setting as the holder of a temporary license and is immediately available to furnish assistance and direction to the holder of a temporary license throughout a patient encounter.

(5) “Disciplinary proceeding” means any proceeding or investigation under the authority of the licensing jurisdiction pursuant to which a licensee may be disciplined.

(6) “Disciplined” means that the applicant’s license was placed on probation, revoked, suspended, reprovved, censured, reprimanded, restricted, limited, conditioned, or any other restriction or action taken against a license.

(7) “Doctor of chiropractic license” has the same meaning as “License to practice chiropractic” specified in Section 7 of the Act.

(8) “Medical condition” has the same meaning as specified in Government Code section 12926, subdivision (i).

(9) “Mental disability” has the same meaning as specified in Government Code section 12926, subdivision (j).

(10) “NBCE” means the National Board of Chiropractic Examiners, a national administrator of chiropractic licensure examinations.

(11) “Physical disability” has the same meaning as specified in Government Code section 12926, subdivision (m).

(12) “Proof of successful completion of the CCLE” means a copy of an applicant’s report or notice issued by the Board’s contracted examination administrator that indicates the applicant passed the examination.

(b) Application and Eligibility Requirements for a Temporary Doctor of Chiropractic License. An applicant seeking licensure who does not meet all of the licensure eligibility requirements of Section 321 may apply for a temporary doctor of chiropractic license. To be eligible for the issuance of a temporary doctor of chiropractic license, an applicant shall:

(1) Meet the following minimum requirements:

(A) Graduated with a Doctor of Chiropractic degree from a Board-approved chiropractic program; and

(B) Taken and passed the NBCE Parts I, II, III, and IV examinations or equivalent successful examination as specified in Section 323.

(2) Submit a completed application for a temporary doctor of chiropractic license to the Board at its current physical address listed on its website or through the Board’s online portal accessible through the Board’s website that includes all of the following information from the applicant:

(A) The applicant’s identifying and contact information:

(i) Applicant’s full legal name (first name, middle name, last name, and suffix, if any);

(ii) Other name(s) the applicant has used or been known by;

(iii) Applicant’s address of record, which may be a post office box or other alternate address;

(iv) Applicant’s alternate physical address if the applicant’s address of record is a post office box or other private mailbox service;

- (v) Applicant's email address, if any;
  - (vi) Applicant's telephone number, if any;
  - (vii) Applicant's social security number or individual taxpayer identification number;
  - (viii) Applicant's birth date (month, day, and year);
  - (ix) A color, U.S. passport-style photograph of the applicant taken within sixty (60) calendar days preceding the date of submission of the application; and
  - (x) Whether the applicant has previously applied to the Board for licensure.
- (B) Documentary evidence that the applicant meets the minimum educational and examination requirements of subsection (b)(1).
- (C) Documentation identifying the applicant's current deficiencies in meeting the standard licensure eligibility requirements of Section 321.
- (D) The applicant shall disclose whether the applicant has ever held another professional license in another state, district, or territory of the United States or in another country. If the applicant answers affirmatively, the applicant shall provide all of the following information with the application:
- (i) The name and location of the licensing agency/entity;
  - (ii) The license type and license number issued to the applicant by the licensing agency/entity;
  - (iii) The issuance and expiration date of the license; and
  - (iv) The current status of the license.
- (E) Excluding actions based upon the applicant's criminal conviction history, the applicant shall disclose whether they:
- (i) Have been disciplined by a licensing entity in another jurisdiction within the preceding seven (7) years of the date of the application;
  - (ii) Have ever been disciplined by a licensing entity in another jurisdiction for an act of sexual abuse, misconduct, or relations with a patient; or
  - (iii) Are currently the subject of an unresolved complaint, review procedure, or disciplinary proceeding conducted by a licensing entity in another jurisdiction.

(F) The applicant shall submit a full set of fingerprints for the purposes of the Board conducting a criminal history information record check through the California Department of Justice and the Federal Bureau of Investigation in accordance with Section 321.1.

(G) The applicant shall sign a statement attesting to the fact that the applicant meets all of the requirements for the temporary license, and that the information submitted in the application is accurate, to the best of the applicant's knowledge.

(3) Pay a nonrefundable application fee of \$205.

(4) Successfully complete and furnish to the Board proof of successful completion of the California Chiropractic Law Examination (CCLE) and an initial license fee of \$160.

(A) To take the CCLE, each applicant shall submit a completed application for approval to test to the Board containing all of the following:

(i) The information required by subsection (b)(2);

(ii) A disclosure regarding whether the applicant is requesting a reasonable accommodation pursuant to Government Code section 12944, subdivision (b). If the applicant answers in the affirmative, the applicant shall provide medical substantiation consisting of a written document with the name, license number, telephone number, date, and signature of a health care provider confirming the existence of the applicant's medical condition, mental disability, or physical disability and the need for the reasonable accommodation; and

(iii) A certification, under penalty of perjury of the laws of the State of California, signed and dated by the applicant that the information on the application is true and correct.

(B) After receipt of a completed application for approval to test, and upon the Board's determination that the applicant has met the minimum requirements of subsection (b)(1), the Board shall send a written and dated notice of approval to test to the applicant and examination administrator. The notice shall also contain the web address, email address, telephone number, and mailing address for the applicant to contact the examination administrator to schedule the examination.

(C) Upon written notice of approval to test from the Board, an applicant is responsible for contacting the examination administrator to schedule a test date and examination site location and for paying the examination administrator's nonrefundable fees to take the examination.

(D) The notice of approval to test shall be valid for twelve (12) months from the date of the notice. If the applicant fails to successfully complete the examination prior to the expiration of approval to test, the applicant may reapply for approval to test in accordance with this subsection.

(c) Issuance of Temporary Doctor of Chiropractic License. Upon meeting the requirements specified in subsection (b) and if no grounds for denial exist pursuant to Business and Professions Code section 480, the Board shall issue to the applicant a temporary license to practice chiropractic and provide written notice by email or U.S. mail to the applicant's email address or address of record of the following:

(1) That only one temporary license shall be issued to the applicant, and no additional temporary licenses shall be issued to the applicant after the expiration of the initial temporary license;

(2) That the temporary license is nonrenewable;

(3) That the license expires eighteen (18) months after issuance or upon issuance or denial of a standard doctor of chiropractic license, whichever occurs first;

(4) That the temporary license holder is subject to the practice limitation requirements of subsection (d) and the public notification requirements of subsection (e); and

(5) That the holder of a temporary license issued pursuant to this section desiring to continue their licensure or to practice in California after the expiration of their temporary license shall apply for and obtain a standard doctor of chiropractic license in accordance with Section 321.

(d) Practice Limitations. The holder of a temporary license issued pursuant to this section shall be prohibited from providing any advice, examination, diagnosis, service, or treatment to a patient in any subject area for which the licensee is deficient in the Board's educational and/or examination requirements, unless they are providing that advice, examination, diagnosis, service, or treatment under the direct, on-site supervision of an actively licensed doctor of chiropractic.

(e) Public Notification Requirements. The holder of a temporary license shall provide written notice to each current and prospective patient that the licensee is practicing under a temporary license issued by the Board prior to the patient's initial visit or consultation. The notice shall include the licensee's full name, temporary doctor of chiropractic license number, a summary or description of the remaining educational and/or examination requirements they must complete to be eligible for the issuance of a standard doctor of chiropractic license, a summary and description of the applicable practice limitations on their temporary license, and the name and doctor of chiropractic

license number of any supervising doctor of chiropractic, if applicable. The licensee shall retain in the patient's chiropractic records an acknowledgement of receipt of the notice that has been signed and dated by the patient or their representative.

NOTE: Authority cited: Sections 4 and 10 of the Chiropractic Initiative Act of California (Initiative Measure, Stats. 1923, p. lxxxix, § 4, and p. xci, § 10, as amended by Stats. 1978, ch. 307, p. 636, § 1, and p. 640, § 3). Reference: Sections 4 and 10 of the Chiropractic Initiative Act of California (Initiative Measure, Stats. 1923, p. lxxxix, § 4, and p. xci, § 10, as amended by Stats. 1978, ch. 307, p. 636, § 1, and p. 640, § 3) and Section 1006.5, Business and Professions Code.



**Agenda Item 15  
October 15, 2026**

**Review, Discussion, and Possible Action on Regulatory Proposal to Clarify the Requirements for the Issuance and Renewal of Satellite Certificates and for Providing Notice to Consumers of Licensure by the Board (add CCR, Title 16, section 303.1 and amend section 308)**

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**Purpose of the Item**

The Board will review and discuss the pending regulatory proposal to clarify the requirements for issuing and renewing satellite office certificates and for providing notice to consumers of licensure by the Board.

**Action Requested**

The Board will be asked to consider substantive changes to the previously approved regulatory text and to authorize the Executive Officer to initiate the rulemaking process using the revised text.

**Background**

During its January 16, 2026, meeting, the Board approved regulatory text to add California Code of Regulations (CCR), title 16, section 303.1 and amend section 308, to clarify the requirements related to satellite office certificates and notice to consumers of licensure.

The Board's sunset bill, Assembly Bill (AB) 2775 (Berman, Chapter 220, Statutes of 2026), becomes effective January 1, 2027, and impacts this pending proposal by:

- Increasing the application and renewal fees for satellite office certificates; and
- Authorizing the Board to adopt a penalty fee for the delinquent renewal of satellite office certificates in accordance with Business and Professions Code (BPC) section 163.5.

BPC section 163.5, provides, in relevant part:

“Except as otherwise provided by law, the delinquency, penalty, or late fee for any licensee within the Department of Consumer Affairs shall be 50 percent of the renewal fee for such license in effect on the date of the renewal of the license, but not less than twenty-five dollars (\$25) nor more than one hundred fifty dollars (\$150).

## Satellite Certificates Regulatory Proposal

October 15, 2026

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“A delinquency, penalty, or late fee shall not be assessed until 30 days have elapsed from the date that the licensing agency mailed a notice of renewal to the licensee at the licensee’s last known address of record. The notice shall specify the date for timely renewal, and that failure to renew in a timely fashion shall result in the assessment of a delinquency, penalty, or late fee. [...]”

Based on these statutory changes, staff recommends the Board consider the following substantive revisions to the previously approved text:

1. Specify a satellite office certificate application fee of \$80 and a renewal fee of \$60 per the updated fee schedule in AB 2775.
2. Add a delinquent renewal penalty fee of \$30 for certificates that have been expired more than 60 calendar days, to align this timeline with the existing forfeiture fee structure for doctor of chiropractic licenses.

These revisions are highlighted in the attached text. If the Board agrees with the proposed changes, staff recommends the Board make the motion below.

**Suggested Motion:** Rescind the prior approval of the proposed regulatory text from January 16, 2026, approve the newly proposed regulatory text to add California Code of Regulations, title 16, section 303.1 and amend section 308 presented in the Attachment to Agenda Item 15 in the meeting materials, direct staff to submit the text to the Director of the Department of Consumer Affairs and the Business and Consumer Services Agency for review and if no adverse comments are received, authorize the Executive Officer to take all steps necessary to initiate the rulemaking process, make any non-substantive changes to the package, and set the matter for a hearing if requested. If no adverse comments are received during the 45-day comment period and no hearing is requested, authorize the Executive Officer to take all steps necessary to complete the rulemaking and adopt the regulations at CCR, title 16, sections 303.1 and 308 as noticed.

### **Attachment**

- Proposed Regulatory Language to Add California Code of Regulations, Title 16, Section 303.1 and Amend Section 308 (Satellite Office Certificates and Notice to Consumers of Licensure)



DEPARTMENT OF CONSUMER AFFAIRS  
**TITLE 16. BOARD OF CHIROPRACTIC EXAMINERS**

**PROPOSED REGULATORY LANGUAGE**  
**Satellite Office Certificates and Notice to Consumers of Licensure**

|                |                                                                                                           |
|----------------|-----------------------------------------------------------------------------------------------------------|
| <b>Legend:</b> | Added text is indicated with an <u>underline</u> .<br>Deleted text is indicated by <del>strikeout</del> . |
|----------------|-----------------------------------------------------------------------------------------------------------|

**Add Section 303.1 to, and Amend Section 308 of, Article 1 of Division 4 of Title 16 of the California Code of Regulations to read as follows:**

**§ 303.1. Issuance and Renewal of Satellite Office Certificates.**

(a) Definitions. For the purposes of this section, the following definitions shall apply:

(1) "Chiropractic facility" has the meaning specified in Section 308, subsection (a)(2).

(2) "Licensee" means the holder of a current and active doctor of chiropractic license issued by the Board.

(3) "Place of practice" has the meaning specified in Section 308, subsection (a)(5).

(4) "Satellite office" means a chiropractic facility used by a licensee as a place of practice that is not listed as the licensee's address of record pursuant to Section 303.

(b) Each licensee shall file with the Board the physical address of every chiropractic facility used as a place of practice, either as their address of record pursuant to Section 303 or by obtaining a satellite office certificate.

(c) Application and Eligibility for Issuance of New Satellite Office Certificate. To be eligible for the issuance of a satellite office certificate, a licensee shall:

(1) Submit a completed application for the issuance of a new satellite office certificate that includes all of the following information from the licensee:

(A) Full legal name (first name, middle name, last name, and, if any, suffix);

(B) Doctor of chiropractic license number issued by the Board and license expiration date;

(C) Physical address of the satellite office;

(D) A statement attesting that the licensee owns or has legal authorization or permission to use the satellite office provided on the application to perform chiropractic services; and

(E) A statement signed and dated by the licensee under penalty of perjury under the laws of the State of California that all statements made in the application are true and correct.

(2) Pay the satellite office certificate application fee of ~~\$69~~ \$80.

(d) Renewal of Satellite Office Certificate. A satellite office certificate shall expire annually on the last day of the licensee's birth month. To renew an active or expired satellite office certificate, a licensee shall:

(1) Submit a completed application for the renewal of a satellite office certificate that includes all of the following information from the licensee:

(A) Full legal name (first name, middle name, last name, and, if any, suffix);

(B) Doctor of chiropractic license number issued by the Board and license expiration date;

(C) Satellite office certificate number issued by the Board and certificate expiration date;

(D) Physical address of the satellite office;

(E) A statement attesting that the licensee owns or has legal authorization or permission to use the satellite office provided on the application to perform chiropractic services; and

(F) A statement signed and dated by the licensee under penalty of perjury under the laws of the State of California that all statements made in the application are true and correct.

(2) Pay the satellite office certificate renewal fee of ~~\$50~~ \$60.

(3) Pay a delinquent renewal penalty fee of \$30 in addition to the renewal fee specified in subsection (d)(2) if the satellite office certificate has been expired for more than 60 calendar days.

(e) Violations. Failure to comply with the requirements of this section constitutes unprofessional conduct.

Note: Authority cited: Sections 4 and 10 of the Chiropractic Initiative Act of California (Initiative Measure, Stats. 1923, p. lxxxix, § 4, and p. xci, § 10, as amended by Stats.

1978, ch. 307, p. 636, § 1, and p. 640, § 3). Reference: Sections 4 and 10 of the Chiropractic Initiative Act of California (Initiative Measure, Stats. 1923, p. lxxxix, § 4, and p. xci, § 10, as amended by Stats. 1978, ch. 307, p. 636, § 1, and p. 640, § 3) and Sections 27, **163.5**, and 1006.5, Business and Professions Code.

### **§ 308. Display of License Notice to Consumers of Licensure by the Board.**

~~(a) Each person holding a license shall display a current active license in a conspicuous place in the licensee's principal office or primary place of practice.~~

~~(b) Any licensed Doctor of Chiropractic with more than one place of practice shall obtain from the Board a Satellite Office Certificate for each additional place of practice. Said certificate must be renewed annually.~~

(a) Definitions. For the purposes of this section, the following definitions shall apply:

(1) "Board" means the California State Board of Chiropractic Examiners.

(2) "Chiropractic facility" means any fixed office or facility used by a licensee as a primary or regularly established place of practice, including any satellite office. A chiropractic facility also includes any location where a licensee offers or conducts evaluations as a qualified medical evaluator (QME), regardless of whether chiropractic treatment is offered or provided at that location.

(3) "Clearly visible and accessible" means displayed in a manner that is immediately noticeable and readable by any current or prospective patient without the need to ask, request, or search for the information.

(4) "Licensee" means the holder of a current and active doctor of chiropractic license issued by the Board.

(5) "Mobile practice" means the provision of chiropractic services at locations other than a chiropractic facility using a movable or transportable delivery model. Mobile practice includes, but is not limited to, services performed at a patient's location or from a vehicle or portable unit.

(6) "Place of practice" means any setting where a licensee offers or provides chiropractic services or offers or conducts evaluations as a QME.

(7) "Qualified medical evaluator" or "QME" means a licensee who has been certified as a qualified medical evaluator by the Department of Industrial Relations, Division of Workers' Compensation to examine injured workers, evaluate disability, and write medical-legal reports.

(8) “Temporary practice” means the provision of chiropractic services at a location that is not the licensee’s primary or regularly established place of practice and is used on a short-term or intermittent basis for a specific event, purpose, or period of coverage, not to exceed 30 consecutive calendar days or 20 consecutive business days at any single location per occurrence. Temporary practice includes settings such as health fairs, sporting events, conventions, pop-up or outreach clinics, or locum tenens substitutions. Temporary practice does not include any location where a licensee offers or conducts evaluations as a QME.

(b) Notice to Consumers. Each licensee engaging in the practice of chiropractic shall provide notice to each current or prospective patient at each place of practice that the licensee is licensed and regulated by the Board.

(c) Chiropractic Facilities. A licensee who is practicing in a chiropractic facility shall comply with the consumer notification requirement of subsection (b) by posting their valid doctor of chiropractic license or satellite certificate in a location that is clearly visible and accessible to any current or prospective patients, such as the entry or waiting area, within the facility licensed Doctor of Chiropractic must display in a conspicuous place a current active Satellite Office Certificate at the office for which it was issued.

(d) Mobile or Temporary Practices. A licensee who is practicing in a mobile or temporary practice setting shall comply with the consumer notification requirement of subsection (b) through one of the following methods:

(1) Displaying in a location that is clearly visible and accessible to any current or prospective patients, at least one of the following:

(A) The licensee’s valid doctor of chiropractic license; or

(B) The licensee’s valid pocket license; or

(C) The licensee’s full name, doctor of chiropractic license number, and a link or quick-response (QR) code to the licensee’s profile on the Board’s online license information system; or

(2) Providing a verbal or written notice to the patient of the fact that the licensee is licensed and regulated by the Board prior to the start of a patient’s first visit or consultation with the licensee. The notice shall contain the licensee’s full name, doctor of chiropractic license number, and instructions for accessing the licensee’s profile on the Board’s online license information system. If the notice is verbal, the licensee shall document in the patient’s chiropractic records the date and a summary of the notice provided. If the notice is written, the licensee shall retain in the patient’s chiropractic records an acknowledgement of receipt of the notice that has been signed and dated by the patient or their representative.

(e) No licensed Doctor of Chiropractic person shall display any chiropractic license, certificate or registration, which ~~that~~ is not currently active and valid.

(f) Violations. Failure to comply with the requirements of this section constitutes unprofessional conduct.

Note: Authority cited: Sections ~~1000-4(b), Business and Professions Code 4 and 10 of the Chiropractic Initiative Act of California (Initiative Measure, Stats. 1923, p. lxxxix, § 4, and p. xci, § 10, as amended by Stats. 1978, ch. 307, p. 636, § 1, and p. 640, § 3).~~

Reference: Sections ~~1000-5, 1000-7 and 1000-12~~ 4 and 10 of the Chiropractic Initiative Act of California (Initiative Measure, Stats. 1923, p. lxxxix, § 4, and p. xci, § 10, as amended by Stats. 1978, ch. 307, p. 636, § 1, and p. 640, § 3) and Sections 104 and 138, Business and Professions Code.



**Agenda Item 16  
October 15, 2026**

**Review, Discussion, and Possible Action on Council on Chiropractic Education's  
(CCE) Decision to Potentially Withdraw from U.S. Department of Education  
Recognition Process**

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**Purpose of the Item**

The Board will review and discuss CCE's decision to potentially withdraw from the U.S. Department of Education's (USDE) recognition process for programmatic accreditors.

**Action Requested**

The Board will be asked to discuss this issue and provide direction to staff.

**Background**

At its July 10, 2026, meeting, CCE unanimously voted to begin the necessary steps for withdrawing from USDE's recognition process. In its July 30, 2026, recognition update, CCE reported that it reached this decision after careful consideration of the benefits and risks associated with continued federal recognition and the potential effects on CCE, its accredited programs, students, and the chiropractic profession. Among the factors cited were increasingly prescriptive federal requirements, including a provision requiring recognized accrediting agencies to accredit at least one institution or program that actively relies on that accreditation to participate in a federal funding program. CCE noted that no programs currently rely on its accreditation for federal funding eligibility.

CCE also stated that USDE recognition is not required for it to continue accrediting doctor of chiropractic degree programs, CCE will maintain its recognition with the Council on Higher Education Accreditation (CHEA), and this change should have no impact on programs or students.

**Attachments**

1. CCE's Recognition Update, July 30, 2026
2. Recognition Updates and FAQs from CCE's Website, Accessed October 7, 2026

## **Council on Chiropractic Education (CCE) Prepares to Withdraw from U.S. Department of Education Recognition Process, Pursue Opportunities to Innovate and Focus on Quality Assurance**

On July 10, 2026, the Council on Chiropractic Education (CCE) unanimously voted to begin the necessary steps for withdrawing from the U.S. Department of Education (USDE) recognition process.

CCE has not yet submitted a formal notice of withdrawal to the Secretary of Education. The process remains in its early stages, and CCE will communicate important developments to accredited programs and other stakeholders as the process unfolds.

The Council reached this decision after careful consideration of the benefits and risks associated with continued federal recognition and the potential effects on CCE, its accredited programs, students and the chiropractic profession.

