

NEW MEXICO BOARD OF ACUPUNCTURE AND ORIENTAL MEDICINE



STATUTES AND RULES

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NEW MEXICO BOARD OF ACUPUNCTURE AND ORIENTAL MEDICINE

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TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING
CHAPTER 2 ACUPUNCTURE AND ORIENTAL MEDICINE PRACTITIONERS
PART 1 GENERAL PROVISIONS

16.2.1.1 ISSUING AGENCY: New Mexico Board of Acupuncture and Oriental Medicine.
[7-1-96; 16.2.1.1 NMAC - Rn, 16 NMAC 2.1.1, 8-13-01]

16.2.1.2 SCOPE: All licensed doctors of oriental medicine, applicants, temporary licensees, applicants for temporary licensure, doctors of oriental medicine certified for expanded practice and applicants for certification, educational courses, externs, auricular detoxification specialists, educational programs and applicants for approval of educational programs.
[7-1-96; 16.2.1.2 NMAC - Rn & A, 16 NMAC 2.1.2, 8-13-01; A, 2-15-05; A, 11-28-09]

16.2.1.3 STATUTORY AUTHORITY: This part is promulgated pursuant to the Acupuncture and Oriental Medicine Practice Act, Sections 61-14A-1, 2, 3, 7, 8, 8.1, 14.1 and 9, NMSA 1978.
[7-1-96; 16.2.1.3 NMAC - Rn & A, 16 NMAC 2.1.3, 8-13-01]

16.2.1.4 DURATION: Permanent.
[7-1-96; 16.2.1.4 NMAC - Rn, 16 NMAC 2.1.4, 8-13-01]

16.2.1.5 EFFECTIVE DATE: July 1, 1996 unless a later date is cited at the end of a section or paragraph.
[7-1-96, A, 8-31-98; 16.2.1.5 NMAC - Rn, 16 NMAC 2.1.5, 8-13-01]

16.2.1.6 OBJECTIVE: This part provides definitions for terms used in the rules in addition to those definitions in the Act, lists the board's duties, clarifies what are not public records, provides for inspection of the board's public records, and provides for telephone conferences.
[7-1-96; 16.2.1.6 NMAC - Rn & A, 16 NMAC 2.1.6, 8-13-01]

16.2.1.7 DEFINITIONS:

- A.** The definitions in Subsection B of 16.2.1.7 NMAC are in addition to those in the act.
- B.** The following definitions apply to the rules and the act.
 - (1)** "A4M" is the American academy of anti-aging medicine.
 - (2)** "ACAM" is the American college of alternative medicine.
 - (3)** "ACAOM" is the accreditation commission for acupuncture and oriental medicine.
 - (4)** "AMA" is the American medical association.
 - (5)** "Act" is the Acupuncture and Oriental Medicine Practice Act, Sections 61-14A-1 through 61-14A-22 NMSA 1978.
 - (6)** "Animal acupuncture" is acupuncture performed on any animal other than man. Animal acupuncture is authorized under the supervision of a doctor of veterinary medicine licensed in New Mexico and only under the guidelines of the rules of the New Mexico Veterinary Practice Act (61-14-1. to 61-14-20) and the rules of the New Mexico board of veterinary medicine (16.25.9.15 NMAC).
 - (7)** "Applicant" is a person who has submitted to the board an application for licensure as a doctor of oriental medicine.
 - (8)** "Applicant for temporary licensure" is a person who has submitted to the board an application for temporary licensure as a doctor of oriental medicine.
 - (9)** "Auricular acupuncture detoxification" is an acupuncture related technique used only in the treatment and prevention of alcoholism, substance abuse and chemical dependency. Auricular acupuncture detoxification may be described or referred to as "auricular detoxification", "acupuncture detoxification", "auricular acupuncture detoxification", or "acudetox".
 - (10)** "Auricular detoxification specialist supervisor" is a doctor of oriental medicine registered with the board under the provisions of 16.2.16.18 NMAC.
 - (11)** "Auricular detoxification specialist training program" is a training program approved by the board under the provisions of 16.2.16.26 NMAC to train certified auricular detoxification specialists and auricular detoxification supervisors.

(12) “Auricular detoxification specialist training program trainer” is a member of the staff of an auricular detoxification specialist training program who, though not necessarily licensed or certified by the state, shall be deemed to be a certified auricular detoxification specialist only for the purposes of and only for the duration of the auricular detoxification specialist training program.

(13) “Authorized substances” are the specific substances defined in the four certification in 16.2.20 NMAC that are authorized according to 61-14A-8.1 of the act for prescription, administration, compounding and dispensing by a doctor of oriental medicine certified for a specific category of expanded practice as defined in 16.2.19 NMAC.

(14) “Bioidentical hormones” means compounds, or salt forms of those compounds, that have exactly the same chemical and molecular structure as hormones that are produced in the human body.

(15) “Biomedical diagnosis” is a diagnosis of a person’s medical status based on the commonly agreed upon guidelines of conventional biomedicine as classified in the most current edition or revision of the international classification of diseases, ninth revision, clinical modification (ICD-9-CM).

(16) “Biomedicine” is the application of the principles of the natural sciences to clinical medicine.

(17) “Certified auricular detoxification specialist” is a person certified by the board under the provisions of 16.2.16.10 NMAC to perform auricular detoxification techniques, only on the ears, only in the context of an established treatment program and only under the supervision of an auricular detoxification supervisor registered with the board. A person certified pursuant to 61-14A-4.1(B) shall use the title of “certified auricular detoxification specialist” or “C.A.D.S.”

(18) “Chief officer” is the board’s chairperson or his or her designee serving to administer the pre-hearing procedural matters of disciplinary proceedings.

(19) “Clinical skills examination” is a board approved, validated, objective practical examination that demonstrates the applicants entry level knowledge of and competency and skill in the application of the diagnostic and treatment techniques of acupuncture and oriental medicine and of biomedicine.

(20) “Clinical experience” is the practice of acupuncture and oriental medicine as defined in the act, after initial licensure, certification, registration or legal recognition in any jurisdiction to practice acupuncture and oriental medicine. A year of clinical experience shall consist of not less than five hundred (500) patient hours of licensed acupuncture and oriental medical practice within a calendar year, seeing at least twenty five (25) different patients within that year. One (1) patient hour is defined as one (1) clock hour spent in the practice of oriental medicine with patients.

(21) “Complainant” is the complaining party.

(22) “Complaint committee” is a board committee composed of the complaint committee chairperson and the complaint manager.

(23) “Complaint committee chairperson” is a member of the board appointed by the board’s chairperson.

(24) “Complaint manager” is the board’s administrator or any member of the board appointed by the board’s chairperson.

(25) “Department” is the state of New Mexico regulation and licensing department.

(26) “Doctor of oriental medicine” is a physician licensed to practice acupuncture and oriental medicine pursuant to the act and as such has responsibility for his or her patient as a primary care physician or independent specialty care physician.

(27) “Detoxification” is a concept in integrative medicine based on the principle that illnesses can be caused by the accumulation of toxic substances (toxins) in the body. Therapeutic support of elimination of these toxins is detoxification.

(28) “Educational course” is a comprehensive foundation of studies, approved by the board leading to demonstration of entry level competence in the specified knowledge and skills required for the four (4) respective certifications in expanded practice. An educational course is not an educational program as this term is used in the act and the rules and as defined in 16.2.1 NMAC.

(29) “Educational program” is a board approved complete formal program that has the goal of educating a person to be qualified for licensure as a doctor of oriental medicine in New Mexico, is at least four (4) academic years and meets the requirements of Section 61-14A-14 of the act and 16.2.7 NMAC.

(30) “Expanded practice” is authorized by Section 61-14-8.1 of the act and is granted to a doctor of oriental medicine who is certified by the board after fulfilling the requirements, in addition to those necessary for licensure, defined in 16.2.19 NMAC. Expanded practice is in addition to the prescriptive authority granted all licensed doctors of oriental medicine as defined in Section 61-14A-3.G.(2) of the act.

(31) “Extern” is a current applicant undergoing supervised clinical training by an externship supervisor, and who has satisfied the application requirements for extern certification and who has received an extern certification issued by the board pursuant to 16.2.14 NMAC.

(32) “Externship” is the limited practice of oriental medicine in New Mexico by an extern supervised by an externship supervisor pursuant to 16.2.14 NMAC.

(33) “Externship supervisor” is a doctor of oriental medicine who has at least five (5) years clinical experience, maintains a clinical facility and maintains appropriate professional and facility insurance, and who has satisfied the board’s application requirements for an externship supervisor and has received an externship supervisor registration issued by the board pursuant to 16.2.14 NMAC.

(34) “Good cause” is the inability to comply because of serious accident, injury or illness, or the inability to comply because of the existence of an unforeseen, extraordinary circumstance beyond the control of the person asserting good cause that would result in undue hardship. The person asserting good cause shall have the burden to demonstrate that good cause exists.

(35) “Inactive licensee” means a licensee in good standing whose license is placed on inactive status by the board and is therefore considered an inactive license in compliance with 16.2.15 NMAC.

(36) “ICE” is the institute for credentialing excellence.

(37) “IFM” is the institute for functional medicine.

(38) “Licensee” is a doctor of oriental medicine licensed pursuant to the act.

(39) “Licensing candidate” is an applicant whose initial application for licensure as a doctor of oriental medicine has been approved by the board.

(40) “Licensure by endorsement” is a licensing procedure for the experienced practitioner who completed his initial education in acupuncture and oriental medicine prior to the establishment of current educational standards and who has demonstrated his or her competency through a combination of education, examination, authorized legal practice and clinical experience as defined in 16.2.17 NMAC. Completion of the licensure by endorsement process results in full licensure as a doctor of oriental medicine.