Two USDE policies were key factors in the decision:

1. **Increased requirements related to the federal-funding connection.** Under the draft requirements developed through the Accreditation, Innovation and Modernization (AIM) negotiated-rulemaking process, a recognized accrediting agency generally would need to accredit at least one institution or program that actively relies on that accreditation to participate in a federal funding program. No CCE-accredited program relies on CCE accreditation for eligibility to participate in the Title IV federal student-aid programs; this eligibility is provided via institutional accreditation. Further, no CCE-accredited programs are currently using CCE as a means to access any other federal funds.
2. **Increasingly prescriptive federal requirements.** The draft requirements include significant new provisions involving conflicts of interest, agency governance, monitoring, student outcomes, and other areas. CCE concluded that these requirements could impose substantial burdens while providing limited additional benefit to chiropractic programs, students, or the public.

*USDE recognition is not required for CCE to continue accrediting doctor of chiropractic degree programs. CCE will remain an independent accrediting organization and will continue its accreditation and quality-assurance responsibilities. Further, CCE will maintain recognition with the Council on Higher Education Accreditation (CHEA).*

Indeed, members of the National Advisory Committee on Institutional Quality and Integrity (NACIQI), which makes recommendations to USDE regarding accreditation, have long questioned the motivation for non-Title IV programmatic accreditors to pursue recognition with the Department of Education.

CCE will continue to conduct accreditation activities, serve as the independent accrediting body for chiropractic programs, and develop accreditation criteria and procedures in consultation with its accredited and approved programs and the broader chiropractic community. The change should have no impact on CCE programs or students.

*CCE believes this decision will provide an opportunity to preserve a meaningful peer-review process, support educational innovation and ensure its resources remain focused on requirements that directly advance the quality of chiropractic education.*

[Link to FAQ page](#)



# Recognition Updates

## FAQs

### ▼ Why did CCE make the decision to withdraw from USDE recognition?

CCE determined that the growing burdens, both to the agency and its programs, of increasingly prescriptive recognition requirements now outweigh the limited benefits. Continuing to pursue recognition would risk CCE's independence and its ability to set accreditation standards in consultation with its constituents, based on the emerging needs of chiropractic education and the profession.

#### Specific new and proposed requirements that factored into CCE's decision included:

- **Weakened peer-review process.** For more than 50 years, CCE has advanced quality in chiropractic education through a peer-review process grounded in the values of both the chiropractic profession and higher education. Individuals who serve as officers, directors, or employees of an accredited institution or program, as well as nearly all private practice chiropractors, would no longer be permitted to vote on accreditation standards or policies. This would fundamentally weaken the peer-review process that is the cornerstone of accreditation.

- **Excessively burdensome and unnecessary standards.** The proposed federal requirements would

| Area                                                       | Impact of CCE Withdrawal                                                                                                                                   |
|------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Title IV eligibility</b>                                | Institutional accreditor is the gatekeeper, not CCE                                                                                                        |
| <b>Professional student loan limits (\$200K)</b>           | Doctor of chiropractic (DC) degree codified under 34 CFR 685.102(b) as a professional degree; no reference to programmatic accreditor recognition          |
| <b>Federal mandate for DC programmatic accreditation</b>   | Federal law does not mandate programmatic accreditation for programs housed within institutionally accredited universities and colleges                    |
| <b>One Big Beautiful Act / AHEAD rule</b>                  | Programs must be approved by a recognized accrediting agency or included within the institution's accreditation by its recognized institutional accreditor |
| <b>DOD &amp; VA benefits (GI Bill, tuition assistance)</b> | Relies on accreditation of the institution                                                                                                                 |



necessitate extensive revisions to CCE Standards despite the fact that many of the underlying topics, including student outcomes, faculty qualifications and evaluation, and research integrity, are already addressed through CCE's existing accreditation processes. Rather than enhancing quality assurance, the new requirements would impose additional layers of federal prescription and reporting on areas already subject to rigorous review. Other provisions, such as those governing academic freedom and viewpoint neutrality, move beyond the traditional role of programmatic accreditation and into matters that have historically been the responsibility of institutions and their governing bodies. The cumulative effect is a significant increase in administrative and compliance burdens with little corresponding improvement in educational quality or public protection.

• **Funding link for eligibility for recognition.** In order to maintain recognition, an accrediting agency would have to have at least one institution or program that currently relies upon the agency's accreditation to access federal funds (Title IV or non-HEA funds). No CCE programs currently rely on CCE accreditation to access federal funds and thus CCE cannot currently demonstrate compliance under the increasingly rigorous expectations.

• **Legal and governance concerns.** Additional legal requirements as proposed may conflict with the First Amendment, civil rights laws, and noninterference with governance of public institutions. New requirements eliminate the ability of programs to collaborate on key issues (i.e. antitrust immunity) and further undermine the ability of CCE to foster continuous quality improvement among our programs.

Ultimately, CCE determined that federal recognition was incompatible with our mission to ensure the quality and integrity of doctor of chiropractic degree programs and residency programs.

▼ How does this impact CCE-accredited programs?

CCE remains the accrediting body for doctor of chiropractic programs.

CCE's decision to withdraw from USDE recognition will not, by itself, change the CCE accreditation status of any program. Accredited programs will remain subject to CCE's standards, reporting requirements, and peer-review processes.

Institutional accreditation – not CCE's programmatic accreditation – is the basis on which institutions offering CCE-accredited programs participate in the Title IV federal student-aid programs. CCE is working with accredited programs to confirm that the withdrawal will not disrupt their students' access to federal financial aid.

CCE continues to be recognized by the [Council for Higher Education Accreditation \(CHEA\)](#), which “affirms that the standards and processes of the accrediting organization are consistent with the academic quality, improvement and accountability expectations that CHEA has established.”

#### ▼ How does this impact students attending CCE-accredited programs?

CCE does not anticipate a change in the educational experience of students enrolled in CCE-accredited programs.

CCE continues to employ a rigorous, collaborative, peer review accreditation process to evaluate the quality of doctor of chiropractic degree education and chiropractic residency programs. This provides assurances to students, future employers and the general public that the education received meets well-established quality standards. That remains true with or without federal recognition.

Students should continue to consult their institutions regarding federal financial aid and the licensing

authority in the state where they intend to practice regarding applicable licensure requirements.

**▼ Is there any impact to professional-program loan limits or other federal regulations?**

The Doctor of Chiropractic (DC) and Doctor of Chiropractic Medicine (DCM) degrees are identified as professional degrees under federal student-loan regulations (34 CFR § 685.102[b] “Professional Student”) and CCE does not currently anticipate that withdrawal from USDE recognition will affect this or other financial-aid-related provisions of the One Big Beautiful Bill Act (OBBBA).

In fact, the [list of professional programs currently includes several professions whose accreditors are not federally recognized](#).

**▼ What about state regulations that require CCE to be federally recognized?**

CCE has identified four states with statutory or regulatory language that refers, in varying ways, to recognition of the accreditor by USDE. CCE is working with its accredited programs, state licensing authorities and other stakeholders to address these provisions and believes that there is a practical and achievable path forward.

**▼ How are other programmatic accreditors responding?**

Nearly every programmatic accreditor in the health professions is grappling with the implications of these new requirements. Each accreditor has its own unique circumstances to consider but the recent changes present an unnecessary set of challenges to all of them. Their decisions may therefore differ.

Some agencies, including the Council on Education for Public Health (CEPH) and the Midwifery Education

Accreditation Council (MEAC), have already announced their intention to withdraw from federal accreditation, and more are likely to follow.

#### ▼ What are the next steps for CCE?

CCE is in the midst of the USDE recognition review process and our next report is due in September 2026. As instructed by the Council, staff will now begin the steps to formally notify the USDE of our decision to withdraw from federal recognition and thus terminate the review process.

CCE will continue to work with accredited programs to identify and address potential federal or state consequences of this change. We will continue all accreditation reviews, site visits and monitoring activities as scheduled, and we will provide regular updates to programs, students, and other stakeholders. CCE's commitment to educational quality, public accountability, and continuous improvement remains unchanged.



### The Council on Chiropractic Education

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**Agenda Item 17  
October 15, 2026**

**Review, Discussion, and Possible Action on Regulatory Proposal to Update the Requirements for Board Approval of DC Degree Programs (amend and renumber, as necessary, CCR, Title 16, sections 330, 331.1, 331.2, 331.5, 331.12.1, 331.12.2, 331.12.3, 331.14, and 331.15 and repeal sections 331.3, 331.4, 331.6, 331.7, 331.8, 331.9, 331.10, 331.11, 331.13, and 331.16)**

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**Purpose of the Item**

The Board will review and discuss the pending regulatory proposal to update the minimum educational requirements for doctor of chiropractic licensure and specify the process for Board approval of chiropractic programs.

**Action Requested**

The Board will be asked to consider substantive changes to the previously approved regulatory text and to authorize the Executive Officer to initiate the rulemaking process using the revised text.

**Background**

During the August 1, 2025, meeting, the Board approved regulatory text to amend and renumber, as necessary, California Code of Regulations (CCR), title 16, sections 330, 331.1, 331.2, 331.5, 331.12.1, 331.12.2, 331.12.3, 331.14, and 331.15 and to repeal sections 331.3, 331.4, 331.6, 331.7, 331.8, 331.9, 331.10, 331.11, 331.13, and 331.16. This proposal updates the regulations regarding Board approval of chiropractic programs, including the minimum curriculum and clinical experience requirements, and repeals unnecessary, duplicative, or obsolete requirements that are covered by institutional and programmatic accreditation standards.

The Council on Chiropractic Education's (CCE) July 10, 2026, decision to begin the necessary steps for withdrawing from the U.S. Department of Education's recognition process requires substantive changes to the previously approved text for this proposal because the text specifically referenced CCE's federal recognition status.

Staff recommends the Board resolve this issue by deleting the two specific references to CCE in the proposed regulatory text, while retaining the broader definition of a "chiropractic programmatic accreditor" that is recognized by the U.S. Department of Education or the Council for Higher Education Accreditation. These revisions are highlighted on pages 2 and 4 of the attached text.

## Chiropractic Degree Programs and Educational Requirements

October 15, 2026

Page 2

If the Board agrees with the proposed changes, staff recommends the Board make the motion below.

**Suggested Motion:** Rescind the prior approval of the proposed regulatory text from August 1, 2025, approve the newly proposed regulatory text to amend and renumber, as necessary, California Code of Regulations, title 16, sections 330, 331.1, 331.2, 331.5, 331.12.1, 331.12.2, 331.12.3, 331.14, and 331.15 and to repeal sections 331.3, 331.4, 331.6, 331.7, 331.8, 331.9, 331.10, 331.11, 331.13, and 331.16 presented in the Attachment to Agenda Item 17 in the meeting materials, direct staff to submit the text to the Director of the Department of Consumer Affairs and the Business and Consumer Services Agency for review and if no adverse comments are received, authorize the Executive Officer to take all steps necessary to initiate the rulemaking process, make any non-substantive changes to the package, and set the matter for a hearing if requested. If no adverse comments are received during the 45-day comment period and no hearing is requested, authorize the Executive Officer to take all steps necessary to complete the rulemaking and adopt the proposed regulations as noticed.

### Attachment

- Proposed Regulatory Language to Amend and Renumber, as Necessary, California Code of Regulations, Title 16, Sections 330, 331.1, 331.2, 331.5, 331.12.1, 331.12.2, 331.12.3, 331.14, and 331.15 and Repeal Sections 331.3, 331.4, 331.6, 331.7, 331.8, 331.9, 331.10, 331.11, 331.13, and 331.16

DEPARTMENT OF CONSUMER AFFAIRS  
**TITLE 16. BOARD OF CHIROPRACTIC EXAMINERS**

**PROPOSED REGULATORY LANGUAGE**  
**Approval of Doctor of Chiropractic Degree Programs and Educational Requirements**

|                |                                                                                                                                                      |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Legend:</b> | Added text is indicated with an <u>underline</u> .<br>Deleted text is indicated by <del>strikeout</del> .<br>Omitted text is indicated by ( * * * ). |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------|

**Amend and Renumber, as Necessary, Sections 330, 331.1, 331.2, 331.5, 331.12.1, 331.12.2, 331.12.3, 331.14, and 331.15, and Repeal Sections 331.3, 331.4, 331.6, 331.7, 331.8, 331.9, 331.10, 331.11, 331.13, and 331.16 of Article 4 of Division 4 of Title 16 of the California Code of Regulations to read as follows:**

**§ 330. Application for Approval Definitions.**

~~An application for approval on a form provided by the Board, shall be filed with the Board at its principal office in Sacramento and addressed to the Secretary of the State Board of Chiropractic Examiners. Such application shall be on file at least six months prior to any inspection.~~

For the purposes of this Article, the following definitions shall apply:

(a) "Academic engagement" means active participation by a student in an instructional activity related to the student's course of study that is defined by the institution in accordance with any applicable requirements of its state or accrediting agency, such as the following:

(1) Attending a synchronous class, lecture, recitation, or field or laboratory activity, physically or online, where there is an opportunity for interaction between the instructor and students;

(2) Submitting an academic assignment;

(3) Taking an assessment or examination;

(4) Participating in an interactive tutorial, webinar, or other interactive computer-assisted instruction;

(5) Participating in a study group, group project, or an online discussion that is assigned by the institution; or

(6) Interacting with an instructor about academic matters.

(b) “Act” means the Chiropractic Initiative Act of California, Stats. 1923, p. lxxxviii.

(c) “Board” means the California Board of Chiropractic Examiners.

(d) “CCE” means the Council on Chiropractic Education, a specialized programmatic accrediting agency referenced in Section 4(g) of the Act and recognized by the U.S. Department of Education and the Council for Higher Education Accreditation to accredit chiropractic programs.

(ed) “Chiropractic program” means an educational program that leads to a Doctor of Chiropractic degree offered within an accredited institution of postsecondary or higher education. “Chiropractic program” has the same meaning as “chiropractic school or college” as used in the Act.

(fe) “Chiropractic programmatic accreditor” means a specialized accrediting agency recognized by the U.S. Department of Education or the Council for Higher Education Accreditation to accredit chiropractic programs.

(gf) “Clock hour” means a period of time consisting of:

(1) A 50-minute to 60-minute class, lecture, or recitation in a 60-minute period;

(2) A 50-minute to 60-minute faculty-supervised laboratory or internship in a 60-minute period;

(3) Sixty minutes of preparation in a correspondence course; or

(4) In distance education, 50 to 60 minutes in a 60-minute period of attendance in either:

(A) A synchronous or asynchronous class, lecture, or recitation where there is opportunity for direct interaction between the instructor and students; or

(B) An asynchronous learning activity involving academic engagement in which the student interacts with technology that can monitor and document the amount of time that the student participates in the activity.

(hg) “Correspondence course” means a course provided by an institution under which the institution provides instructional materials, by mail or electronic transmission, including examinations on the materials, to students who are separated from the instructors. Interaction between instructors and students in a correspondence course is limited, is not regular and substantive, and is primarily initiated by the student. A correspondence course is not distance education.



(ih) “Credit hour” means an amount of student work defined by an institution, as approved by the institution’s accrediting agency or state approval agency, that is consistent with commonly accepted practice in postsecondary education and that:

(1) Reasonably approximates not less than one hour of classroom or direct faculty instruction and a minimum of two hours of out-of-class student work each week for approximately 15 weeks for one semester or trimester hour of credit, or 10 to 12 weeks for one quarter hour of credit, or the equivalent amount of work over a different period of time, or an equivalent amount of work for other academic activities as established by the institution, including laboratory work, internships, practicum, studio work, and other academic work leading to the award of credit hours; and

(2) Permits an institution, in determining the amount of work associated with a credit hour, to take into account a variety of delivery methods, measurements of student work, academic calendars, disciplines, and degree levels.

(ii) “Direct assessment program” means a program that utilizes direct assessment of a student’s knowledge, skills, and abilities to provide evidence of the student’s proficiency in the relevant subject area in lieu of credit or clock hours as the measure of student learning. An institution shall establish a methodology to reasonably equate each subject area of the direct assessment program to either clock hours or credit hours.

(kj) “Direct, on-site supervision” means the supervising doctor of chiropractic is physically present in the same chiropractic practice or other health setting as the chiropractic student or graduate intern and is immediately available to furnish assistance and direction to the student/intern throughout a patient encounter.

(lk) “Distance education” means education that uses technology to deliver instruction to students who are separated from the instructor or instructors and to support regular and substantive interaction between the students and the instructor or instructors, either synchronously or asynchronously.

(ml) “Educational program” means a legally authorized postsecondary program of organized instruction or study that leads to an academic, professional, or vocational degree, or certificate, or other recognized educational credential, or is a comprehensive transition and postsecondary education program.

(nm) “Institution” means an institution of postsecondary or higher education.

(on) “Institutional accreditor” means an accrediting agency recognized by the U.S. Department of Education or the Council for Higher Education Accreditation to accredit institutions of postsecondary or higher education.

(po) “High school diploma” has the same meaning as the term “regular high school diploma” as specified in section 7801 of Title 20 of the United States Code.

(ep) “NBCE” means the National Board of Chiropractic Examiners.

(fq) “Preceptor” means an actively licensed doctor of chiropractic in good standing who has been vetted, approved, and assigned by a Board-approved chiropractic program to directly supervise a chiropractic student or graduate intern while the student/intern participates in a preceptorship.

(st) “Preceptorship” means a comprehensive clinical experience program offered or sponsored by, and thereby approved and vetted by, a Board-approved chiropractic program that promotes and encourages a chiropractic student or graduate intern to gain professional, applied, practical, hands-on experience comparable in all aspects to that of a competent, safe, and ethical entry-level doctor of chiropractic in a practice or other comparable clinical health institution or setting under the direct, on-site supervision of a preceptor.

(ts) “Recognized equivalent of a high school diploma” means one of the following:

(1) A General Education Development Certificate (GED);

(2) A state certificate received by a student after the student has passed a state-authorized examination that the state recognizes as the equivalent of a high school diploma;

(3) An academic transcript of a student who has successfully completed at least a two-year program that is acceptable for full credit toward a bachelor’s degree; or

(4) Documentation that the student excelled academically in high school and has met the formalized, written policies of the institution for admitting such students.

NOTE: Authority cited for Article 4 (Sections 330-331.16): Sections 4(b), and 4(f), and 4(g) of the Chiropractic Initiative Act of California, (Stats. 1923, p. 4xxxviii). Reference: Sections 4(b), 4(e), and 4(f), 4(g), and 5 of the Chiropractic Initiative Act of California, Stats. 1923, p. lxxxviii.

### **§ 331.1. Approval and Eligibility of Doctor of Chiropractic Programs.**

(a) A school chiropractic program which initially meets the requirements of these rules this Article shall be first provisionally approved by the Board. No school will be finally approved chiropractic program shall receive final approval by the Board until a provisional program has been in operation for at least two years.

(b) To be eligible for Board approval, a chiropractic program shall:

(1) Be currently accredited by a chiropractic programmatic accreditor such as CCE;

(2) Submit a completed application for Board approval of the chiropractic program to the Board at its current email address or physical address listed on its website. A completed application shall include all of the following information from the chiropractic program:

(A) The name of the chiropractic program and the institution;

(B) The physical address of the chiropractic program's campus and any other educational or clinical locations;

(C) The chiropractic program's mailing address;

(D) Telephone number, if any;

(E) Email address, if any;

(F) Website, if any;

(G) A copy of the chiropractic program's current academic calendar and course catalog;

(H) Documentary evidence that the chiropractic program offers to its students a course of instruction that meets or exceeds the minimum educational requirements for California licensure as a doctor of chiropractic specified in Section 331.5;

(I) The names of the chiropractic programmatic and institutional accrediting agencies;

(J) The date of the chiropractic program's initial accreditation and the date of the program's most recent reaccreditation, if any;

(K) The date of the chiropractic program's last site visit or inspection by the chiropractic programmatic accreditor;

(L) A copy of the chiropractic program's last self-study and site visit report;

(M) A disclosure, explanation, and current status of any warnings, sanctions, or noncompliance actions taken against the chiropractic program or institution by the chiropractic programmatic or institutional accreditor within the past 10 years, including the steps taken by the chiropractic program or institution for correction of such sanctions, warnings, or noncompliance actions; and

(N) A statement signed and dated by an official or designated representative of the chiropractic program with authority to make representations on behalf of the program, such as a dean, president, provost, or registrar, under penalty of

perjury under the laws of the State of California that all statements made in the application or any accompanying attachments provided with the application are true and correct.

(3) Appear before the Board's Licensing Committee or the full Board at a public meeting, if requested in writing by the Board, to answer any questions or address any actual or perceived deficiencies in the chiropractic program's application or educational requirements. Any testimony or supplemental documents or materials provided by an official or designated representative of the chiropractic program during a public meeting shall be considered part of the application for Board approval of the program.

(c) The Board shall review the chiropractic program's application within 180 calendar days of receipt and shall grant or deny approval or defer action on the application if the application is determined to be deficient by the Board. The Board's decision shall be based on the chiropractic program's demonstration of meeting the requirements of this Article. If the Board determines the application is deficient, the Board shall specify the information or documentation that is required to complete the application.

(d) Within 30 calendar days following the Board's review of the chiropractic program's application, the Executive Officer or their designee shall mail or email the Board's decision on the application to the chiropractic program.

~~(b) No school shall be provisionally approved until it shall present competent evidence of its organizational and financial ability to attain the minimum educational requirements set forth by these rules and institutional goals set forth in its application.~~

~~(c) No school shall be provisionally approved unless there is a reasonable need for such school in the geographical area in which it is proposed to locate.~~

~~(d) No school shall be provisionally approved until competent evidence of compliance with the requirements of Section 29023(a)(2) of the Education Code is filed with the Board.~~

NOTE: Authority cited: Sections 4(b), 4(f), and 4(g) of the Chiropractic Initiative Act of California, Stats. 1923, p. lxxxviii. Reference: Sections 4(b), 4(e), 4(f), 4(g), and 5 of the Chiropractic Initiative Act of California, Stats. 1923, p. lxxxviii.

### **§ 331.2. Inspection and Survey of Chiropractic Program and Accrediting Agency Records.**

(a) No school chiropractic program shall be approved, provisionally or finally, until it has been inspected by the Board or its duly authorized representative, including but not limited to the Council on Chiropractic Education a chiropractic programmatic accreditor,

and is found by the Board to be in compliance with the rules ~~herein set forth~~ in this Article.

(b) Each ~~school~~ chiropractic program shall permit to the Board or its authorized representatives unhampered opportunity to inspect the ~~school's~~ program's facilities, interview its entire faculty and management, examine student, teaching, grading, performance and graduation records, and inspect and audit, for cause, at the ~~school's~~ program's expense, the ~~financial and corporate~~ institutional accreditation information and records.

(c) Board-approved chiropractic programs and chiropractic programs applying for provisional approval by the Board shall allow the Board to inspect and obtain copies of all records related to their programmatic accreditation, including applications for initial and continued accreditation, self-studies, reports of site visits, accreditation and noncompliance actions, deficiency and progress reports, program characteristics reports, NBCE examination pass rates, and program enrollment and admissions reports.

NOTE: Authority cited: Sections 4(b), 4(f), and 4(g) of the Chiropractic Initiative Act of California, Stats. 1923, p. lxxxviii. Reference: Sections 4(b), 4(e), 4(f), 4(g), and 5 of the Chiropractic Initiative Act of California, Stats. 1923, p. lxxxviii.

### **§ 331.3. Supervision.**

~~(a) Every approved school shall be under the supervision of a full-time president, dean, or other executive officer who shall carry out the objective and program of the school. Said officer shall have a minimum of two years experience in school administration prior to his appointment, or its equivalent in training.~~

~~(b) The president, dean, or other executive officer shall render a report annually, covering topics such as student enrollment, number and changes in faculty and administration, changes in the curriculum, courses given, and the projections for future policy. Said annual report shall be filed with the Board within one month following the end of the academic year.~~

~~(c) It shall be the duty of the president, dean, or other executive officer to obtain from each faculty member, prior to the beginning of the semester or school year, an outline and time schedule for each subject of the course. He shall approve such outlines and determine from time to time if they are being observed. A copy of this outline and a schedule of classes, showing the day and hour of presentation and the instructor shall be filed with the Board within three (3) weeks after the beginning of the term.~~

~~(d) The dean shall maintain a record of the teaching load of each member of the staff in terms of classes taught, supervision, student counselling, committee work, and other assigned activities.~~

~~(e) A permanent file of all class schedules, beginning with those as of the date of the school's approval shall be maintained by the dean. These shall be available for inspection and comparison with the courses described in the relative catalogs.~~

~~(f) Schedules must be kept up to date and posted on a bulletin board available for student inspection.~~

#### **~~§ 331.4. Financial Management.~~**

~~The college shall keep accurate financial records and shall file an annual financial report including a profit and loss statement as well as an asset and liability statement prepared and signed by a qualified accountant. Said financial report shall be filed with the Board within three (3) months following the end of the school's fiscal year.~~

#### **~~§ 331.5~~ 331.3. Student Records.**

~~There shall be maintained a good system of records, showing conveniently and in detail, the attendance, discipline, grades and accounts of the students, by means of which an exact knowledge can be obtained regarding each students work. A personal file must be maintained for each student containing his admission credentials, photographs and other identifying personal items. Fireproof storage must be provided for the safekeeping of records.~~

A chiropractic program shall maintain a permanent file for each student who enrolls in the program whether or not the student completes the program. The file shall contain records of the following:

(a) The student's identifying and contact information:

(1) Full legal name (first name, middle name, last name, and suffix, if any);

(2) Birth date (month, day, and year);

(3) Social security number or individual taxpayer identification number, if known;

(4) Mailing address;

(5) Email address, if any; and

(6) Telephone number, if any.

(b) The student's admission credentials, including written records or transcripts of any formal education, training, testing, or experience that are relevant to the student's qualifications for admission to the chiropractic program;

(c) Written records or transcripts documenting units of academic credit earned at another institution that have been accepted and applied by the institution as transfer credit toward the student's completion of the chiropractic program;

(d) The dates of enrollment or matriculation in the chiropractic program and, if applicable, academic probation or suspension, leaves of absence, or withdrawal or dismissal from the program;

(e) All courses within the chiropractic program that the student completed, or attempted but did not complete, and the dates of completion or withdrawal, the amount of academic credit granted through clock or credit hours, and the grades earned by the student for each of those courses; and

(f) Any degree or certificate granted by the chiropractic program and the date on which the degree or certificate was conferred.

NOTE: Authority cited: Sections 4(b) and 4(g) of the Chiropractic Initiative Act of California, Stats. 1923, p. lxxxviii. Reference: Sections 4(b), 4(e), 4(f), 4(g), and 5 of the Chiropractic Initiative Act of California, Stats. 1923, p. lxxxviii.

### **§ 331.6. Catalog.**

~~The school shall issue, at least biennially, a catalog setting forth the character of the work which it offers, and said catalog shall be filed with the Board. The content and format shall follow the usual pattern of professional school catalogs, and shall contain the following information:~~

~~(a) A list of its trustees, president, dean and other administrative officers and members of the faculty with their respective qualifications;~~

~~(b) Courses set forth by department, showing for each subject its content, value in term, semester hours, or credit hours;~~

~~(c) Entrance requirements, conditions for academic standing and discipline, such as attendance, examinations, grades, promotion and graduation;~~

~~(d) Matriculation, tuition, laboratory, graduation and special fees, and estimated costs of books, instruments, dormitory and board; and~~

~~(e) Descriptions of the library, audio-visual facilities, laboratories and clinic facilities setting forth at least the minimum requirement hereinafter set forth in rules.~~

~~(f) No school will be accepted or retained in good standing which publishes in its catalog or otherwise, any misrepresentation regarding its curriculum, faculty or facilities for instruction.~~

### **~~§ 331.7. Calendar.~~**

~~Each school may elect to use the semester, trimester or four-quarter term system.~~

~~A school calendar shall designate the beginning and ending dates of terms or semesters, the vacation periods and legal holidays observed, and the dates for semester and final examinations. The recitation or lecture period shall be not less than 50 minutes in length. The school may operate on a five or six-day week or any combination thereof, but the total number of hours of instruction shall be not less than 30 hours nor more than 35 hours per week. The total number of hours provided for each complete student's course, leading to the degree of Doctor of Chiropractic, shall be not less than 4,400 hours distributed over four academic years of nine months each.~~

### **~~§ 331.8. Faculty.~~**

~~All faculty members shall meet the standards of the Council on Chiropractic Education.~~

### **~~§ 331.9. Student Faculty Ratio.~~**

~~(a) The full-time equivalent student faculty ratio shall be at least one full-time professor to every fifteen (15) students enrolled in the school.~~

~~(b) A full-time professor is one who devotes a minimum of 38 hours per week to his academic duties.~~

~~(c) The maximum enrollment for any class in laboratory or clinical work shall be limited to the number which may, by Board standards, sufficiently be trained with the equipment and facilities available in such laboratory clinic.~~

~~(d) All classes and laboratory sessions, including clinics, shall be conducted under the presence and supervision of a full-time professor.~~

~~(e) There shall be one instructor for each twenty-five (25) students in the laboratory and/or clinic courses.~~



### **§ 331.10. Faculty Organization.**

~~(a) A faculty shall be organized by departments. Regularly scheduled meetings of the full faculty shall be had to provide a free exchange of ideas concerning:~~

- ~~(1) The content and scope of the curriculum;~~
- ~~(2) The teaching methods and facilities;~~
- ~~(3) Student discipline, welfare and awards;~~
- ~~(4) Faculty discipline and welfare;~~
- ~~(5) Committee reports and recommendations;~~
- ~~(6) Recommendations for the promotion and graduation of students;~~
- ~~(7) Administration and educational policies; and~~
- ~~(8) Recommendations to the administrative officers and to the trustees.~~

~~(b) The dean shall appoint the following standing committees of which he shall be a member ex officio: admissions and credentials, curriculum, clinic, laboratories, library and examinations, grades and records.~~

### **§ 331.11. Scholastic Regulations.**

~~(a) Admission.~~

- ~~(1) Each school shall have a committee on admissions and credentials. The admission of students shall be in the hands of a responsible officer who is a member of the committee and his decision shall be subject to the approval of the committee.~~
- ~~(2) No applicant shall be admitted to any school until he has been personally interviewed for the purpose of determining his character, scholastic aptitude, mental and physical fitness to study and practice. When a great geographic distance precludes personal interview, the same information, supported by affidavits and photographs, may be substituted for the personal interview.~~
- ~~(3) Documentary evidence of preliminary education must be obtained and kept on file. All transcripts of other schools must be obtained directly from such schools.~~
- ~~(4) It is strongly recommended by the Board that an entrance examination compiled and administered by recognized testing agencies (e.g., A.C.T., S.A.T.) be required of all students prior to matriculation in order to prove their ability to do college level~~

work.

~~(b) Date of Matriculation. No student shall be matriculated at a later date than one week immediately following the advertised date of the commencement of the school term.~~

~~(c) Qualifications of Students. No student shall be matriculated in an approved school unless he is of good moral character and is without major physical deficiencies, except as provided in Section 8.1 of the Act.~~

~~(d) Professional Education. Students shall not be matriculated in any school approved by the board unless they possess, and submit to the school upon their application for matriculation, either:~~

~~(1) A diploma from a standard high school or other institution of standard secondary school grade evidencing completion by the student of a four (4) year course, or~~

~~(2) A certificate from the board stating that the student has submitted proof, satisfactory to the board, of education equivalent in training power to a high school course. The certificate shall bear a date prior to the applicant's matriculation date in any school approved by the board.~~

~~(3) A student who seeks admission in any school approved by the Board after November 3, 1976, shall be subject to the following: The candidate must have completed, with a satisfactory scholastic record, at least 60 semester hours or an equivalent number of quarter hours in prechiropractic subjects at a college listed in the U.S. Office of Education "Education Directory—Higher Education." The specific prechiropractic subjects and their requirements shall be in accordance with the standards adopted by the Council on Chiropractic Education.~~

~~(e) Advanced Standing.~~

~~(1) Applicants for admission to advanced standing shall be required to furnish evidence to the school:~~

~~(A) That they can meet the same entrance requirements as candidates for the first year class;~~

~~(B) That courses equivalent in content and quality to those given in the admitting school in the year or years preceding that to which admission is desired have been satisfactorily completed;~~

~~(C) That the work was done in a chiropractic college acceptable to the committee on admissions of the college; and~~

~~(D) That the candidate has a letter of recommendation from the dean of the~~

~~school from which transfer is made.~~

~~(2) Credits for work done in colleges of liberal arts and sciences will be allowed based on the regulations of the Council on Chiropractic Education.~~

~~(3) Credits for basic science subjects on the professional level shall be in accordance with the provisions of the regulations of the Council on Chiropractic Education.~~

~~(4) A student desiring to re-enter the college after a lapse in attendance of one or more years shall fulfill the entrance requirements applying to the class which he seeks to enter. Students whose education was interrupted by service in the armed forces are exempt from this requirement.~~

~~(5) For all such students admitted to advance standing there will be, therefore, on file with the registrar the same documents as required for admission to the first-year class and in addition a certified transcript of work completed, together with a letter of honorary dismissal from the college from which transfer was made.~~

~~(6) No candidate for a degree shall be accepted for less than one full academic year of resident study.~~

~~(f) Attendance. In order to obtain credit for a course, a student shall have been present in class at least 90 percent of the time and shall have received a passing letter grade. When the absence exceeds 10 percent, the student shall be automatically dropped from the class. If the absences have been due to illness or other excusable reasons and if evidence of these reasons can be submitted, the student may apply for readmission through the dean's office and may be given credit for attendance upon the recommendation of his instructor and completion of course requirements.~~

~~Students shall be required to spend the last academic year of the course in residence in the college which confers the degree.~~

~~(g) Promotion.~~

~~(1) Promotion from one school term to another should be by recommendation of the instructors and consent of the committee on credentials or other similar committee. The decision should be based upon careful evaluation of the student's attendance, application, conduct and grades in quizzes and examinations. In other words, the final standing of the student in each subject shall be based upon the composite judgment of the responsible instructors in that department, and not solely upon the result of written examinations.~~

~~(2) A student failing in any subject in a school term should be required to repeat the subject.~~

~~(h) Requirements for Graduation. The requirements for admission to the school shall have been fulfilled and the candidate, in addition to scholastic qualitative requirements, shall have completed a minimum quantitative requirement of 4,400 hours of instruction in four academic years of nine months each. The last year shall have been spent in the school granting the degree. The candidate shall have complied with all the regulations of the school and be recommended for the degree by the faculty.~~

~~(i) Special (Graduate of An Approved Chiropractic School) or Unclassified Subject. Persons so registered may not be a candidate for a degree. If they desire to become candidates, they shall satisfy the usual requirements for admission as well as the degree requirement. No work done under this classification will be accepted for credit beyond 90 days from the date of matriculation. Holders of a valid chiropractic degree are exempt from this requirement.~~

~~(j) Degree. The degree conferred for completion of professional undergraduate work shall be Doctor of Chiropractic (D.C.).~~

~~NOTE: Authority cited: Section 4(b), Chiropractic Initiative Act of California (Stats. 1923, p. 1xxxviii). Reference: Sections 4(b) and 5, Chiropractic Initiative Act of California (Stats. 1923, p. 1xxxviii).~~

#### **§ 331.12.1 331.4. Curriculum Minimum Educational Requirements for Doctor of Chiropractic Licensure Prior to November 3, 1976.**

All applicants for the ~~Board Examination~~ licensure who matriculated into a chiropractic college program prior to the passage of Proposition 15 (November 3, 1976) shall fulfill the requirements of this section.

( \* \* \* )

NOTE: Authority cited: Sections 4(b) and 4(g) of the Chiropractic Initiative Act of California, Stats. 1923, p. lxxxviii. Reference: Sections 4(b), 4(e), 4(f), 4(g), and 5 of the Chiropractic Initiative Act of California, Stats. 1923, p. lxxxviii.

#### **§ 331.12.2 331.5. Curriculum Minimum Educational Requirements for Doctor of Chiropractic Licensure.**

All applicants for licensure shall be required to comply with this section ~~in order to~~ qualify for a California doctor of chiropractic license.

(a) Course of Study: ~~Every school~~ A Board-approved chiropractic program shall have a curriculum which indicates objectives, content, and methods of instruction for each subject offered, and meets the minimum standards specified in subdivision (c).

(b) Required Hours and Subjects Educational Requirements for Licensure: Each applicant shall offer proof of completion of the following educational requirements:

(1) A high school diploma or recognized equivalent of a high school diploma;

(2) A minimum of 60 pre-chiropractic college credit hours completed at an institution of postsecondary or higher education that is accredited by an accrediting agency recognized by the U.S. Department of Education; and

(3) Graduation from a Board-approved chiropractic program with a Doctor of Chiropractic degree and successful completion of a course of instruction in a Board-approved ~~chiropractic college~~ chiropractic program of not less than 4,400 4,200 clock hours, or an equivalent amount of instructional credit granted by the chiropractic program through credit hours, which includes including the minimum educational requirements set forth in Section 5 of the Act specified in subdivision (c).

(c) Minimum Educational Standards: The course of instruction offered by a Board-approved chiropractic program and completed by the an applicant shall consist of no less than meet the following minimum standards, ~~hours,~~ except as otherwise provided for an applicant for licensure through reciprocity in Section 323:

(1) Didactic Curricula Presentation: Except for the clinic requirements specified in subdivision (c)(4), the required subject areas and minimum clock hours or equivalent listed below may be completed by any method or student learning tool currently accepted by the chiropractic programmatic or institutional accreditor, or industry standards, including, but not limited to, traditional on-campus course instruction, correspondence courses, direct assessment programs, and distance education.

(2) Laboratory Requirements: Laboratory teaching with student participation shall be included for anatomy, radiology, and physiotherapy. The required educational content may be executed via hybrid platforms, such as an actual physical laboratory setting or the equivalent, including virtual laboratory simulation, use of task trainers, standardized patients, modern techniques, and other tools or techniques that can develop the necessary and relevant competencies in an educational and clinical context.

(3) Required Subjects and Hours: The minimum requirements listed below shall be executed by a chiropractic program in a manner that demonstrates and ensures a graduate who completes the course of instruction can conceptually, practically, and consistently perform the informative tasks and goals required by the didactic education, has the necessary knowledge, skills, and abilities to practice in accordance with the chiropractic scope of practice as defined in Section 302 and to meet the minimum competency standards of an entry-level doctor of chiropractic, and can demonstrate the ability to expound upon the original constraints of the chiropractic training program to safeguard the delivery of competent, safe, and

ethical chiropractic care.

|           |                                                                                                                                                                                                                                                                                                                                                                                            |                                                     |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| Group I   | Anatomy, <u>including embryology (developmental anatomy), histology (microscopic anatomy), and human dissection</u><br><br><u>This group shall comprise didactic and laboratory content that includes, but is not limited to, physical and virtual observation, physical and virtual dissection or prosection, modern techniques and technology, and educational and clinical context.</u> | <del>646</del> <u>588 clock hours or equivalent</u> |
| Group II  | Physiology, <del>(must include laboratory work)</del> <u>including blood, lymph, circulation, respiration, excretion, digestion, metabolism, endocrine, special senses, and the central, peripheral, and autonomic nervous systems</u>                                                                                                                                                     | <del>264</del> <u>252 clock hours or equivalent</u> |
| Group III | Biochemistry, <u>and clinical nutrition, and dietetics, including the chemistry of foods, digestion, and metabolism, the role of nutrition in the prevention and treatment of illnesses, diseases, and other health conditions, application of nutritional knowledge, nutrition assessments, interventions, and patient education</u>                                                      | <del>264</del> <u>252 clock hours or equivalent</u> |
| Group IV  | Pathology, <u>microbiology, bacteriology, and toxicology</u><br><br><u>Pharmacology to include a specific scope of study of drug action, interaction, absorption, metabolism, distribution, excretion, and therapeutic and toxic effects in an educational context of underlying physiological mechanism affected, disease mechanisms, and relevant patient safety</u>                     | <del>440</del> <u>420 clock hours or equivalent</u> |
| Group V   | Public health, hygiene, and sanitation, <u>first aid and emergency care procedures, prevention of the spread of disease, and public wellness and health relations, models, and concepts</u>                                                                                                                                                                                                | <del>132</del> <u>126 clock hours or equivalent</u> |

|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                     |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| Group VI   | <u>Physical, clinical, laboratory, and differential diagnosis, including eye, ear, nose, and throat (E.E.N.T.), and serology, blood chemistries, dermatology and sexually transmitted diseases, geriatrics, special populations, X-ray interpretation, and neurology, and radiologic safety, procedure, technique, and interpretation</u>                                                                                                                                                               | <del>792</del> <u>726 clock hours or equivalent</u> |
|            | <u>Dermatology, including the evaluation, diagnosis, treatment, and prevention of disease and disorders affecting the skin, hair, nails, and mucous membranes in a diverse, ethical, and cultural context</u>                                                                                                                                                                                                                                                                                           | <u>30 clock hours or equivalent</u>                 |
| Group VII  | <u>Obstetrics, gynecology, andrology, and pediatrics, including understanding, interpretation, and referral for routine diagnostic procedures, and clinical and laboratory examinations and investigations</u>                                                                                                                                                                                                                                                                                          | <del>432</del> <u>126 clock hours or equivalent</u> |
| Group VIII | <u>Principles and practice of chiropractic, to include including ethics, integrity, jurisprudence, office procedure, practice management, professional and culturally centered patient communication, virtual care, patient counseling and management, chiropractic technique, chiropractic history and philosophy, spinal analysis and adjustment/manipulation, extremities manipulation, orthopedics, biomechanics, and contemporary diagnostic imaging X-ray technique, and radiation protection</u> | <del>430</del> <u>400 clock hours or equivalent</u> |
|            | <u>Psychiatry to include the study of neurochemistry, neurodevelopmental, neurological, and neurocognitive disorders, trauma-induced and stress-related disorders, gender dysphoria, somatic disorders, suicidal ideation awareness, a chiropractor's role in mental health, and allopathic and alternative treatment interventions and modalities</u>                                                                                                                                                  | <u>30 clock hours or equivalent</u>                 |

|           |                                                                                                                                                                                                               |                                                         |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
|           | <u>Clinic, including office procedure in an authentic clinical patient care setting in the context of the clinical workplace, including actual and simulated patient encounters and clinical case studies</u> | <del>518</del> <u>500 clock hours or equivalent</u>     |
|           | <u>Physiotherapy, including underlying physiological mechanisms, active and passive care applications, therapeutic modalities, procedures, interventions, and physical rehabilitation and exercise</u>        | <u>120 clock hours or equivalent</u>                    |
|           | Psychiatry                                                                                                                                                                                                    | <u>32 hours</u>                                         |
| Electives |                                                                                                                                                                                                               | <del>660</del> <u>630 clock hours or equivalent</u>     |
| Total     |                                                                                                                                                                                                               | <del>4,400</del> <u>4,200 clock hours or equivalent</u> |

~~(c) Subject Presentation: Laboratory teaching with actual student participation shall be included in human dissection, histology, chemistry, physiology, bacteriology, pathology, X-ray and physiotherapy. Each school shall have and use at least one phantom or equivalent equipment for X-ray class and other courses as may be necessary for adequate teaching.~~

~~Classes shall be presented in proper academic sequence. Each student shall be taught micro and gross anatomy, human dissection, and physiology before pathology; biochemistry before or concurrent with physiology; and diagnosis before or concurrent with the study of pathology. Clinic hours shall be taken only after a student completes all hours in or concurrently with diagnosis.~~

~~(1) ANATOMY: To include gross anatomy, human dissection, embryology and histology.~~

~~(2) PHYSIOLOGY: To include the physiology of blood and lymph, circulation, respiration, excretion, digestion, metabolism, endocrines, special senses and nervous system.~~

~~(3) BIOCHEMISTRY AND NUTRITION: Biochemistry to include the chemistry of foods, digestion, and metabolism. Nutrition to include dietetics and clinical nutrition in the prevention and treatment of illnesses.~~

~~(4) PATHOLOGY AND BACTERIOLOGY: Pathology to include general and special~~



~~pathology. Bacteriology to include parasitology and serology.~~

~~(5) PUBLIC HEALTH, HYGIENE, SANITATION AND EMERGENCY CARE: To include sanitary and hygienic procedures, First Aid, minor surgery, prevention of disease, and Public Health Department regulations.~~

~~(6) DIAGNOSIS: To include physical, clinical, laboratory and differential diagnosis; E.E.N.T., geriatrics, serology, dermatology, syphilology, roentgenology (technique and interpretation) and the rules and regulations of the Radiologic Technology Certification Committee of the State Department of Health Services.~~

~~(7) OBSTETRICS, GYNECOLOGY AND PEDIATRICS: To include the standard routine diagnostic procedures and clinical and laboratory examinations.~~

~~(8) PRINCIPLES AND PRACTICE OF CHIROPRACTIC, DIETETICS, PHYSIOTHERAPY, AND OFFICE PROCEDURE: To include history and principles of chiropractic, spinal analysis, adjustive technique of all articulations of the body, orthopedics and patient counseling in curriculum subject matters.~~

~~(9) PHYSIOTHERAPY: To be eligible for licensure, each applicant must furnish proof satisfactory to the Board of successful completion of the required 120 hours of physiotherapy course work and additional clinical training in which the theory, principles and use of the standard recognized physiotherapy equipment and procedures were demonstrated to and used by the applicant. This shall include a minimum of thirty (30) patient office visits in which physiotherapy procedures are performed by the student on their own clinic patients. If physiotherapy course work is not offered by the chiropractic college where the student matriculated, the required instruction and clinical training in physiotherapy may be completed at another Board-approved chiropractic college, provided such course is a regular credit course offered primarily to matriculated students.~~

~~Physiotherapy course work not completed prior to graduation from chiropractic college may be fulfilled by course work taken subsequent to graduation at a Board-approved chiropractic college in conjunction with clinical training in physiotherapy offered by that college. Such course work and clinical training must be regular credit course work and clinical training offered primarily to matriculated students.~~

~~(10) OFFICE PROCEDURE: To include private office and case management, the writing and completion of reports and forms for insurance claims, and the provisions, rules and regulations of the Chiropractic Act, and the Radiologic Technology Certification Committee of the State Department of Health Services.~~

~~(d) Additional Hours and Subjects: It is recommended that a school offer elective subjects, including chiropractic meridian therapy, counseling, hypnotherapy and biofeedback. The school may offer and require for graduation courses of more than~~

4,400 hours.

(e4) Clinics Clinical Training Requirements: Each student shall ~~be provided with complete actual, hands-on~~ clinical experience in the examining, diagnosing, and treatment, and management of patients. Such clinical experience shall include the practical application of didactic material in the areas of spinal analysis, palpation, chiropractic philosophy, symptomatology, laboratory diagnosis, physical diagnosis, X-ray interpretation, postural analysis, diagnostic impressions, and adjusting of various articulations of the body, psychological counseling evaluation, and dietetics clinical nutrition. Individual case files on each patient together with a record of dates and treatments given and student treating shall be kept and available to the ~~Board~~ for inspection.

Clinical hours, as described in this section, including those relating to physiotherapy, must be completed in a clinic operated or supervised by a Board-approved chiropractic ~~college~~ program.

Each student shall be required to complete, ~~as a minimum for graduation,~~ the following:

(1A) ~~Twenty-five (25) p~~Physical examinations of ~~which at least ten (10) are of outside (not student)~~ actual or standardized patients, not solely chiropractic student peers.

A physical examination shall include an evaluation of all vital signs, case history, review of systems, and orthopedic and neurological testing.

Students shall also have practical clinical laboratory training, including ~~twenty-five (25)~~ urinalyses, ~~twenty (20)~~ complete blood counts (CBCs), ~~ten (10)~~ blood chemistries, and ~~thirty (30)~~ X-ray examinations. Students shall perform ~~ten (10)~~ proctological and ~~ten (10)~~ gynecological examinations on actual or standardized patients or task trainers. ~~Proctological and gynecological examinations may be performed on a phantom approved by the Board.~~ Gynecological and proctological examinations not completed prior to graduation may be completed after graduation at a Board-approved chiropractic ~~college~~ program.

(2B) ~~Students shall perform a~~ A minimum of two hundred and fifty (250) particular, unique, and separate patient treatments (visits) encounters in a genuine and realistic clinical environment, with each encounter demonstrating a comprehensive clinical thought process, including, but not limited to, a case-appropriate history, applicable review of systems, assessment, and necessary diagnostic and orthopedic procedures, or imaging that result in the selection and application of a safe and effective primary chiropractic adjustive technique manipulation, mobilization, or manual therapy as the principal therapeutic intervention, and patient along with a subsequent applicable post-evaluation of

the patient's response to the chiropractic intervention provided. Patient visits that do not include chiropractic intervention due to a contraindication to treatment or the selection of a different primary therapeutic intervention shall only be counted toward the student's total clinical hours, but not the minimum number of clinical encounters required by this subparagraph.

(3C) Written interpretation of ~~at least thirty (30) different radiographic studies~~~~X-ray views, either slide or film, while a senior in the clinic,~~ in addition to other classroom requirements which shall include the spinal column, all other articulations of the body, and soft tissue.

(4D) ~~A M~~minimum of five hundred (500) ~~eighteen (518)~~ hours of hands-on, practical clinical experience, including (examining, assessing, diagnosing, and treating patients in the clinic).

NOTE: Authority cited: Sections ~~4000-4(b), and 4(g) of the Business and Professions Code (Chiropractic Initiative Act of California, Stats. 1923, p. 4xxxvii).~~ Reference: Sections 4(b), 4(e), 4(f), 4000-4(g), and 5, Business and Professions Code ( of the Chiropractic Initiative Act of California, Stats. 1923, p. 4xxxvii).

### **§ 331.12.3 331.6. Eligibility to Take Board Examination Requirements for Chiropractic Preceptorship Programs.**

~~To be eligible to take the board examination, each applicant for licensure must furnish proof satisfactory to the Board of meeting all licensure requirements.~~

(a) The following requirements shall apply to chiropractic preceptorship programs within the State of California:

(1) The chiropractic program shall be responsible for vetting, selecting, approving, and assigning a licensed doctor of chiropractic to serve as a preceptor to a chiropractic student or graduate intern and for overseeing the preceptorship. The preceptor shall meet the minimum eligibility requirements of subdivision (b).

(2) The preceptor and the chiropractic student or graduate intern shall not represent the student/intern as a doctor of chiropractic or a "chiropractor" or "doctor" or use the title "Dr." or suffix "D.C." to describe the student/intern.

(3) The preceptor shall provide verbal or written notice to a patient that the chiropractic student or graduate intern is not a California licensed doctor of chiropractic but is practicing under the preceptor's direct, on-site supervision as part of a preceptorship, and obtain the patient's verbal or written consent, prior to allowing the student/intern to observe, participate in, or render any clinical care to the patient.

(4) The preceptor shall provide direct, on-site supervision of the chiropractic student or graduate intern while the student/intern is practicing chiropractic or rendering clinical care as part of the preceptorship.

(5) The chiropractic student or graduate intern shall document and sign each of their clinical encounters with a patient in the patient's records in accordance with the record keeping requirements of Section 318. The preceptor shall also review and countersign all entries made by the student/intern in the patient's records within 48 hours of the clinical encounter.

(6) A graduate intern shall only be allowed to participate in a preceptorship for a maximum of six months following their graduation date with a Doctor of Chiropractic degree.

(7) The chiropractic program shall submit the following information for each preceptorship to the Board at its current email address or physical address listed on its website prior to the start of the preceptorship:

(A) The name and doctor of chiropractic license number of the preceptor who has met the requirements of subdivision (b);

(B) The following identifying and contact information of the chiropractic student or graduate intern:

(I) Student/intern's full legal name (first name, middle name, last name, and suffix, if any);

(II) Other name(s) the student/intern has used or been known by;

(III) Student/intern's birth date (month, day, and year);

(IV) Student/intern's current contact information, including mailing address, telephone number, if any, and email address, if any; and

(V) Student/intern's actual or anticipated graduation date from the chiropractic program.

(C) The start and end dates for the preceptorship (month, day, and year); and

(D) The address of each practice location where the preceptorship will be performed.

(b) A licensed doctor of chiropractic ("licensee") may apply for and, upon compliance with the following requirements, shall be determined by the Board to be eligible for selection by a chiropractic program to serve as a preceptor. To be eligible for selection to serve as a preceptor, a licensee shall:

(1) Have an active doctor of chiropractic license issued by the Board with no restrictions and been licensed by the Board for a minimum of five years; and

(2) Not have been disciplined by the Board within the last five years.

(3) Submit a completed application for determination of eligibility to be selected to serve as a preceptor to the Board at its current physical address listed on its website or through the Board's online portal accessible through the Board's website. A completed application for determination of eligibility to be selected to serve as a preceptor shall include all of the following information from the licensee:

(A) Full legal name (first name, middle name, last name, and, if any, suffix);

(B) Doctor of chiropractic license number issued by the Board and license expiration date;

(C) Current contact information including the licensee's address of record, telephone number, if any, and email address, if any;

(D) A statement initialed by the licensee attesting that they understand the requirements for preceptorships specified in subdivision (a);

(E) A statement initialed by the licensee attesting that they meet the preceptor eligibility requirements specified in subdivision (b)(1) and (2); and

(F) A statement signed and dated by the licensee under penalty of perjury under the laws of the State of California that all statements made in the application are true and correct.

(4) Pay the nonrefundable preceptor application fee of \$72.00 in the following accepted forms:

(A) A credit or debit card through the Board's online portal accessible through the Board's website; or

(B) A personal check drawn from a U.S. bank, cashier's check, or money order payable to the "Board of Chiropractic Examiners" mailed to or provided in person at the Board's current physical address listed on its website.

(c) A licensee who has been determined by the Board to be eligible to be selected to serve as a preceptor shall not be required to renew their preceptor status while they remain in compliance with the eligibility requirements of subdivision (b)(1) and (2).

(d) The Board shall automatically rescind a licensee's preceptor status upon the licensee's failure to maintain, or noncompliance with, the eligibility requirements of subdivision (b)(1) and (2). A licensee whose preceptor status has been rescinded by the

Board under this subdivision may reapply for determination of eligibility to be selected to serve as a preceptor in accordance with subdivision (b).

NOTE: Authority cited: Sections 4(b), 4(f), and 4(g) of the Chiropractic Initiative Act of California, Stats. 1923, p. lxxxviii. Reference: Sections 4(b), 4(e), 4(f), 4(g), and 5 of the Chiropractic Initiative Act of California, Stats. 1923, p. lxxxviii, and Section 1006.5, subd. (s) of the Business and Professions Code.

### **~~§ 331.13. Physical Facilities.~~**

~~(a) General: Each school shall own, or enjoy the assured use of a physical plant large enough to accommodate classrooms, lecture rooms, laboratories, a clinic, a library and administrative and faculty offices. Each school shall meet and maintain the standards and requirements established by or under the authority of the laws of the State of California governing educational institutions and all applicable city and county ordinances wherein the school is located and shall maintain competent evidence of such compliance, for examination by the Board.~~

~~(b) Administrative Offices: The administrative offices shall provide adequate office space for faculty members.~~

~~There shall be space available for faculty conferences.~~

~~All furnishings shall be serviceable and functional and there shall be sufficient office equipment, subject to Board approval, to efficiently manage the business of the school.~~

~~There shall be fireproof storage for all records and documents required by the Chiropractic Initiative Act, statute, or regulations.~~

~~All administrative offices shall meet the standards and requirements incorporated by subparagraph (a) above.~~

~~(c) Classrooms: There shall be sufficient number and size of classrooms to separately accommodate the graded classes in 1st, 2nd, 3rd and 4th year classes. No two or more subjects shall be taught in the same classroom simultaneously. No two or more student classes (1st, 2nd, 3rd and 4th year) shall be taught in the same classroom simultaneously. Classrooms shall be located where there is quiet and freedom from interruption and distraction.~~

~~All classrooms shall be furnished with audio-visual aids appropriate to the subject matter being taught, and desks and chairs or tablet armchairs. There shall be effective shades to darken rooms equipped with visual projection apparatus.~~

~~All classrooms shall meet the standards and requirements incorporated by subparagraph (a) above.~~

~~(d) Laboratories: Laboratories shall be well lighted and ventilated and shall be equipped for the practical work in human dissection, histology, chemistry, physiology, bacteriology, pathology, laboratory diagnosis, roentgenology, physiotherapy and chiropractic technique.~~

~~Anatomy and pathology laboratories shall contain standard equipment. No more than ten (10) students shall be assigned per table. Sinks should be equipped with wrist action or foot pedal valves, and supplied in a sufficient number. Human cadavers and specimens for individual and small group demonstrations shall be supplied. If human cadavers are not available, or state law prohibits their use, schools must obtain prior written approval from this Board.~~

~~Microscopic laboratories shall have one microscope and one desk light for each two (2) students in the class.~~

~~Chiropractic technique laboratories shall be equipped with one chiropractic adjusting table for every four (4) students in the class.~~

~~Actual student experience with X-ray phantom or equivalent for all areas of the body shall be necessary.~~

~~Additionally, all laboratories shall meet the standards and requirements incorporated in subparagraph (a) above.~~

~~(f) Teaching Aids and Equipment: For the subject of physiotherapy there shall be sufficient generally recognized equipment for classroom and clinic purposes (to include sine galvanic, ultrasound, diathermy, ultraviolet, heat, cold, percussion, and transaction). For the practical work and physical diagnosis students shall be required to own the ordinary and usual diagnostic instruments, including, but not limited to, thermometers, stethoscopes, sphygmomanometers, oto-ophthalmoscope examination sets, and orthopedic neurological examination instruments. Each school shall own and teach the use of the current standard diagnostic instruments and a list of same shall be made available to the Board upon request. For classroom demonstration and visual education aids, each school shall own charts, mannequins, skeletons, bone collections, anatomical and embryological models, stereopticons, balopticons, micro-projections, and video players or similar projection equipment. The film and slide library shall be constantly augmented by the addition of new material.~~

~~(g) Library: A library shall be provided for the use of the student body. The minimum requirements for a library are:~~



~~(1) Operation of the library shall be under the direct supervision of a full-time librarian holding a degree in library science.~~

~~(2) The library shall be open to students a minimum of eight (8) hours per day. It shall have room available for study purposes to accommodate at least ten (10) percent of the enrolled students at one time. Hours shall be posted.~~

~~(3) The library volumes shall be cataloged, using a generally accepted system.~~

~~(4) The library shall consist of a minimum of 5,000 volumes of which 2,000 shall be less than ten years of age. Only cataloged scientific volumes which are of interest to the published curriculum of the school can be counted as library volumes. Unbound journals and periodicals shall not be counted in determining compliance with this rule.~~

~~(5) Each school shall conduct a program of student orientation as to the use of the library and class assignments involving the use of the library.~~

~~(h) Clinic: Each school shall operate a general out-patient clinic where the senior students will obtain actual experience, practical knowledge and skill in:~~

~~(1) Diagnosis, including physical examination, palpation, spinal analysis, clinical pathological, laboratory findings, X-ray, and tentative and working diagnoses.~~

~~(2) Adjustive technique, dietetics, and psychotherapy for the care or prevention of disease in accordance with Section 7 of the Act.~~

~~Such a clinic shall at all times be under the supervision of a clinician who meets the standards of the Council on Chiropractic Education.~~

~~The minimum requirements of a clinic are:~~

~~(A) A reception room with a minimum seating capacity for ten (10) persons.~~

~~(B) A minimum of five (5) patient dressing rooms that are equipped with at least curtains to ensure privacy.~~

~~(C) An administration area wherein at least one full-time secretary shall be located and patient files shall be maintained.~~

~~(D) A minimum of one (1) office for each faculty member supervising the clinic with a minimum of two (2) such offices.~~

~~(E) Separate lavatories for men and women with a minimum of one (1) each.~~



~~(F) A minimum of one (1) physical examination room for every ten (10) students concurrently present and enrolled in the clinic.~~

~~(G) A minimum of one (1) chiropractic adjusting table for every five (5) students performing adjustments on clinic patients with a minimum of five (5) such tables.~~

~~(H) A minimum of one (1) X-ray examination room that is equipped with at least one (1) X-ray machine that has a capacity of no less than 125 KV plus 300 M.A. There shall also be an X-ray developing room that is equipped with the appropriate and necessary film processing equipment as required by the Board. This room may be an area within the X-ray procedure room or shall be located in the immediate area in the same building of such X-ray procedure room. A list of minimal X-ray equipment which shall be used must be obtained from the Board.~~

~~(I) A lab room equipped with a sterilization facility, unless waived in writing by the Board.~~

~~(J) In addition to the requirements of section 331.12(e), each student's work, conduct, reliability and personality shall be evaluated in writing by his or her supervising teacher and such evaluation shall become a part of the student's record and shall be available for inspection by the Board.~~

~~(i) Operation and Maintenance of the Physical Plant. In addition to the requirement of subparagraph (a) above, each school shall operate and maintain all physical equipment in good repair.~~

~~Lockers shall be available for student use.~~

### **§ 331.14 331.7. Quality of Instruction.**

Nothing herein contained shall constitute any limitation or restriction upon the power of the Board to refuse to approve, or to disapprove, any school chiropractic program if in the opinion of the Board the quality of instruction is not sufficiently high to meet the objective of the State Chiropractic Act or these rules in this Article.

NOTE: Authority cited: Sections 4(b), 4(f), and 4(g) of the Chiropractic Initiative Act of California, Stats. 1923, p. lxxxviii. Reference: Sections 4(b), 4(e), 4(f), 4(g), and 5 of the Chiropractic Initiative Act of California, Stats. 1923, p. lxxxviii.

**~~§ 331.15~~ 331.8. Violations or Failure to Comply.**

(a) Any violation of these rules in this Article, or failure to comply with them, shall be grounds to revoke approval of any ~~school~~ chiropractic program, and to refuse approval to any ~~school, or to any applicant~~ chiropractic program.

(b) If any ~~school~~ chiropractic program provisionally approved or approved by the Board undergoes fundamental changes in its administration, organization, or stated objectives, provisional approval or approval shall be suspended until such time as the Board again appraises the ~~institution~~ chiropractic program.

Such changes include but are not limited to change in ownership of the ~~school~~ chiropractic program or its assets ~~or noncompliance with Section 29032(a)(2) of the Education Code.~~

(c) In the event an Board-approved school chiropractic program or a ~~school~~ chiropractic program applying for provisional approval fails to maintain or meet the required standards, including programmatic and institutional accreditation, the ~~institution~~ chiropractic program will be ~~given a bill of particulars and granted 60 days~~ provided a written notice of noncompliance and a deadline of up to 180 calendar days to comply; in the event such corrections are not made within said time, the ~~institution~~ chiropractic program will be removed from the approved list or denied provisional approval.

(d) ~~Institutions~~ Chiropractic programs rejected or removed from the approved list may reapply for reconsideration or reinstatement Board approval in accordance with ~~Rule 334~~ Section 331.1.

NOTE: Authority cited: Sections 4(b), 4(f), and 4(g) of the Chiropractic Initiative Act of California, Stats. 1923, p. lxxxviii. Reference: Sections 4(b), 4(e), 4(f), 4(g), and 5 of the Chiropractic Initiative Act of California, Stats. 1923, p. lxxxviii.

**~~§ 331.16. Definition of Board.~~**

~~Whenever the Board is used in this article, it shall mean the Board of Chiropractic Examiners unless otherwise indicated.~~



**Agenda Item 18  
October 15, 2026**

## **Review, Discussion, and Possible Action on the Performance of Adjustments During Chiropractic Technique CE Courses**

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### **Purpose of the Item**

The Board will discuss the performance of chiropractic adjustments during Board-approved continuing education (CE) courses and consider whether further clarification is needed.

### **Action Requested**

The Board will be asked to engage in a policy discussion and provide direction to staff regarding the performance of chiropractic adjustments in CE settings.

### **Background**

At recent Board meetings, David Paris, D.C. requested that the Board discuss the topic of guidance to CE providers on the hands-on performance of chiropractic adjustments during Board-approved chiropractic technique courses.

The Board's current and proposed regulations do not directly address the difference between performing hands-on chiropractic adjustments in clinical practice and during skills-based training seminars with peers.

The Federation of Chiropractic Licensing Boards (FCLB), through its Providers of Approved Continuing Education (PACE) program, includes several requirements related to protecting live models during CE demonstrations. In its *Criteria for Quality Continuing Education*, FCLB states:

“Criterion 20. Protection of Live Models.

“The provider shall be responsible for protecting the health, safety, and welfare of any person whose body is used to demonstrate clinical techniques or procedures as part of a continuing education course. A provider shall:

- Give students the choice to opt out and observe rather than actively participate in demonstrations of procedures or techniques;
- Explain to the model the technique or procedure, including the potential risks, and obtain the model's informed written consent prior to the demonstration;

## **Chiropractic Adjustments During CE Courses**

**October 15, 2026**

**Page 2**

- Ensure that instructors possess the skill, knowledge, expertise, licensure status and professional liability coverage necessary to safely perform the technique or procedure being demonstrated;
- Ensure that course attendees participating in demonstrations are properly supervised;
- Verify that the technique or procedure can lawfully be performed in the jurisdiction where the demonstration takes place;
- Supply in good working order any equipment or instruments needed for the demonstration;
- Supply adequate supervision during the demonstration;
- Plan for post-demonstration care, including access to emergency care.”

At this meeting, the Board will engage in a policy discussion and consider whether guidance, clarification, or regulatory changes may be needed to address the performance of adjustments during chiropractic technique CE courses and provide direction to staff.



**Agenda Item 19  
October 15, 2026**

**Review, Discussion, and Possible Action on the Verification of Compliance with  
Distance Learning CE Course Delivery Requirements**

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**Purpose of the Item**

The Board will review and discuss written public comments submitted by Guy Annunziata, D.C. concerning the verification of continuing education (CE) provider compliance with the Board's regulations regarding the delivery of distance learning courses and the effectiveness of current oversight.

**Action Requested**

The Board will be asked to engage in a policy discussion regarding the concerns raised and provide direction to staff.

**Background**

Dr. Annunziata, representing the Council for Distance Education, submitted comments identifying gaps in the verification and enforcement of participation, instructional time, assessment, and identity verification requirements in online CE courses. Based on his audit of multiple chiropractic CE programs, he notes that current delivery systems may not consistently demonstrate compliance with the Board's standards. He recommends that the Board consider whether independent, third-party verification could strengthen oversight by providing objective evidence that required participation, testing, and identity safeguards are being enforced before CE credit is issued.

**Attachment**

- Written Public Comments Submitted by Guy Annunziata, D.C. Regarding Online CE Delivery Verification

Walker, Kristin@DCA

**From:** Guy Annunziata [REDACTED]  
**Sent:** Tuesday, April 7, 2026 5:03 AM  
**To:** DCA, ChiroInfo@DCA  
**Cc:** Jon Schwartzbauer  
**Subject:** Written Comment for Item 7 – Public Protection Concerns Regarding Online CE Delivery Verification  
**Attachments:** CDE Executive Summary of White Paper - Online CE Compliance.pdf; CDE White Paper-Online CE Compliance.pdf

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[Report Suspicious](#)

Dear Members of the Board,

Please accept this as a written comment for **Item 7** of the Board's April 16–17, 2026, meeting agenda concerning continuing education provider applications.

I am writing to raise a serious **public protection concern** regarding the way online continuing education is being delivered and verified. After reviewing a sample of approved online CE courses, I found significant inconsistencies in how participation, completion, and testing are being monitored. In practical terms, this means continuing education credit may be awarded in circumstances where there is no meaningful assurance that the licensee actually completed the course as intended.

That concern goes to the heart of public protection. Continuing education is required because boards rely on it as a safeguard to help ensure that licensed professionals remain current in their knowledge and skills. If the delivery systems being relied upon do not consistently verify actual participation and completion, then the public protection value of continuing education is weakened, and the Board may be placed in a vulnerable oversight position.

Because the Board is considering continuing education provider applications under Item 7, I believe this delivery-verification issue is directly relevant. I also respectfully request that the Board consider placing this broader topic on a **future agenda** so it may be addressed in a more complete and focused manner.

I would also be happy to make a formal presentation at a future meeting or speak with any Board member by phone if that would be helpful.

For the Board's reference, I have attached my executive summary and white paper, and I have included a link to a short video overview below:

## [VIDEO OVERVIEW](#)

Thank you for your time and consideration.

Sincerely,  
Dr. Guy Annunziata



**CC:** Dr. Jon Schwartzbauer



## **Online Continuing Education Compliance:** *Evidence of Systemic Failure and a Defensible Path Forward*

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### **The Issue**

Continuing education (CE) is mandated to protect the public, but that mandate assumes that CE credit reflects actual participation and learning. Current evidence suggests this is often not the case.

### **What We Found**

Survey (n = 111 chiropractors)

- 96 report CE cheating or non-compliance is common
- 91 have personally observed credit awarded without full participation

Audit (30 courses, ~15 providers)

- 0 of 30 met overall delivery compliance standards
- 0 of 30 met identity verification standards
- 2 of 30 met final exam integrity standards

Findings based on direct observation—not provider representations

### **What This Means**

The issue is not individual behavior—it is system design. When systems do not verify participation, identity, time-on-task, and assessment integrity, non-compliance becomes predictable.

### **Why It Matters**

If CE is mandated but not meaningfully enforced, its role as a safeguard becomes difficult to defend.

### **Recommended Approach**

Require independent, third-party verification of delivery compliance before course approval

### **Key Points**

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- Applies to delivery, not content
- Any qualified third party may be used
- Must follow objective, auditable standards (e.g., CDE Gold Standard)

## **Impact**

This model shifts compliance from boards to providers

- Providers must demonstrate compliance before approval
- Boards and PACE rely on verified inputs
- Reduces auditing burden
- Improves consistency and defensibility

## **Bottom Line**

Online CE should be approved only after independent verification confirms that delivery standards are met.

**Prepared by: Dr. Guy Annunziata**

Council for Distance Education (CDE)

White Paper

## **Online CE Compliance at Risk:**

### *Evidence of Systemic Failure and a Defensible Path Forward*

#### **Prepared by:**

Dr. Guy Annunziata

Council for Distance Education (CDE)

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## **Introduction**

Continuing education (CE) is a regulatory requirement intended to ensure that licensed professionals maintain competence and deliver safe, effective care to the public. At its core, this mandate carries an implicit assumption:

That CE credit reflects actual participation and learning.

However, current evidence calls that assumption into question.

Drawing on more than 30 years of experience in continuing education, along with direct auditing of modern online CE systems, a consistent pattern has emerged:

### **Many online CE systems measure access to content rather than verified participation in learning.**

When participation is not verified, identity is not confirmed, and assessment systems can be bypassed, CE requirements risk becoming administrative formalities rather than meaningful safeguards.

To better understand the scope of this issue, this white paper presents findings from:

- An anonymous survey of 111 chiropractors
- A structured audit of 30 courses across approximately 15 CE providers
- The development of the Council for Distance Education (CDE) Gold Standard Safe Harbor framework

## **Key Findings**

- 96 of 111 chiropractors report that CE cheating or non-compliance is common
- 91 of 111 have personally observed credit being awarded without full participation
- 0 of 30 audited courses met the overall Gold Standard safe harbor
- 0 of 30 courses met identity verification standards
- Only 2 of 30 courses met final exam integrity standards

These findings indicate that the issue is not isolated, but systemic, driven by gaps in delivery design and enforcement rather than individual behavior alone.

This raises an important question for regulatory boards: whether current approval and oversight models are sufficient to ensure that CE requirements are being met in practice.

***It also suggests that more consistent, objective, and independently verifiable delivery standards may be necessary to align CE oversight with its intended role in public protection.***

Notably, other regulated professions have already adopted models that incorporate independent verification of distance education delivery standards prior to course approval, demonstrating that such approaches are both practical and scalable.

## Liability and Regulatory Considerations

Continuing education is not optional—it is a mandated requirement tied directly to licensure and public protection. This creates an important regulatory question:

***If CE is mandated, but not meaningfully enforced, what is the board certifying?***

If systems allow:

- Participation without engagement
- Credit without time-on-task
- Exams without knowledge verification
- Identity without authentication

then CE credit may not represent actual educational activity.

This introduces potential risk:

- CE requirements may become non-defensible under scrutiny
- Boards may be perceived as relying on systems that do not verify compliance
- ***The connection between CE and public protection is weakened***

The issue is not whether CE is required, but whether it is reliably enforced in practice.

## Survey Findings: Perception and Real-World Behavior

An anonymous survey of 111 chiropractors was conducted to assess their perceptions and experiences regarding CE compliance.

## Key Findings

- 96 of 111 respondents indicated that cheating or non-compliance is either very common or somewhat common
- 91 of 111 reported personally observing or being aware of CE credit being awarded without proper course completion

## Commonly Reported Behaviors

Respondents identified the following as the most frequent ways CE credit is improperly obtained:

- Letting videos run without watching
- Logging in and walking away
- Skimming reading material without meaningful engagement
- Having another person complete the course
- Sharing quiz or exam answers
- Receiving credit for less time than required

## Perceived Causes

Respondents consistently pointed to systemic weaknesses, including:

- Lack of meaningful participation checks
- Weak or easily bypassed exams
- No identity verification
- Unlimited test attempts and answer exposure
- Minimal provider auditing
- Weak enforcement when violations occur

## Confidence in Current Safeguards

- 80 of 111 respondents indicated that current safeguards are not effective or not very effective

## Interpretation of Survey Findings

The survey indicates that the profession views CE non-compliance not as isolated misconduct, but as a structural issue enabled by weak delivery systems.

## Audit Findings: Objective System Evaluation

To move beyond perception, a structured audit was conducted across 30 courses from approximately 15 CE providers. **These findings were based on direct observation of course delivery systems—not provider representations.**

### Overall Results

- **0 of 30 courses met overall CDE Gold Standard safe harbor**

### Category-Level Findings

- Participation Safe Harbor Met: 5 of 30
- Credit Hour Safe Harbor Met: 20 of 30
- Final Exam Safe Harbor Met: 2 of 30
- Identity Verification Safe Harbor Met: 0 of 30
- Instructor Communication Safe Harbor Met: 6 of 30

### Observed Failure Patterns

#### Participation Failures

- Courses allowed video playback without engagement verification
- Learners could start courses and leave without consequence
- Background playback and multitasking were not prevented

#### Credit Hour Integrity Failures

- Courses completed in significantly less time than required
- Reading courses with insufficient word counts for stated credit hours

#### Final Exam Failures

- Exams are accessible before course completion
- Unlimited retries and answer feedback
- Incremental elimination of correct answers across attempts

#### Identity Verification Failures

- No government ID verification
- No two-factor authentication
- No prevention of shared or concurrent logins

#### Instructor Communication Failures

- No direct access to instructors
- Lack of defined response expectations

### **Representative Examples**

- A course allowed a certificate to be claimed without watching any content
- A 1-hour course was completed in approximately 5 minutes by accessing the exam directly
- A 2-hour video course contained only 80 minutes of content
- Reading courses with word counts far below defensible thresholds (e.g., 2,000 words for a 1-hour course)

### **Interpretation of Audit Findings**

The audit findings demonstrate that current CE delivery systems frequently fail to ensure participation, assessment integrity, and identity verification.

### **Synthesis: A System Design Problem**

The survey and audit findings converge on a single conclusion:

**The primary issue in online CE is not individual behavior, but system design.**

When systems allow passive participation, weak assessment, and lack of identity verification, non-compliance becomes predictable rather than exceptional.

### **The Solution: CDE Gold Standard Safe Harbor Framework**

To address these deficiencies, the Council for Distance Education (CDE) developed a set of Gold Standard Safe Harbor requirements based on three principles:

- Verification over assumption
- Enforcement over suggestion
- Auditability over opacity

### **Core Categories**

1. Participation (Video and Reading)
2. Credit Hour Integrity
3. Final Exam Integrity
4. Identity Verification

## 5. Instructor Communication

### Key Features

- Randomized engagement prompts with enforced response windows
- Verified seat time tracking
- Defensible credit-hour calculations (including reading word counts)
- Secure identity verification protocols
- Structured, non-exploitable exam systems
- Comprehensive audit logging

### Conclusion

The findings presented in this white paper indicate that the current online CE environment contains widespread vulnerabilities that undermine the intent of continuing education requirements.

The profession itself recognizes these issues, and direct observation confirms that they are systemic rather than isolated.

**Without clear, enforceable delivery standards, CE requirements risk becoming non-defensible, weakening their role in public protection.**

The CDE Gold Standard Safe Harbor framework provides a structured, objective, and auditable path forward—one that aligns CE delivery with regulatory expectations and restores confidence in the integrity of continuing education.

### Call to Action

#### Require Independent, Third-Party Verification of Delivery Compliance

To align online continuing education with its intended role in public protection, regulatory boards should consider requiring that all online CE courses undergo independent, third-party verification of delivery compliance prior to approval.

This requirement focuses specifically on how courses are delivered, not on course content.

#### Relationship to Existing Systems (Including PACE)

Many boards currently rely on existing frameworks such as PACE for course approval. While these systems provide value, the findings from both the survey and audit suggest that current approval models do not consistently verify delivery compliance at a level sufficient to ensure participation, identity verification, and assessment integrity.

Importantly, this recommendation is not intended to replace or undermine existing systems such as PACE.

Instead, it enhances them.

Third-party verification can function as a prerequisite layer—ensuring that courses meet delivery compliance standards before they are submitted for approval through PACE and/or state boards.

This creates a clearer division of responsibility:

- Providers are responsible for obtaining verified compliance
- Third-party organizations are responsible for evaluating delivery systems against objective standards
- PACE and/or Boards retain their role in course approval and oversight

### What This Means in Practice

Under this approach:

- CE providers must obtain verification of delivery compliance from a qualified third party prior to course approval
- Verification confirms adherence to objective standards for:
  - Participation (video and reading)
  - Credit hour integrity
  - Final exam integrity
  - Identity verification
  - Instructor communication

### Reduction of Regulatory Burden

Requiring independent, third-party verification of delivery compliance does not increase the burden on state boards or existing approval frameworks such as PACE—it redistributes it more effectively.

Under the current model, boards and approval bodies must rely heavily on provider representations and limited auditing to assess compliance. As the number of online courses continues to grow, verifying delivery compliance through periodic or reactive audits becomes increasingly resource-intensive and difficult to standardize.



By contrast, a third-party verification model shifts the responsibility for demonstrating compliance to the providers themselves.

**Providers must demonstrate compliance before approval—rather than boards verifying it after the fact.**

Under this approach:

- Providers obtain independent verification that their courses meet defined delivery compliance standards
- Verification bodies perform standardized, auditable evaluations
- Boards and PACE rely on verified inputs rather than assumptions

This creates a more efficient and scalable system in which:

- Boards are no longer responsible for direct delivery compliance verification
- PACE can focus on approval and oversight rather than enforcement of delivery mechanics
- Compliance becomes proactive and standardized rather than reactive and inconsistent

As a result, this model:

- Reduces the need for direct board auditing
- Improves consistency across providers
- Strengthens the defensibility of approval decisions
- Allows regulatory bodies to focus on their core functions—oversight, policy, and public protection

**This model transforms compliance from something boards must enforce into something providers must demonstrate.**

**Not a Single-Provider Model**

This is not a recommendation to mandate any one organization. Rather, the recommendation is to require that:

Any third-party verification body must demonstrate adherence to clearly defined, defensible standards such as the CDE Gold Standard for Delivery Compliance.

This allows for:

- Flexibility for CE providers
- Competition and innovation among verification organizations

- Consistency in outcomes, regardless of which third party is used

## **Established Precedent in Other Professions**

Other professions already rely on third-party verification models to ensure compliance and standardization.

For example:

- In real estate education, organizations such as ARELLO (Association of Real Estate License Law Officials) provide independent oversight and certification of distance education delivery standards
- Similar third-party validation frameworks exist in other regulated industries where standardization, auditability, and public trust are essential

These models demonstrate that:

- Independent verification is practical and scalable
- Standards can be applied consistently across providers
- Regulatory bodies can maintain oversight without directly managing compliance enforcement

## **Why This Approach Matters**

Requiring third-party verification:

- Ensures that CE credit reflects verified participation and learning
- Creates a defensible, standardized framework across all providers
- Strengthens the connection between CE requirements and public protection
- Allows existing systems like PACE to function more effectively with validated course inputs

## **Summary Statement**

Online CE courses should be approved only after independent verification confirms that delivery systems meet objective, auditable standards for participation, identity, time-on-task, and assessment integrity.

**From:** Guy Annunziata [REDACTED]  
**Sent:** Wednesday, July 15, 2026 10:39 AM  
**To:** DCA, ChiroInfo@DCA  
**Subject:** Written Comment for Agenda Item 10 – Continuing Education Fees, Requirements, and Approval Process

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Dear Members of the Board,

Please accept this as a written comment for Agenda Item 10.

I appreciate the Board's work in reviewing continuing education requirements and approval process. I would like to raise one specific concern involving **on-demand asynchronous online courses**.

My concern is simple: in some on-demand online CE courses, a doctor may be able to receive credit without meaningful proof that the course was actually completed as intended.

This is not a content issue. It is a delivery issue.

A provider may be approved, and a course may be approved, but that still does not mean the online system is truly verifying that the doctor watched the course, spent the required time, completed it personally, and passed a meaningful assessment.

In my review of approved on-demand online courses, I identified multiple instances where these safeguards were clearly inadequate or entirely absent, raising serious concerns about whether meaningful participation and completion are being verified.

As the Board reviews continuing education requirements and approval process, I respectfully ask that it consider whether **on-demand asynchronous online courses** should require independent third-party verification of delivery compliance before they are approved or accepted for credit.

This would not replace provider approval. It would add a separate layer to make sure the online delivery system itself is doing what it is supposed to do.

I would be glad to provide any additional information if helpful, and I would welcome the opportunity to speak on this issue at a future meeting if appropriate.

Thank you for your time and consideration.

Respectfully,

Dr. Guy Annunziata



**From:** Guy Annunziata [REDACTED]  
**Sent:** Tuesday, August 25, 2026 1:47 PM  
**To:** DCA, ChiroInfo@DCA; Niwashan, Vikash@DCA  
**Subject:** Follow-Up — California Asynchronous Online CE Delivery Compliance

**Follow Up Flag:** Follow up  
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Dear Amanda,

I wanted to follow up on the public comment I submitted regarding asynchronous online continuing education. I appreciate that my correspondence was included in the Board's July meeting materials.

Since that submission, my review of this issue has expanded considerably. I am now conducting a broader, more structured evaluation of the delivery of asynchronous chiropractic continuing education and developing a research manuscript for possible submission to the *Journal of Chiropractic Education*.

California is particularly relevant because the Board already has meaningful requirements governing asynchronous continuing education, including minimum participation time, security measures, and testing. The concern is whether the current approval and oversight process provides objective verification that those requirements are actually being enforced by the course-delivery platform.

I have also documented a real-world course-delivery experience in which a completion certificate could be obtained without meaningfully completing the educational activity. That raises a very practical regulatory question:

**What objective evidence demonstrates that an approved asynchronous course actually enforced California's requirements before continuing education credit was awarded?**

As this broader research progresses, I believe this issue is likely to move beyond private correspondence between CE providers and individual regulatory agencies and become part of a wider professional and regulatory discussion. If the manuscript is accepted for publication, the findings would become part of the professional literature and available for review by licensing boards, CE providers, approval organizations, professional associations, researchers, and licensees.

For that reason, I believe it would be beneficial for California to examine this issue proactively.

Because this matter directly involves CE provider standards, course delivery, auditing, and compliance verification, I would respectfully ask whether it can be referred to the Board's **Continuing Education Committee** for review, or otherwise placed before the Board for substantive consideration at a future meeting.

I have prepared a California-specific resource page that includes the state-specific compliance review, preliminary audit findings, policy recommendations, verifier criteria, proposed delivery standards, and broader research and regulatory context:

**California Online CE Delivery Compliance**

<https://www.cdecert.org/chiropractic/california-online-ce-delivery-compliance>

I would also be pleased to demonstrate the course-delivery issue directly or answer any questions from staff, the Continuing Education Committee, or the Board.

Thank you again for your consideration.

Best regards,

**Dr. Guy Annunziata**

Council for Distance Education (CDE)



# California Online CE Delivery Compliance Review

## Existing Requirements, Observed Delivery Gap, and Recommended Verification Approach

Prepared by:  
Dr. Guy Annunziata  
Council for Distance Education (CDE)

August 18, 2026

### California Board of Chiropractic Examiners

#### Re: Asynchronous Online Continuing Education Delivery Compliance

Dear Board Members,

I am providing this California-specific review because the concern I am raising is not simply a national policy issue. California already has requirements governing online or alternative-format continuing education. The question is whether the current approval and oversight structure provides objective evidence that those requirements are actually enforced when an asynchronous online course is delivered.

During my direct review of asynchronous chiropractic continuing education, I was able to obtain a course-completion certificate without meaningfully completing the educational activity. That experience caused me to examine the issue more closely: if a certificate can be issued even when the required educational experience has not actually occurred, then the critical regulatory question is not merely whether a course was approved, but whether its delivery was verified.

### Bottom Line for the Board

**California already has meaningful requirements involving 50-minute participation, learner-identity security, course-content security, and testing requirements. The remaining weakness is that the public framework does not appear to require routine independent technical verification that approved asynchronous course platforms actually enforce those safeguards in practice.**

**The practical solution is independent third-party verification of asynchronous online CE delivery compliance.**

The Board should continue to establish the requirements and retain full regulatory authority. A qualified, Board-recognized independent verifier can provide the technical evidence that an approved course platform actually enforces those requirements during delivery.

### What California Currently Requires

California requires 24 hours of continuing education annually and generally limits distance learning to 12 hours. Current rules define distance learning as asynchronous, require at least 50 minutes of participation per CE hour, require security measures to verify learner identity and course content, and require successful completion of a test.

These are meaningful requirements. California already has unusually specific safeguards for asynchronous CE and audit authority. The remaining question is whether approved course platforms are routinely and independently tested to confirm that those safeguards actually function during delivery.

### Observed Course Delivery Concern

In my direct review of asynchronous chiropractic continuing education, I was able to obtain a completion certificate without meaningfully completing the educational activity. The platform did not prevent me from reaching completion despite the absence of the educational participation that the awarded credit was intended to represent.

I am not asking the Board to accept that experience as a legal conclusion about any particular provider. I am asking the Board to consider the regulatory question it exposes for California: what objective evidence demonstrates that an approved asynchronous course actually enforced the state's requirements before the certificate was issued?

**Course approval and course-delivery verification are not the same thing.**

## The Delivery and Oversight Gap

A certificate can establish that credit was issued. An attendance record or sponsor report can establish that a learner was recorded as completing a course. Neither, by itself, demonstrates that the platform actually enforced participation, instructional time, examination integrity, or learner identity.

The publicly available California framework does not appear to require routine independent technical testing of asynchronous course-delivery systems to confirm that those safeguards are functioning when a learner takes the course. That creates a potential gap between the state's written requirements and verification of how those requirements are actually implemented.

## Why the Preliminary Audit Matters

The course experience described above does not appear to be an isolated concern. A direct preliminary review of 30 asynchronous online chiropractic CE courses found:

- 5 of 30 met the proposed participation safe-harbor standard.
- 20 of 30 met the proposed credit-hour integrity standard.
- 2 of 30 met the proposed final-examination integrity standard.
- 0 of 30 met the proposed identity-verification standard.
- 6 of 30 met the proposed instructor-communication standard.
- 0 of 30 met the overall proposed Gold Standard safe harbor.

Representative weaknesses included instructional content that could be bypassed, completion materially faster than the credit awarded, premature examination access, repeated guessing through assessments, and lack of meaningful identity verification.

These findings do not establish that the California Board of Chiropractic Examiners knowingly approved non-compliant courses. They raise the more important question: who is independently verifying that approved asynchronous courses actually enforce California's requirements?

## Safeguards That Benefit From Objective Verification

- Verified instructional time before certificate issuance.
- Prevention of skipping, fast-forwarding, or bypassing required content.
- Engagement checks or equivalent methods of verifying active participation.
- Final-exam access only after required instruction and participation are completed.
- Assessment controls addressing question banks, retakes, repeated guessing, and answer harvesting.
- Identity verification beyond possession of login credentials.
- Audit logs documenting participation, instructional time, assessment activity, identity events, and certificate issuance.
- Defined instructor-communication expectations for asynchronous courses.

The issue is not whether California permits weak delivery practices. The issue is whether providers have a uniform, auditable technical benchmark for demonstrating that the state's expectations are actually enforced in the course-delivery system.

## Recommended Verification Approach

California does not need to replace its existing CE framework. The Board can strengthen it by clarifying that asynchronous online CE must use objective and auditable safeguards for participation verification, instructional-time integrity, learner identity, assessment integrity, instructor communication, and auditability.



The Board should not be expected to perform technical audits of every online course platform itself. A qualified, Board-recognized independent third-party verifier could perform standardized technical reviews and provide auditable evidence that the Board's requirements are actually being enforced.

**The Board sets the requirements. Independent verification provides the evidence that those requirements are actually being met.**

## **Suggested Policy Concept**

*For any asynchronous online continuing education course submitted for approval, the provider shall demonstrate that the course-delivery system includes objective and auditable safeguards sufficient to verify participation, instructional time, learner identity, assessment integrity, instructor communication, and course completion. The Board may require or accept verification by a Board-recognized independent third-party verifier operating under published delivery-compliance standards.*

## **Request to the Board**

I respectfully ask the Board to review whether California's existing requirements would be strengthened by adding independent technical verification for asynchronous online course delivery. The purpose is not to shift authority away from the Board. It is to provide the Board with objective evidence that the standards it already expects are being enforced in practice.

I would welcome the opportunity to demonstrate the course-delivery concern directly, answer questions regarding the preliminary review, and discuss possible verification approaches with the Board.

Respectfully submitted,

**Dr. Guy Annunziata**  
**Council for Distance Education (CDE)**

## **Source References**

California Code of Regulations, Title 16, section 363 and 363.1.

California Board of Chiropractic Examiners, Continuing Education Requirements and Audit Guidance.

## Audit Summary

# Preliminary Review of Online Chiropractic CE Delivery Systems

## Findings from Direct Course Delivery Review

Prepared by:  
Dr. Guy Annunziata  
Council for Distance Education (CDE)

## Purpose

This document summarizes preliminary findings from a structured review of online chiropractic continuing education delivery systems. The purpose was to evaluate whether audited courses provided reasonable assurance of participation, credit-hour integrity, final exam integrity, identity verification, and instructor communication.

The findings summarized here are preliminary field observations. They are not presented as the final research dataset. Following a discussion with the editor of the Journal of Chiropractic Education about this white paper and the concerns it raises, I was encouraged to prepare a more comprehensive research manuscript for possible submission. That manuscript is now in development and will examine compliance with online chiropractic continuing education delivery using a broader, more formal methodology.

## Scope of Review

- 30 online CE courses were reviewed.
- Courses were selected from approximately 15 CE providers.
- The review focused on asynchronous online course delivery mechanics.
- Findings were based on direct observation of course delivery systems, not provider representations.
- The review did not evaluate clinical accuracy or educational content quality.

## Categories Evaluated

- **Participation:** whether the course required meaningful learner engagement and prevented passive or unattended completion.
- **Credit-hour integrity:** whether the course supported the number of CE hours awarded through video runtime, reading volume, or enforced time-on-task.
- **Final exam integrity:** whether the assessment meaningfully evaluated comprehension and prevented answer harvesting, repeated guessing, or premature access.
- **Identity verification:** whether the course provided reasonable assurance that the person receiving credit was the person completing the course.
- **Instructor communication:** whether learners had meaningful access to an instructor or qualified content support.

## Overall Results

- 0 of 30 courses met the overall Gold Standard safe harbor.
- 5 of 30 courses met participation safe harbor standards.

- 20 of 30 courses met credit-hour safe harbor standards.
- 2 of 30 courses met final exam integrity standards.
- 0 of 30 courses met identity verification standards.
- 6 of 30 courses met instructor communication standards.

## Participation Findings

Only 5 of 30 courses met participation safe harbor standards. Common weaknesses included video playback without engagement verification, the ability to start course content and leave without consequence, lack of randomized participation prompts, and limited enforcement of learner interaction during the course.

## Credit-Hour Integrity Findings

Twenty of 30 courses met credit-hour safe harbor standards, making this the strongest category reviewed. However, failures were still observed, including courses that could be completed in substantially less time than the credit awarded, video courses with insufficient instructional runtime, reading courses with word counts too low to reasonably support the assigned credit value, and a lack of enforced time on task before completion materials became available.

## Final Exam Integrity Findings

Only 2 of 30 courses met final exam integrity standards. Common weaknesses included exams made accessible before course completion, unlimited retries without meaningful safeguards, answer feedback that revealed correct responses, the ability to pass through repeated guessing, a lack of randomized question pools, and a lack of remediation or lockout requirements after failed attempts.

A modern exam integrity standard should also address AI-assisted answer harvesting. When exam questions and answer choices can be easily copied, printed, downloaded, or pasted into AI systems, a learner may be able to obtain answers without understanding the course material. Reasonable safeguards should include question-and-answer randomization, sufficiently large question banks, application-based questions where appropriate, and technical restrictions on ordinary copying or bulk extraction of exam text.

## Identity Verification Findings

0 of 30 courses met identity verification standards. Common weaknesses included no government ID verification, no two-factor authentication, no meaningful protection against shared logins, no prevention of concurrent or delegated course completion, and no reliable method to confirm that the person receiving credit was the person completing the course.

## Instructor Communication Findings

Only 6 of 30 courses met instructor communication standards. Common weaknesses included a lack of clear access to an instructor, no defined response expectations, no documented mechanism for learner questions, and no transparent instructor support process.

## Representative Examples

- A course allowed a certificate to be claimed without having to watch any content.

- A one-hour course was completed in approximately five minutes by accessing the exam directly.
- A two-hour video course contained only approximately 80 minutes of instructional content.
- Reading courses contained word counts far below defensible thresholds for the credit awarded.
- Exams allowed repeated attempts with insufficient safeguards against guessing or answer harvesting.
- Exam questions and answer choices could be copied in ways that could support AI-assisted completion.
- Courses lacked meaningful identity verification before issuing credit.

## **Interpretation**

The findings suggest that delivery-compliance failures are often design problems rather than isolated misconduct. When systems allow passive participation, accelerated completion, weak assessments, lack of identity verification, and copyable exam content, non-compliance becomes predictable.

A defensible CE delivery system should not depend entirely on learner honesty or provider representations. It should include objective safeguards that ensure compliance is verifiable and auditable.

## **Limitations**

- The audit was preliminary and intended to identify delivery-compliance risks.
- The review did not evaluate all online CE providers or all available courses.
- The review focused on delivery mechanics, not course content quality.
- Provider identities are not listed in this summary because the purpose is to identify systemic delivery risks, not to publicly target individual providers.
- A broader, more formal methodology is being developed for a possible research manuscript submission.

## Policy Recommendation

# Independent Third-Party Verification of Online CE Delivery Compliance

## A Practical Model for Boards and Approval Bodies

Prepared by:  
Dr. Guy Annunziata  
Council for Distance Education (CDE)

## Purpose

This document proposes a practical policy model for state boards and approval bodies to strengthen online continuing education delivery compliance without requiring boards to directly audit the technical mechanics of every online course.

## Policy Problem

Current online CE approval models often rely heavily on provider representations. While course approval may address the topic, instructor qualifications, objectives, and content, it may not sufficiently verify that the delivery system enforces participation, required time on task, assessment integrity, identity verification, instructor communication, and auditability.

This creates a gap: a course may be approved for credit, but the delivery system may not reliably prove that the licensee completed the course as intended.

## Recommended Policy

For asynchronous online continuing education courses, boards should consider requiring independent, third-party verification of compliance with delivery requirements prior to course approval.

This verification should focus on course delivery mechanics, not content approval. Boards and existing approval bodies retain authority over whether the course topic, objectives, instructor credentials, and content are appropriate for credit.

## Proposed Rule Concept

For any asynchronous online continuing education course submitted for approval, the provider shall demonstrate that the course has been reviewed and verified by a board-recognized independent third-party verifier for compliance with published delivery standards addressing participation verification, credit-hour integrity, assessment integrity, identity verification, instructor communication, and auditability.

The Board may recognize one or more independent third-party verifiers that demonstrate organizational independence, adherence to published standards, consistent verification procedures, transparent reporting, conflict-of-interest safeguards, and accountability to the Board's oversight.

## Scope of Verification

- Participation verification for video and reading courses.

- Credit-hour integrity through video runtime, reading word count, or verified time-on-task.
- Final exam integrity, including controls against premature access, answer harvesting, repeated guessing, and AI-assisted answer generation.
- Identity verification sufficient to reasonably confirm that the person receiving credit completed the course.
- Instructor communication or qualified content support.
- Audit logs and records sufficient for regulatory review.

## Relationship to Existing Systems

This recommendation is not intended to replace systems such as PACE or state board course approval. Instead, it creates a prerequisite delivery-compliance layer.

A clearer division of responsibility would be established:

- **CE providers:** obtain independent verification of delivery compliance before course approval.
- **Independent verifiers:** evaluate delivery systems against a published standard and provide auditable verification decisions.
- **PACE and/or state boards:** retain responsibility for course approval, policy direction, and regulatory oversight.

## Why This Reduces Regulatory Burden

This model does not require boards to perform technical audits of course platforms. Instead, it shifts the burden of demonstrating delivery compliance to providers before approval.

- Providers must demonstrate compliance rather than merely attest to compliance.
- Verifiers perform standardized, auditable evaluations.
- Boards rely on verified inputs rather than assumptions.
- Compliance becomes proactive instead of reactive.
- Boards retain authority without having to manage every technical review internally.

This transforms compliance from something boards must chase after the fact into something providers must demonstrate before credit is awarded.

## Multiple Verifier Model

Boards should avoid creating a single-verifier monopoly unless required by law. Multiple verifiers should be permitted if they meet the objective board-approval criteria.

This protects against favoritism, supports competition, and avoids the appearance that any one organization, including CDE, is being granted exclusive authority.

## Equivalent Standards Clause

Boards may accept verification under different standards, provided the standard substantially addresses participation verification, time-on-task, identity assurance, assessment integrity, instructor communication, audit logging, and provider accountability.

## **Board Authority**

The Board should retain authority to approve, deny, suspend, or revoke recognition of independent verifiers. The Board should also retain the right to request verification records, investigate complaints, require corrective action, reject specific course verifications, and require re-verification when appropriate.

## **Bottom Line**

The purpose of independent third-party verification is not to transfer board authority to a private organization. The purpose is to provide boards with a defensible, scalable, and auditable way to ensure that online CE credit reflects the verified completion of the educational activity.

## Verifier Approval Criteria

# Proposed Board Criteria for Independent Third-Party Verifiers

## A Gold Standard for Verifier Qualification and Oversight

Prepared by:  
Dr. Guy Annunziata  
Council for Distance Education (CDE)

## Purpose

State licensing boards should not be required to directly audit the technical delivery systems of every online CE provider. However, boards should retain authority over which independent verification organizations are acceptable.

This document proposes baseline criteria boards may use to evaluate, approve, renew, and oversee independent third-party verifiers of online CE delivery compliance.

## Core Principle

A verifier should not be approved merely because it claims expertise. A verifier should be approved only if it can demonstrate independence, competence, transparency, consistency, auditability, and accountability.

## A. Organizational Independence

A qualified verifier should:

- Have no ownership interest in the CE providers it evaluates.
- Have no shared management, control, or financial entanglement with providers seeking verification.
- Not receive compensation tied to whether a provider passes verification.
- Maintain written conflict-of-interest policies.
- Disclose any relationship that could create an actual or perceived conflict.

## B. Published Verification Standard

A qualified verifier should verify courses against a written, published standard. The standard should define minimum requirements for:

- Participation verification.
- Credit-hour integrity.
- Final exam integrity, including controls against AI-assisted answer harvesting.
- Identity verification.
- Instructor communication.
- Audit logging and data retention.
- Complaint handling.
- Corrective action.



The standard should not be a private checklist hidden from boards and providers.

## C. Delivery-Compliance Expertise

A qualified verifier should demonstrate expertise in online education delivery systems, including learning management systems, time-on-task verification, video and reading participation controls, assessment security, identity verification methods, audit trail review, documentation standards, and regulatory compliance.

Boards do not need a verifier that simply reviews course titles and objectives. The verifier must understand delivery mechanics.

## D. Consistent Verification Procedures

A qualified verifier should use standardized procedures for every provider and course reviewed. These procedures should include:

- Initial application review.
- Technical course access review.
- Direct user-path testing.
- Review of participation controls.
- Review of exam settings and AI/copying safeguards.
- Review of identity controls.
- Review of certificate issuance rules.
- Review of audit logs and completion records.
- Written findings.
- Pass/fail or approval status.
- Corrective action process.

## E. Documentation and Auditability

A qualified verifier should maintain records sufficient for board review. Documentation should include:

- Course reviewed.
- Provider reviewed.
- Date of review.
- Standard applied.
- Reviewer identity or reviewer role.
- Findings by category.
- Deficiencies identified.
- Corrective actions required.
- Final verification decision.
- Expiration or renewal date.
- Supporting audit evidence.

A verifier decision must be reconstructable later. If it cannot be audited, it should not count.

## **F. Personnel Qualifications, Background Disclosure, and Board Access**

A board-recognized independent third-party verifier should maintain current background and qualification records for all personnel involved in verification activities, including reviewers, auditors, compliance staff, decision-makers, appeals personnel, and supervisory leadership.

Upon the Board's request, the verifier shall provide documentation sufficient to demonstrate that personnel involved in verification activities are qualified, trained, independent, and free from conflicts of interest.

Such documentation may include:

- Employment role and responsibilities.
- Professional qualifications and relevant experience.
- Training related to online CE delivery compliance.
- Conflict-of-interest disclosures.
- Prior employment or financial relationships with CE providers under review.
- Disciplinary or regulatory history relevant to the verifier role, where legally permissible.
- Attestation that the employee is not acting on behalf of, or under the influence of, any CE provider seeking verification.
- Internal policies related to confidentiality, independence, ethics, and data security.

The verifier should also maintain records demonstrating that personnel involved in verification decisions are trained on the published verification standard and apply it consistently.

The Board should reserve the right to review personnel qualification and conflict-of-interest documentation as part of initial verifier approval, renewal, complaint investigation, audit, or disciplinary review.

## **G. Transparency to Boards**

A qualified verifier should provide boards with access to:

- The verification standard used.
- Verification status of approved courses.
- Summary of findings upon request.
- Deficiency and corrective-action history when relevant.
- Revocation or suspension decisions.
- Conflict-of-interest disclosures.

Boards should not be blind. They do not need to micromanage the verifier, but they must retain oversight.

## **H. Renewal and Ongoing Monitoring**

Verifier approval should not be permanent. Boards should require periodic renewal, such as every two to three years. Approved verifiers should demonstrate continued compliance with board criteria and should be subject to review if complaints are filed, verification quality is questioned, conflicts of interest arise, standards are changed, or courses verified by the organization are later found to be non-compliant.

## **I. Corrective Action and Revocation Authority**

Boards should reserve the right to:

- Request records from the verifier.

- Require corrective action.
- Suspend acceptance of a verifier's approvals.
- Revoke verifier recognition.
- Reject specific course verifications.
- Require re-verification of courses.

## **J. Multiple Verifier Model**

Boards should not name only one verifier unless required by law. Multiple verifiers should be permitted if they meet board approval criteria. This protects against monopoly concerns, supports competition, and avoids the appearance that any one organization, including CDE, is being given exclusive authority.

## **K. Equivalent Standards Clause**

Boards may accept verification performed under different standards, provided that the standard substantially addresses verified participation, verified time on task, identity assurance, assessment integrity, instructor communication, auditability, and provider accountability.

## **Proposed Board Rule Concept**

A board-recognized independent third-party verifier shall maintain current records regarding the qualifications, training, duties, and conflict-of-interest disclosures of all personnel involved in course verification, compliance review, audit decisions, appeals, or supervisory oversight. Upon request, the verifier shall provide the Board with documentation sufficient to demonstrate that such personnel are qualified, trained, independent, and free from conflicts of interest. The verifier shall also disclose any employment, financial, ownership, consulting, or other relationship between its verification personnel and any continuing education provider subject to review.

## **Bottom Line**

The Board should control who qualifies as a verifier. CDE or any other organization should be required to meet the same objective approval criteria. That is the cleanest, most defensible model.

## Standards Overview

# Proposed Gold Standard for Online CE Delivery Compliance

## Suggested Reference Framework for Board Review and Modification

Prepared by:  
Dr. Guy Annunziata  
Council for Distance Education (CDE)

## Purpose

This document presents a proposed Gold Standard for Online CE Delivery Compliance. It is offered as a suggested reference framework to help state boards evaluate whether asynchronous online continuing education courses provide reasonable assurance that credit is awarded only after verified participation, verified instructional time, meaningful assessment, identity assurance, and appropriate instructor communication.

These proposed standards are not intended to bind any board, replace any board rule, or predetermine what any board must require. The ultimate decision on whether to adopt, reject, modify, expand, narrow, or replace these proposed standards rests entirely with the board and its governing authority.

CDE does not determine whether course content is clinically appropriate or whether a course topic should be approved for credit. Those decisions remain with state boards, PACE, and other appropriate approval bodies. This framework addresses delivery compliance only - how the course is delivered, verified, documented, and audited.

## Suggested Use by Boards

Boards may use this proposed framework in any manner they deem appropriate. For example, a board may choose to:

- Adopt the framework in whole as a delivery-compliance standard.
- Adopt selected sections while modifying others.
- Use the framework as a comparison tool when drafting board rules or guidance.
- Use the framework as suggested criteria for evaluating independent third-party verifiers.
- Decline to adopt the framework and instead establish its own board-specific requirements.
- Accept equivalent standards from other qualified organizations, provided those standards address the same baseline objectives.

The intent is to assist boards, not to dictate board policy. The board remains the final authority on what constitutes acceptable delivery compliance for courses approved in its jurisdiction.

## Core Principles

- **Verification over assumption:** course completion should be demonstrable, not presumed.

- **Enforcement over suggestion:** delivery safeguards should be built into the course system, not merely described in provider policies.
- **Auditability over opacity:** completion records should allow later review by boards, verifiers, or approval bodies when necessary.
- **Board authority over vendor preference:** the board should control the requirements; no single provider, platform, standard author, or verifier should control the regulatory standard.

## Core Categories for Board Consideration

The following categories are suggested areas for board consideration when evaluating asynchronous online CE delivery compliance:

1. Video participation.
2. Reading participation.
3. Credit-hour integrity.
4. Final exam integrity.
5. Identity verification.
6. Instructor communication.
7. Audit logging and records.

### 1. Video Participation

Suggested standard: Video-based CE should require active learner participation and should not permit passive or unattended completion to count as verified course completion.

- Videos should use randomized engagement prompts or equivalent interaction checks.
- Engagement prompts should require learner response within a defined response window.
- Failure to respond should pause the course, interrupt credit accrual, or require remediation.
- Video progress should be tracked and enforced.
- Fast-forwarding, skipping, background playback, and unattended playback should not permit credit completion.
- The system should maintain audit logs documenting video progress, prompt responses, interruptions, and completion status.

Board discretion: The board may determine the required frequency of prompts, acceptable response windows, acceptable remediation steps, and whether alternative interaction models satisfy the same objective.

### 2. Reading Participation

Suggested standard: Reading-based CE should provide a defensible method to verify that the learner had meaningful access to, and engagement with, the required reading material.

- Reading material should contain sufficient word count to support the credit awarded.
- Credit-hour calculations should use a defensible reading-speed assumption.
- The system should enforce time-on-task or use other defensible participation controls.
- Learners should not be able to immediately access completion materials without meaningful interaction with the reading content.
- Reading modules should include engagement checks where appropriate.
- Audit logs should document reading access, time, progression, and completion status.

Board discretion: The board may determine the reading-speed assumption, minimum word counts, acceptable forms of engagement verification, and whether post-reading assessment or embedded prompts are required.

### 3. Credit-Hour Integrity

Suggested standard: CE credit is generally time-based. A defensible online CE system should ensure that the course supports the number of credit hours awarded.

- A 1-hour CE course should provide at least 50 minutes of defensible instructional activity, unless the applicable jurisdiction uses a different standard.
- Video courses should contain sufficient instructional runtime for the credit awarded.
- Reading courses should contain sufficient word count for the credit awarded.
- Mixed-format courses should combine video, reading, assignments, and assessments in a defensible calculation.
- Learners should not be able to complete a course in materially less time than the approved credit value without a documented and defensible basis.
- The platform should prevent premature certificate access before required instructional activity is completed.

Board discretion: The board may define the applicable CE-hour calculation, acceptable instructional components, minimum time-on-task rules, and treatment of assessments, assignments, or supplemental materials.

### 4. Final Exam Integrity

Suggested standard: Final assessments should serve as valid and reliable measures of knowledge acquisition. Examination systems should reduce trial-and-error passing, answer harvesting, incremental-guessing strategies, and unauthorized external assistance, including AI-assisted answer generation.

- Minimum 10 questions per CE hour, unless the board establishes a different requirement.
- Questions should be course-relevant, sufficiently varied, and designed to assess comprehension of key concepts.
- Minimum passing score of 70 percent, unless the board establishes a different passing threshold.
- Final exam access should be allowed only after completion of all required course content and participation requirements.
- Immediate retry of individual questions after incorrect responses should be prohibited.
- Multiple full exam attempts may be permitted, but each attempt should be completed in its entirety before another attempt is allowed.
- During failed attempts, the system should not reveal correct answers or identify specific incorrect answers.
- Subsequent attempts should present a full question set. Removing previously correct questions or limiting retakes to previously incorrect questions should be prohibited.
- Exam questions should be drawn from a sufficiently large randomized question pool to reduce memorization, answer sharing, repeated-exposure passing, and AI-assisted answer harvesting.
- When technically feasible, exam question and answer text should be protected against ordinary copying, printing, downloading, scraping, and bulk extraction.
- The system should disable or restrict common copy functions during examination, including copy/paste, right-click copying, text selection, printing, and page-source extraction where technically feasible.

- Providers should use reasonable technical and design safeguards to reduce AI-assisted answer harvesting, including question randomization, answer randomization, sufficiently large question banks, application-based questions, and restrictions on copying exam text.
- Exam questions should not rely solely on simple factual recall when higher-value comprehension, application, or clinical reasoning questions are appropriate.
- Upon passing, answer review may be provided at the provider's discretion or as allowed by the board, but review access should not expose the full exam bank or enable easy copying, downloading, or redistribution of test items.
- The system should maintain audit logs of exam attempts, duration, scores, question sets presented, failed attempts, retakes, and irregular testing behavior.

Board discretion: The board may determine the number of questions per credit hour, passing score, retake limits, remediation requirements, question-bank size, answer-review rules, and the level of technical copy protection required. These suggestions are intended to reduce predictable exam abuse, not to imply that any online exam can be made completely AI-proof.

## 5. Identity Verification

Suggested standard: The system should provide reasonable assurance that the person receiving credit is the person who completed the course.

- User account access should be tied to a unique learner identity.
- Two-factor authentication should be required or strongly preferred for course access or certificate issuance.
- Government ID verification, license number verification, or equivalent identity assurance should be used when required by the approving authority or the verifier standard.
- The system should detect or prevent shared logins, concurrent logins, or suspicious access patterns where technically feasible.
- Certificate issuance should be tied to the authenticated learner account.
- Audit logs should document login activity, device or session information where appropriate, course access, identity verification events, and certificate issuance.

Board discretion: The board may determine the appropriate level of identity assurance, including whether login credentials, two-factor authentication, license number verification, government ID verification, biometric verification, or other controls are required.

## 6. Instructor Communication

Suggested standard: Learners should have meaningful access to an instructor or qualified content-support pathway when course-content clarification is needed.

- The course should identify the instructor or qualified content contact.
- Learners should have a clear method to submit course-related questions.
- The provider should define reasonable response expectations.
- Instructor communication should not be limited to generic customer service if content clarification is needed.
- The provider should maintain records of substantive course-content inquiries and responses where appropriate.

Board discretion: The board may determine whether instructor access must be direct or may be handled through a qualified content-support process, and may define expected response times and documentation requirements.

## 7. Audit Logging and Records

Suggested standard: A defensible delivery system should maintain records sufficient to reconstruct a learner's completion path.

- Enrollment and learner identification records.
- Login events and course access records.
- Content progression and time-on-task records.
- Participation prompt events and responses.
- Exam attempts, scores, durations, question sets, retakes, and irregular activity flags.
- Identity verification events, where applicable.
- Certificate issuance records.
- Corrective action, remediation, or course-interruption records where applicable.

Board discretion: The board may determine the minimum records required, retention period, data format, privacy safeguards, and conditions under which records must be provided to the board, approval body, or independent verifier.

## Representative Failure Patterns

The following examples illustrate delivery-system weaknesses that boards may choose to address in rule, guidance, or verifier approval criteria:

- Course certificate available without watching or reading required content.
- Course completed in substantially less time than the credit awarded.
- Exam accessible before completion of course content.
- Unlimited retries with answer feedback that reveals correct answers.
- Retakes limited only to previously incorrect questions.
- Static question order and static answer order on repeated attempts.
- Exam questions and answer choices easily copied into AI tools.
- No meaningful identity verification before credit is awarded.
- No instructor or qualified content-support access.
- No auditable record sufficient to reconstruct the learner's completion path.

## Suggested Non-Compliant Practices for Board Consideration

A board may determine that the following practices are non-compliant, require remediation, or prevent approval for asynchronous online CE credit:

- Passive video playback counted as participation without engagement verification.
- Skipping, fast-forwarding, or background playback that permits credit completion.
- Reading courses with insufficient content volume for the credit awarded.
- Exams available before course completion.
- Exam systems that reveal answers during failed attempts.
- Exam questions or answer choices that can be easily copied, printed, downloaded, or bulk extracted without restriction.



- Static, repeated exam questions with no meaningful question or answer randomization.
- Exam designs that allow learners to pass primarily through AI-assisted answer generation, internet searching, memorization, or answer sharing.
- Post-exam review systems that expose the exam bank in a way that enables other learners to copy, distribute, or reuse it.
- Certificate issuance without reasonable identity assurance.
- Lack of auditable completion records.

## Safe Harbor Concept

The safe harbor concept is offered as a suggested regulatory tool. A board may decide that a course receives delivery-compliance safe harbor status only when it meets all applicable requirements in the relevant delivery categories.

Safe harbor does not mean that the course content is approved by the CDE. It would mean only that the delivery system provides reasonable assurance that the learner completed the course in a defensible and auditable manner under the standard adopted or recognized by the board.

Board discretion: The board may choose to adopt a safe harbor model, modify it, reject it, or replace it with another approval or enforcement model.

## Open Standard and Multiple Verifier Use

This proposed Gold Standard is offered as one open reference framework. Boards and approval bodies may adopt it, modify it, or accept equivalent standards that meet the same baseline objectives.

The framework is not intended to create a single-verifier model. Multiple qualified verifiers should be permitted if they meet board approval criteria and operate independently of the providers they evaluate.

CDE may seek to qualify as one potential verifier under a board-recognized model, but this document does not recommend that CDE be the exclusive verifier or that this framework be the only acceptable standard.

## Board Authority Statement

The board has the final authority to establish, interpret, enforce, and revise online CE delivery-compliance requirements. This proposed Gold Standard is submitted only as a suggested starting point for board review and discussion.

Nothing in this document should be read as limiting the board's authority to require more stringent safeguards, accept alternative safeguards, recognize other standards, recognize multiple verifiers, or create its own independent criteria for online CE delivery compliance.

## Summary

The goal of this proposed framework is not to make cheating impossible. No online system can do that. The goal is to identify reasonable, defensible safeguards that reduce predictable non-compliance and allow boards to rely on online CE credit with greater confidence.

The final decision on what safeguards are required belongs to the board.

## Research and Regulatory Review

### Ongoing Research and California Regulatory Context

Research Context, California Board Review, and Public Professional Record

Prepared by:

Dr. Guy Annunziata

Council for Distance Education (CDE)

## Purpose

This document provides the California Board of Chiropractic Examiners with additional context regarding the ongoing research and national regulatory review of asynchronous online chiropractic continuing education delivery.

The preliminary findings summarized in this packet identified significant weaknesses in the mechanisms used by many online CE courses to verify participation, instructional time, learner identity, examination integrity, and instructor communication.

**The central question is whether approval of an asynchronous online CE course provides sufficient assurance that the course is actually delivered in the manner required by the approving authority.**

## Research Manuscript in Development

Following a discussion with the editor of the Journal of Chiropractic Education regarding the preliminary white paper and the concerns it identified, I was encouraged to develop a broader and more formal research manuscript for possible submission.

That manuscript is now in development.

The expanded research is intended to evaluate asynchronous chiropractic continuing education using a larger provider and course sample and a more structured methodology.

Areas of evaluation include:

- Learner participation.
- Credit-hour and instructional-time integrity.
- Examination integrity.
- Identity verification.
- Instructor communication.
- The ability to audit and reconstruct the learner's completion path.

The preliminary 30-course review should therefore be viewed as an initial field review rather than the final research dataset.

## Why the Research Matters

The concern is not whether online continuing education should exist. It should.

The concern is whether continuing education credit can be awarded when the course-delivery system does not reliably verify that the licensee personally participated in the educational activity, completed the required instructional time, and satisfied meaningful assessment requirements.

The preliminary review found:

- 5 of 30 courses met the proposed participation safe-harbor standard.
- 20 of 30 met the proposed credit-hour integrity standard.
- 2 of 30 met the proposed final-examination integrity standard.
- 0 of 30 met the proposed identity-verification standard.
- 6 of 30 met the proposed instructor-communication standard.
- 0 of 30 met the overall proposed Gold Standard safe harbor.

These findings suggest that course approval and delivery compliance cannot always be assumed to be the same thing.

## RESEARCH AND REGULATORY REVIEW

### California Regulatory Context

California is particularly relevant because it already has meaningful requirements governing asynchronous distance-learning continuing education.

California defines distance learning as asynchronous learning, generally limits it to 12 of the required 24 annual CE hours, requires at least 50 minutes of participation per CE hour, and requires security measures and successful completion of a test.

Those requirements establish important regulatory objectives.

The remaining question is whether there is routine independent technical verification that the course-delivery system itself actually enforces those requirements when used by a learner.

A completion record can show that CE credit was issued. A provider record can show that a licensee was reported as completing a course. Neither, by itself, necessarily demonstrates that the platform prevented instructional content from being bypassed, verified time-on-task, protected examination integrity, or confirmed the identity of the person receiving credit.

This distinction between approval, reporting, and actual delivery verification is a central focus of the broader research.

### National Regulatory Review

As part of this broader effort, I am reviewing how chiropractic licensing boards in multiple states address asynchronous online CE delivery compliance.

The review includes:

- Statutes and regulations.
- Board rules and policies.
- Provider and course approval requirements.
- Participation and instructional-time requirements.
- Assessment requirements.
- Identity-verification requirements.
- Recordkeeping and auditing requirements.
- Whether technical delivery safeguards are specifically defined.

I am also communicating directly with state chiropractic boards and providing supporting materials for their consideration.

The objective is not to criticize individual boards. Many CE regulations were developed before modern learning-management systems, widespread artificial intelligence tools, and current online course-delivery capabilities became commonplace.

The purpose is to determine whether existing regulatory frameworks provide sufficient assurance that CE credit reflects actual, verified educational participation.

### Board Communications and the Professional Record

How regulatory bodies respond to emerging compliance concerns is part of understanding how professional standards evolve.

Accordingly, communications with state boards, the requirements currently in place, and the steps boards take to evaluate or address online CE delivery compliance may provide relevant context for the broader research and professional discussion surrounding this issue.

The intent of contacting boards during the development of the research is to provide regulators with an opportunity to:

- Review the preliminary concerns.
- Examine their existing safeguards.
- Identify potential regulatory gaps.
- Consider practical solutions before the broader research is completed.

## RESEARCH AND REGULATORY REVIEW

This outreach is intended to be constructive, transparent, and focused on practical regulatory solutions.

## Public and Professional Availability

If the manuscript is accepted for publication, its findings would become part of the professional literature and available for review by state licensing boards, continuing education providers, CE approval organizations, professional associations, researchers, licensees, and other interested members of the chiropractic profession.

The issue would therefore extend beyond private correspondence between individual providers and regulatory agencies.

That is why proactive regulatory review is preferable to waiting until concerns become part of a broader public and professional discussion.

## A Constructive Opportunity for California

California does not need to replace its existing continuing education framework.

The opportunity is to add a reliable method for verifying that the delivery requirements already established by the Board are actually being enforced by asynchronous online course platforms.

A qualified independent third-party verification model could provide that assurance without requiring the Board itself to perform technical audits of every online learning platform.

Under this model, the Board would establish the standards and retain full regulatory authority. Qualified independent verifiers would test course-delivery systems against those standards and maintain auditable verification records.

Independent verification would not replace Board approval or enforcement. It would provide objective evidence that approved asynchronous courses actually satisfy the Board's delivery requirements in practice.

## Bottom Line

The broader research is examining a straightforward question:

**When asynchronous online CE credit is awarded, what objective evidence demonstrates that the licensee actually completed the educational activity in the manner required?**

California already has meaningful requirements. The remaining weakness is verification at the course-delivery level.

**The preliminary findings support consideration of independent third-party verification as a practical way to confirm that asynchronous CE requirements are defined, enforced, and auditable before credit is awarded.**

## Source References

California Code of Regulations, Title 16, Division 4, Article 6.

California Code of Regulations §§361, 362, 363, 363.1, and 366.

California Board of Chiropractic Examiners, Continuing Education Requirements.

California Board of Chiropractic Examiners, Approved Distance Learning CE Courses Offered Online 24/7.

# California Online CE Delivery Compliance

California already has specific requirements governing asynchronous chiropractic continuing education, including limits on distance learning, minimum participation time, learner-identity safeguards, course-content security, and testing requirements. These materials examine whether the current approval and oversight framework provides objective verification that those requirements are actually enforced during asynchronous online course delivery.



## Board Review Materials

Start with the California-specific review. The supporting documents below provide the research, policy analysis, proposed verification standards, and regulatory context associated with this issue.

### START HERE — California Online CE Delivery Compliance Review

California-specific review of the Board's existing requirements, the observed course-delivery concern, the verification gap, and a practical approach for...

[View PDF](#)

### White Paper Audit Summary

Summary of preliminary findings from a direct review of 30 asynchronous online chiropractic CE courses.

[View PDF](#)

### Policy Recommendation

Proposed model requiring independent third-party verification of asynchronous online CE delivery compliance prior to course approval.

[View PDF](#)

### Verifier Approval Criteria

Made with  softr

Proposed criteria for evaluating, recognizing, and overseeing qualified independent third-party delivery-compliance verifiers.

[View PDF](#)

**Gold Standard Overview for Delivery Compliance**

Suggested framework for participation, instructional time, assessment integrity, identity verification, instructor communication, and auditability.

[View PDF](#)**California Research and Regulatory Review**

Ongoing research, California regulatory context, national board review, and broader professional implications of the findings.

[View PDF](#)

## About These Materials

These materials are provided for Board review and policy consideration regarding compliance with California's existing requirements for asynchronous online continuing education. They examine whether current approval, reporting, and documentation processes provide sufficient objective verification of actual course delivery.

The proposed standards and policy recommendations are offered as reference frameworks only. The Board retains full authority to adopt, modify, reject, or replace any proposed requirement.

**Council for Distance Education (CDE)**

*Independent standards and verification for distance education delivery compliance.*

**Walker, Kristin@DCA**

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**From:** Guy Annunziata [REDACTED]  
**Sent:** Saturday, October 10, 2026 4:22 PM  
**To:** Walker, Kristin@DCA  
**Cc:** Taylor, Angelina@DCA  
**Subject:** Re: Can California Verify That It Actually Enforces Online CE Requirements?  
**Attachments:** California\_Online\_CE\_Delivery\_Verification\_Framework.pdf

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WARNING: This email originated from outside of the organization! Do not click links, open attachments, or reply, unless you recognize the sender's email.

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Dear Ms. Walker and Ms. Taylor,

Attached is my written comment regarding **Agenda Item 19: Verification of Compliance with Distance Learning CE Course Delivery Requirements** for the October 15 Board meeting.

Because I am unable to attend in person, I wanted to provide the Board with a concise framework outlining the verification concern and a practical approach for addressing it.

I respectfully ask that the attached document be provided to the Board members for consideration under Agenda Item 19.

Please confirm that it has been received and will be included with the materials provided to the Board.

Thank you for your consideration.

Best regards,

Dr. Guy Annunziata

On Tue, Sep 29, 2026 at 10:52 AM Guy Annunziata [REDACTED] wrote:

Dear Ms. Walker,

I wanted to follow up regarding the materials I submitted concerning compliance verification for asynchronous online continuing education.

Angelina Taylor advised me on August 31 that she had forwarded my comment and California resource page to you for review. I greatly appreciate her assistance.

With the October 15–16 Board meeting approaching, I wanted to ask whether you have had an opportunity to review the information and whether this issue may be considered by the Board or the appropriate committee.

My concern is fairly straightforward. California already has requirements governing distance-learning continuing education. The question I am raising is what objective verification demonstrates that an approved course actually enforced those requirements before CE credit was awarded.

I would be happy to provide additional documentation or demonstrate the course-delivery issue directly if that would be helpful.

If this is not something that can be considered at the October meeting, I would appreciate any guidance regarding the appropriate process for bringing the issue before the Board for substantive review.

Thank you for your time and consideration.

Best regards,

Dr. Guy Annunziata  
Council for Distance Education (CDE)



## Proposed Verification Framework

Prepared for the California Board of Chiropractic Examiners

Agenda Item 19 | October 15, 2026

**Dr. Guy Annunziata | Council for Distance Education (CDE)**

### Purpose

California already has meaningful requirements governing distance learning continuing education. Agenda Item 19 identifies the remaining issue: how the Board can objectively verify that those requirements are actually being enforced by the course-delivery system before CE credit is awarded.

The Board would continue to set the rules and make all approval and enforcement decisions. An independent verifier would simply provide technical evidence that the required safeguards are functioning in actual course delivery.

### Why Verification Is Needed

Provider applications, policies, screenshots, and attestations can show how a course is intended to operate. They do not necessarily demonstrate how the course behaves when a licensee actually takes it.

In one documented course audit, a completion certificate for a course represented as two hours of continuing education was obtained approximately three to five minutes after beginning the course. Other reviews have identified weaknesses involving time controls, simultaneous course access, answer disclosure, repeated exam attempts, and certificate release.

***Provider integrity is important. Regulatory verification should not depend solely on trust.***

### A Simple Four-Step Process

#### Step 1 - Approve or Recognize Independent Verifiers

California could establish basic qualifications for an independent third-party verifier. The verifier should be independent from the CE provider, technically capable of testing online learning systems, use standardized procedures, avoid conflicts of interest, maintain secure records, and provide an auditable report.

#### Step 2 - Define What Must Be Verified

The verifier would test the actual course platform, not simply review the provider's written policies.

- Required instructional activity and course-completion conditions are actually enforced.
- Required content cannot simply be skipped or bypassed before credit is awarded.
- Exams and assessments are available only when required conditions are met.
- Assessment controls do not allow the requirement to be defeated through repeated guessing or answer-reveal workarounds.
- Attendance and completion are verified before a certificate is issued.
- Identity and access safeguards are functioning where required.
- The system keeps sufficient records to reconstruct how and when the learner completed the course.

### Step 3 - Make Verification Part of the Approval and Oversight Process

For asynchronous distance learning courses, a provider could submit current verification from a Board-recognized verifier with its normal approval materials or when requested by the Board. The verification report would identify what was tested, when it was tested, whether the required safeguards worked, and any deficiencies found. The Board would still decide whether to approve, renew, restrict, or take action regarding the course or provider.

### Step 4 - Keep the Verification Current

Verification should not last forever. The Board could require periodic reverification and a new review whenever a provider makes a material change to its learning platform, timing controls, assessment process, identity controls, or certificate logic. The Board would retain the ability to request records, require corrective action, or order additional testing when concerns arise.

### How It Would Work in Practice

1. California publishes qualification and testing standards for approved or recognized independent verifiers.
2. A qualified verifier applies to the Board and is approved or recognized.
3. A CE provider hires an approved verifier to test its asynchronous delivery system.
4. The verifier performs functional testing using a test learner account.
5. The verifier issues a standardized verification report.
6. The provider submits the report with its California approval materials or in response to a Board verification request.
7. The Board uses the report as technical evidence while retaining all approval and enforcement authority.

### Suggested Policy Concept

*For asynchronous distance learning continuing education, a provider should be able to demonstrate that its course-delivery system uses objective and auditable safeguards sufficient to verify required instructional activity, learner participation where applicable, assessment integrity, attendance and completion, and certificate issuance. The Board may require or accept verification from a Board-recognized independent third-party verifier operating under published qualification and testing standards. Verification should be renewed periodically and following material changes to the delivery system.*

### Why This Fits California

California does not need to build a new CE approval system or require Board staff to technically audit every learning platform. The Board already establishes the requirements. Independent verification would give the Board objective evidence that those requirements are functioning in practice and would protect compliant providers from being placed at a disadvantage by weaker delivery systems.

### Recommended Next Step

Under Agenda Item 19, the Board should direct staff to evaluate whether the current CE approval and oversight process provides objective verification of asynchronous course-delivery safeguards and report back with options for strengthening verification. One option should be a limited pilot or rulemaking framework allowing the Board to recognize qualified independent verifiers while retaining full regulatory authority.

### Source Basis

Prepared for Agenda Item 19 of the California Board of Chiropractic Examiners' October 15, 2026 meeting and designed to complement California's existing continuing education and distance learning requirements.



**Agenda Item 20  
October 15, 2026**

**Review, Discussion, and Possible Action on Petition for Adoption of a Regulation  
Regarding CE Instructor Standards**

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**Purpose of the Item**

The Board will review and discuss a petition submitted pursuant to Government Code sections 11340.6 and 11340.7 requesting consideration of a rulemaking to clarify the standards related to the eligibility, qualifications, disciplinary history, disclosure obligations, and oversight of individuals who teach Board-approved continuing education (CE).

**Action Requested**

The Board will be asked to determine whether to grant or deny the petition in accordance with Government Code section 11340.7.

Based on the Board's decision, staff will prepare the appropriate written response to the petition.

**Background**

Government Code section 11340.6 permits any interested person to petition a state agency to adopt, amend, or repeal a regulation. Section 11340.7 requires the agency to respond in writing within 30 days.

On October 2, 2026, Veronica Garcia, Executive Director of CCEUnits, submitted a petition requesting that the Board evaluate whether rulemaking is warranted to strengthen or clarify CE instructor standards. The petition identifies concerns arising from CE providers' review of instructor licensing status and disciplinary histories, including probationary status, pending accusations, licensure reinstatement, and evidence of rehabilitation.

In the petition, Ms. Garcia emphasizes the need for clearer Board guidance regarding:

- The responsibilities of CE providers when instructors have current or prior discipline;
- Distinguishing pending matters from final decisions;
- Evaluating rehabilitation, including when a previously disciplined individual may be considered fit to teach; and

## Petition Regarding CE Instructor Standards

October 15, 2026

Page 2

- Considerations for serious misconduct cases, including sexual misconduct or boundary violations, where additional safeguards may be appropriate.

The petition does not propose regulatory language but requests that the Board analyze whether current standards should be updated to support public protection, transparency, consistency across CE providers, and appropriate consideration of rehabilitation.

Staff reviewed the petition and recommends that the Board grant the request in part and deny it in part. At its July 23, 2026, meeting, the Board approved proposed regulatory text amending California Code of Regulations, title 16, sections 362 (Continuing Education Provider Approval, Duties, and Responsibilities) and 363 (Approval of Continuing Education Courses). The amendments would require consideration of a CE instructor's license status and history of criminal convictions and formal discipline, along with an explanation of each applicable disciplinary action. Applicants may also provide evidence of rehabilitation and current fitness to serve as a CE instructor as part of the CE course application and appeal process.

Additionally, as part of the forthcoming amendments to the Board's *Disciplinary Guidelines and Model Disciplinary Orders*, the Board is considering a condition of probation prohibiting a licensee who is currently on probation from serving as an instructor of any Board-approved CE course during the term of probation. The Board is anticipated to consider the proposed regulatory text at its next meeting in January 2027.

### **Attachments**

1. Government Code Sections 11340.6 and 11340.7
2. Petition for Consideration of Rulemaking Regarding Continuing Education Instructor Standards by Veronica Garcia, Executive Director of CCEUnits, October 2, 2026

**Government Code Sections 11340.6 and 11340.7**

**§ 11340.6.** Except where the right to petition for adoption of a regulation is restricted by statute to a designated group or where the form of procedure for such a petition is otherwise prescribed by statute, any interested person may petition a state agency requesting the adoption, amendment, or repeal of a regulation as provided in Article 5 (commencing with Section 11346). This petition shall state the following clearly and concisely:

- (a) The substance or nature of the regulation, amendment, or repeal requested.
- (b) The reason for the request.
- (c) Reference to the authority of the state agency to take the action requested.

**§ 11340.7.** (a) Upon receipt of a petition requesting the adoption, amendment, or repeal of a regulation pursuant to Article 5 (commencing with Section 11346), a state agency shall notify the petitioner in writing of the receipt and shall within 30 days deny the petition indicating why the agency has reached its decision on the merits of the petition in writing or schedule the matter for public hearing in accordance with the notice and hearing requirements of that article.

(b) A state agency may grant or deny the petition in part, and may grant any other relief or take any other action as it may determine to be warranted by the petition and shall notify the petitioner in writing of this action.

(c) Any interested person may request a reconsideration of any part or all of a decision of any agency on any petition submitted. The request shall be submitted in accordance with Section 11340.6 and include the reason or reasons why an agency should reconsider its previous decision no later than 60 days after the date of the decision involved. The agency's reconsideration of any matter relating to a petition shall be subject to subdivision (a).

(d) Any decision of a state agency denying in whole or in part or granting in whole or in part a petition requesting the adoption, amendment, or repeal of a regulation pursuant to Article 5 (commencing with Section 11346) shall be in writing and shall be transmitted to the Office of Administrative Law for publication in the California Regulatory Notice Register at the earliest practicable date. The decision shall identify the agency, the party submitting the petition, the provisions of the California Code of Regulations requested to be affected, reference to authority to take the action requested, the reasons supporting the agency determination, an agency contact person, and the right of interested persons to obtain a copy of the petition from the agency.

**Walker, Kristin@DCA**

**From:** ChiropractorContinuingEducation Units <cceunits@gmail.com>  
**Sent:** Friday, October 2, 2026 1:23 PM  
**To:** chiro.info@chiro.ca.gov; Walker, Kristin@DCA  
**Subject:** Petition for Consideration of Rulemaking – Continuing Education Instructor Standards

**This Message Is From an Untrusted Sender**

Warning: This email originated from outside of the organization! Do not click links, open attachments, or reply, unless you recognize the sender's email.

[Report Suspicious](#)

My name is Veronica Garcia, and I am the Executive Director of CCEUnits, a California chiropractic continuing education provider. I am also a California paralegal. Pursuant to California Government Code sections 11340.6 and 11340.7, I respectfully submit this request asking the Board of Chiropractic Examiners to consider whether rulemaking is appropriate regarding the qualifications, disciplinary history, disclosure, rehabilitation, and oversight of individuals who teach Board-approved continuing education. *My intention is not to propose or draft regulatory language for the Board.* Rather, I would like to bring an issue to the Board's attention that I recently encountered as a CE provider and respectfully ask the Board to evaluate whether clearer regulatory standards are needed.

**Why I Am Bringing This to the Board**

As Executive Director of CCEUnits, I recently began conducting a more detailed review of the licensing and publicly available disciplinary history of instructors associated with our programs.

Through this process, I became aware that we have instructors in different stages of the disciplinary process, including an instructor nearing completion of Board-ordered probation and another instructor with a pending matter that has not yet reached a final determination.

***This raised several questions for me as a CE provider.***

- What responsibility does a CE provider have when an instructor is currently on probation? -
- What if there is a pending disciplinary proceeding?
- What if a chiropractor's license was previously revoked or surrendered but was later reinstated?
- At what point has an individual sufficiently demonstrated rehabilitation to be considered for teaching again?

CCEUnits takes these issues seriously. Having ethical, qualified, and compliant instructors teaching under our provider approval is a priority for us.

At the same time, I do not believe that every prior disciplinary action should necessarily result in a lifetime prohibition from teaching continuing education.

### **Rehabilitation Should Be Considered**

There are doctors who have made serious mistakes but later accepted responsibility and complied with the disciplinary process. They may have completed probation, complied with Board orders, paid required fines, fees, or cost recovery, completed required education, petitioned for reinstatement, and demonstrated years of subsequent compliance.

I respectfully ask the Board to consider whether its CE standards should provide a fair method for evaluating rehabilitation in these circumstances.

The nature and seriousness of the misconduct, compliance with Board orders, completion of probation, reinstatement, subsequent conduct, time elapsed, evidence of rehabilitation, and protection of the public are examples of matters the Board may determine are appropriate to consider.

I leave the specific standards and regulatory language to the Board, its legal counsel, and the appropriate regulatory process.

### **There Can Also Be Educational Value in Rehabilitation**

I believe there may be circumstances where a rehabilitated doctor can provide valuable education precisely because of what that doctor experienced. For example, a doctor may be able to explain to other chiropractors what went wrong, what Board laws or regulations applied, what consequences resulted, what was required during probation or reinstatement, and what the doctor had to do to return to compliance.

*There is value in someone being able to tell other professionals, in substance:*

“I made this mistake. These were the consequences. These were the rules I was required to follow. This is what I had to do to become compliant, and this is what other doctors should know so they do not make the same mistake.”

That type of education could potentially turn a past disciplinary experience into an opportunity to promote ethics, compliance, and prevention.

### **Rehabilitation Should Not Mean Erasing the Past**

At the same time, I strongly believe rehabilitation should not mean eliminating, concealing, or rewriting disciplinary history that is otherwise required to remain publicly available. A person can change and deserve an opportunity to demonstrate rehabilitation while the public still retains access to important information concerning that person's professional history. This is particularly important when discipline involves serious patient-safety concerns, including sexual misconduct, sexual boundary violations, patient abuse, fraud, or similar conduct.

### **Sexual Misconduct Requires Particular Consideration**

I believe sexual misconduct and serious patient-boundary violations deserve particular attention because of the nature of chiropractic practice. Chiropractic treatment is hands-on. Chiropractors routinely have close physical contact with patients during examinations, positioning, therapies, and adjustments. For this reason, when a disciplinary history involves sexual misconduct or serious boundary violations, I believe it is appropriate for the Board to consider whether additional safeguards



are necessary for public protection.

Depending upon the circumstances and applicable Board orders, those safeguards might involve monitoring a staff member or chaperone during certain patient encounters or hands-on activities, or other protections the Board determines appropriate.

Again, I am not asking to determine what those requirements should be. I respectfully ask the Board to consider the issue and determine what safeguards, if any, are appropriate.

### **Pending Matters Should Be Distinguished From Final Discipline**

I also believe it is important to distinguish a pending accusation or administrative proceeding from a final disciplinary determination. As a paralegal, I recognize the importance of not treating an allegation as an established fact before the administrative process has been completed. This is another reason CE providers need clear guidance. We should understand what responsibilities we have when we discover a pending matter without making our own determination regarding allegations that have not yet resulted in a final Board decision.

### **CE Providers Need Clear Guidance**

My experience reviewing our own instructors has shown me that CE providers may encounter circumstances that are not always simple. We need to know what is expected of us when selecting and retaining instructors and what information we are reasonably expected to verify.

I respectfully ask the Board to consider whether clearer standards are needed concerning instructor licensing status, disciplinary history, pending matters, probation, reinstatement, rehabilitation, disclosure, and circumstances requiring additional review or safeguards. Having clear Board standards would also help CE providers apply these issues consistently rather than each provider developing its own interpretation.

### **Request for Board Consideration**

- CCEUnits supports strong ethical standards, transparency, accountability, and protection of the public.
- We also recognize that people can rehabilitate themselves, comply with Board requirements, and become better professionals because of what they have experienced. I believe these principles can coexist.
- Accountability does not have to eliminate rehabilitation, and rehabilitation does not have to eliminate transparency.

For these reasons, I respectfully request that the Board consider whether rulemaking or other appropriate regulatory guidance is warranted regarding the eligibility, disclosure obligations, disciplinary history, rehabilitation, and oversight of individuals teaching Board-approved continuing education.

Thank you for your time and consideration and for the Board's continued efforts to protect California chiropractic patients and maintain the integrity of continuing education.

Respectfully,

Veronica Garcia  
Executive Director, CCEUnits  
California Paralegal





**Agenda Item 21  
October 15, 2026**

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**Review, Discussion, and Possible Adoption of 2027–2030 Strategic Plan**

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**Purpose of the Item**

The Board will review and discuss the draft 2027–2030 Strategic Plan.

**Action Requested**

The Board will be asked to consider making a motion to adopt the 2027–2030 Strategic Plan.

**Background**

Throughout 2026, the Board has been working with the Department of Consumer Affairs' SOLID Planning Solutions on the development of the Board's next strategic plan.

In January 2026, SOLID conducted a stakeholder survey to gather feedback regarding the Board's performance and held focused interviews with Board members and leadership to identify key priorities.

SOLID facilitated a strategic planning session on April 16, 2026, during which the Board updated its mission statement, vision, and values, and drafted new objectives related to professional qualifications, enforcement, administration, and public outreach.

At this meeting, the Board will be asked to review and discuss the 2027–2030 Strategic Plan and consider making a motion to adopt it.

**Attachment**

- Board of Chiropractic Examiners' 2027–2030 Strategic Plan (Draft for Board Review)



# Board of Chiropractic Examiners

## 2027–2030 Strategic Plan

Adopted: [Month Day, Year]

**Prepared by:**

SOLID Planning Solutions

Department of Consumer Affairs

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## Board Members

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

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

Janette N.V. Cruz, MBA, Board Secretary

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

David Paris, D.C., MS, DACRB

Rafael Sweet, J.D.

**Gavin Newsom, Governor**

**Rohit Chopra, Secretary, Business and Consumer Services Agency**

**Christine Lally, Acting Director, Department of Consumer Affairs**

**Kristin Walker, Executive Officer, Board of Chiropractic Examiners**

## About the Board

The Board of Chiropractic Examiners (Board) regulates the chiropractic profession in California. The Board protects Californians from fraudulent, negligent, or incompetent practice of chiropractic by both licensed and unlicensed individuals who engage in the profession. The Board oversees approximately 12,000 licensees, 100 providers of continuing education, and 20 chiropractic programs across the United States and Canada.

Established on December 21, 1922, following voter approval of an initiative measure on November 7, 1922, the Board is governed by seven members appointed by the Governor. The Board consists of five licensed doctors of chiropractic and two members who represent the public, each serving four-year terms. An executive officer, appointed by the Board, manages professional staff responsible for licensing, continuing education, enforcement, administrative, and other regulatory responsibilities.

The Board's annual budget is funded entirely by licensing and regulatory fees paid by the profession. It does not receive any General Fund support. Approximately 70 percent of the Board's operating budget is dedicated to enforcement activities.

## Message from the Chair

On behalf of the Board of Chiropractic Examiners and doctors of chiropractic dedicated to serving our communities, I am pleased to present our 2027-2030 strategic plan.

Healthcare continues to evolve at an unprecedented pace, and doctors of chiropractic remain essential contributors to the delivery of patient-centered, conservative, and evidence-informed care. As public demand for non-invasive and non-pharmaceutical healthcare solutions continues to rise, the chiropractic profession must remain proactive, innovative, and committed to standards of clinical excellence and ethical practice.

The strategic planning process provided an important opportunity for Board members, leadership, and stakeholders to come together and evaluate both the current state and future direction of the profession. Together, we carefully examined our mission, values, regulatory responsibilities, and opportunities for advancement within an increasingly integrated healthcare environment.

This strategic plan is the result of a comprehensive process that included a survey of stakeholders and Board staff, interviews with Board members, and a planning session facilitated by the Department of Consumer Affairs' SOLID Planning Solutions. We discussed workforce development, public safety, professional competency, technological advancement, and the evolving needs of the diverse communities we serve. These conversations challenged us to think boldly about the future of chiropractic care and the role we must play in shaping that future responsibly.

This strategic plan serves as a roadmap for the next few years. It reflects our commitment to strengthening professional standards, improving regulatory efficiency, pursuing clinical excellence, and fostering greater public confidence in chiropractic care. It also recognizes the importance of continuing education, interdisciplinary collaboration, and evidence-based practices that enhance patient outcomes and advance the profession.

Establishing ambitious yet achievable goals for the years ahead, this plan reaffirms our unwavering commitment to our highest responsibility: protecting consumers of chiropractic care.

Respectfully,

Laurence Adams, D.C., DACNB, Board Chair

# Board Mission, Vision, and Values

## Mission

To protect the public through licensure, education, enforcement, engagement, and advancing chiropractic competency.

*Alternative Versions:*

- *To protect the public by advancing chiropractic competency through licensure, education, enforcement, and engagement.*
- *To protect the public through licensure, education, enforcement, and engagement that advance chiropractic competency.*

## Vision

California consumers receive innovative, collaborative, patient-centered, quality care.

## Values

- Public Protection – Dedication to consumer safety through effective regulation.
- Professionalism – Serving the public with integrity and respect.
- Excellence – Commitment to embracing best practices and a pursuit of the highest standards driven by a growth mindset.
- Collaboration – Working together with the public, licensees, government agencies, and stakeholders to carry out the Board's mission.
- Responsiveness – Proactively and efficiently addressing emerging issues and trends in the chiropractic profession.

## Goal 1: Licensing, Continuing Education, and Professional Qualification

**Ensure competency by enhancing licensing standards, professional conduct, and requirements for continuing education.**

- 1.1 Streamline licensure processes and forms to increase efficiency.
- 1.2 Assess the feasibility of providing earlier access to the California Chiropractic Law Examination (CCLE) to help minimize possible licensure barriers.
- 1.3 Review and update the CCLE to reflect current professional practices.
- 1.4 ~~Create an electronic continuing education (CE) workflow.~~ Modernize continuing education administration and oversight by leveraging technology and process improvements to enhance compliance monitoring and the licensee experience.
- 1.5 Assess the need for and feasibility of implementing Board-mandated continuing education courses.



## Goal 2: Enforcement

**Protect the public by enforcing standards of practice and regulations.**

- 2.1 Improve regulatory oversight by expanding the inspection program to support more proactive and comprehensive monitoring of licensee compliance.
- 2.2 Strengthen collaboration and relationship-building with local law enforcement and other partner agencies.
- 2.3 Bolster staff training in modern chiropractic care practices and emerging technologies to better inform and support investigations.
- 2.4 Provide clear, plain language guidance and resources to help licensees understand requirements and maintain compliance.
- 2.5 Gather and analyze data to streamline processes and reduce case resolution timelines.

## Goal 3: Laws and Regulations

**Support legislation and adopt regulations that reinforce the Board's mission of public protection.**

- 3.1 Establish an annual process to review, update, and clarify regulations.
- 3.2 Evaluate the scope of practice to ensure alignment with modern practice and patient needs.

## **Goal 4: Administration and Public Relations**

**Empower staff, optimize resources, and communicate with stakeholders while delivering exemplary service.**

- 4.1 Develop a workplace culture that fosters leadership, ownership, and innovation.
- 4.2 Establish a process for continuously improving workflows.
- 4.3 Empower staff by providing skill-building training that supports professional growth and organizational effectiveness.
- 4.4 Develop and implement a communication and outreach plan to strengthen stakeholder engagement, enhance transparency, and promote understanding of the Board's mission and services.

## Strategic Planning Process

To understand the environment in which the Board operates as well as identify factors that could impact the Board's success in carrying out its regulatory duties, the Department of Consumer Affairs' SOLID Planning Unit (SOLID) conducted an environmental scan of the Board's internal and external environments. Information for the scan was collected through interviews and online surveys distributed to the listed stakeholder groups during January and February of 2026:

- Internal staff<sup>1</sup>: interviews and online surveys.
- Board members: interviews.
- External stakeholders<sup>2</sup>: online survey link distributed via LISTSERV and posted on the Department's website.

The most significant themes and trends identified from the environmental scan were discussed by Board members and leadership during a strategic planning session facilitated by SOLID on April 16, 2026. This information guided the Board in the development of its strategic objectives outlined in this 2027–2030 strategic plan.

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<sup>1</sup> Executive leadership, managers, and staff

<sup>2</sup> Licensees, retired licensees, related occupations, consumers, government agencies, associations, and schools.

**Board of Chiropractic Examiners**

1625 North Market Blvd., Suite N-327  
Sacramento, CA 95834  
Phone: (916) 263-5355  
<https://www.chiro.ca.gov/>

Strategic plan adopted on [type date here].

Subsequent amendments may have been made after the adoption of this plan.



Prepared by:  
**SOLID Planning Solutions**  
1747 N. Market Blvd., Ste. 270  
Sacramento, CA 95834



**Agenda Item 22  
October 15, 2026**

**Discussion and Possible Approval of Schedule for 2027 Quarterly Board Meetings**

**Purpose of the Item and Action Requested**

The Board will be asked to discuss and select quarterly Board meeting dates for 2027.

**Background**

Typically, at the last meeting of the calendar year, the Board identifies and approves quarterly meeting dates for the next calendar year. The following provisions apply to the scheduling of meetings:

- The Board is required to elect Board officers during the first meeting of the calendar year, which is typically held in January (Section 3 of the Chiropractic Initiative Act).
- The Board is required to meet at least twice each calendar year and at least once in Northern California and once in Southern California (Section 6 of the Chiropractic Initiative Act and Business and Professions Code section 101.7).
- It is recommended that the Board hold at least one meeting each year at a California chiropractic program campus (Board Member Administrative Procedure Manual).

Staff suggests the Board consider scheduling four meetings as follows:

- 1. January 2027 Board Meeting – Teleconference:** Select one of the following dates:
  - Thursday, January 21, 2027
  - Friday, January 22, 2027
  - Thursday, January 28, 2027
  - Friday, January 29, 2027
- 2. April 2027 Board Meeting – Northern California:** Select one of the following sets of two consecutive dates:
  - Thursday, April 8, 2027, and Friday, April 9, 2027
  - Thursday, April 15, 2027, and Friday, April 16, 2027
  - Thursday, April 22, 2027, and Friday, April 23, 2027

## **Schedule 2027 Board Meetings**

**October 15, 2026**

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**3. July 2027 Board Meeting – Teleconference:** Select one of the following dates:

- Thursday, July 22, 2027
- Friday, July 23, 2027
- Thursday, July 29, 2027
- Friday, July 30, 2027

**4. October 2027 Board Meeting – Southern California:** Select one of the following sets of two consecutive dates:

- Thursday, October 7, 2027, and Friday, October 8, 2027
- Thursday, October 14, 2027, and Friday, October 15, 2027
- Thursday, October 21, 2027, and Friday, October 22, 2027



**Agenda Item 23  
October 15, 2026**

**Discussion and Possible Nominations of Candidates for 2027 Board Officer  
Positions**

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**Purpose of the Item and Action Requested**

The Board will nominate members for consideration to serve in the Board officer positions of Chair, Vice Chair, and Secretary for 2027.

The election of Board officers for 2027 will be held during the next Board meeting in January 2027.

**Nomination Process**

- The Board's legal counsel will preside over the nomination of officers.
- Board members will be asked to nominate another member or themselves for each officer position. If nominated for a position by another Board member, the nominee will be asked if they accept the nomination.
- Nominations will be requested for each officer position, beginning with the Chair, followed by the Vice Chair, and then Secretary.
- Nominations will be requested from members in alphabetical order, with the current Chair announcing their nomination last.
- Nominees for officer positions will provide their statement of qualifications to the Board during the election of officers at the January 2027 Board meeting.

**Roll Call for Nomination of Board Officers**

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





**Agenda Item 24**  
**October 15, 2026**

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### **Future Agenda Items**

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#### **Purpose of the Item**

At this time, members of the Board and the public may submit proposed agenda items for a future Board meeting.

The Board may not discuss or take action on any proposed matter except to decide whether to place the matter on the agenda of a future meeting. [Government Code Section 11125.]



**Agenda Item 25**  
**October 15, 2026**

### **Closed Session**

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#### **Purpose of the Item**

The Board will meet in closed session to:

- **Deliberate and Vote on Disciplinary Matters Pursuant to Government Code Section 11126, subd. (c)(3)**



**Agenda Item 26**  
**October 15, 2026**

## **Adjournment**

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**Time:** \_\_\_\_\_