(41) “Limited temporary license” is a license issued under the provisions of 16.2.5.12 NMAC for the exclusive purpose of teaching a single complete course in acupuncture and oriental medicine and assisting in the implementation of new techniques in acupuncture and oriental medicine including the study of such techniques by licensed, registered, certified or legally recognized healthcare practitioners from jurisdictions other than New Mexico. A limited temporary license shall be required for any person who demonstrates, practices or performs diagnostic and treatment techniques on another person as part of teaching or assisting in the implementation of new techniques, if they are not a licensee or temporary licensee. Limited temporary licenses shall not be issued to teachers for the purpose of teaching full semester courses that are part of an approved educational program.

(42) “Live cell products” are living cells from glandular tissues and other tissues.

(43) “Natural substances” are substances that exist in or are produced by nature and have not been substantially transformed in character or use.

(44) “NCA” is a notice of contemplated action.

(45) “NCCAOM” is the national certification commission for acupuncture and oriental medicine.

(46) “Office” is the physical facility used for the practice of acupuncture and oriental medicine and auricular detoxification.

(47) “Oxidative medicine” is the understanding and evaluation of the oxidation and reduction biochemical functions of the body and the prescription or administration of substances, and the use of devices and therapies to improve the body’s oxidation and reduction function and health.

(48) “Protomorphogens” are extracts of glandular tissues.

(49) “Respondent” is the subject of the complaint.

(50) “Rules” are the rules, promulgated pursuant to the act, governing the implementation and administration of the act as set forth in 16.2 NMAC.

(51) “Supervised clinical observation” is the observation of acupuncture and oriental medical practice, in actual treatment situations under appropriate supervision.

(52) “Supervised clinical practice” is the application of acupuncture and oriental medical practice, in actual treatment situations under appropriate supervision.

(53) “Supervision” is the coordination, direction and continued evaluation at first hand of the student in training or engaged in obtaining clinical practice and shall be provided by a qualified instructor or tutor as set forth in 16.2.7 NMAC. No more than four (4) students shall be under supervision for supervised clinical practice

and no more than four students shall be under supervision for supervised clinical observation by a qualified instructor at any time.

(54) "Temporary licensee" is a doctor of oriental medicine who holds a temporary license pursuant to the act, Section 61-14-12 NMSA 1978 and 16.2.5 NMAC.

(55) "Therapeutic serum" is a product obtained from blood by removing the clot or clot components and the blood cells.

(56) "Treatment program" is an integrated program that may include medical and counseling services for disease prevention, harm reduction or the treatment or prevention of alcoholism, substance abuse or chemical dependency that is located at a fixed location or in a mobile unit and approved by the board under the provisions of 16.2.16.28 NMAC.

(57) "USP 797" is the United States pharmacopeia Chapter 797 pharmaceutical compounding. [11-3-81...7-1-96; N, 8-31-98; A, 2-17-00; 16.2.1.7 NMAC - Rn & A, 16 NMAC 2.1.7, 8-13-01; A, 4-4-02; A, 3-2-03; A, 02-15-05; A, 9-25-06; A, 11-28-09; A/E, 06-15-10; A/E, 06-15-10; Re-pr & A, 11-28-10; A, 03-02-14; Rn & A, 06-16-15]

16.2.1.8 BOARD DUTIES: In addition to its duties described in the act, the board shall:

- A. Keep a file of all approved educational programs.
- B. Issue certificates of approval of educational programs.
- C. Delegate its ministerial duties if it so chooses.
- D. Notify the governor when any board member has missed three consecutive meetings.
- E. Elect a chairperson and a vice-chairperson at the first board meeting after January first each year.
- F. The board shall perform such other duties and shall exercise such other powers as may be

conferred upon it by statute, or as may be reasonably implied from such statutory powers and duties and as may be reasonably necessary in the performance of its responsibilities under the act.

[7-15-82...7-1-96; 16.2.1.8 NMAC - Rn & A, 16 NMAC 2.1.8, 8-13-01]

16.2.1.9 PUBLIC RECORDS: All records kept by the board shall be available for public inspection pursuant to the New Mexico Inspection of Public Records Act, NMSA 1978, Section 14-2-1, et seq., except as provided herein.

A. During the course of the processing and investigation of a complaint, and before the vote of the board as to whether to dismiss the complaint or to issue a notice of contemplated action as provided in the Uniform Licensing Act, NMSA 1978, Section 61-1-1, et seq., and in order to preserve the integrity of the investigation of the complaint, records and documents that reveal confidential sources, methods, information or licensees accused, but not charged yet with a violation of the act, shall be confidential and shall not be subject to public inspection. Such records shall include evidence in any form received or compiled in connection with any such investigation of the complaint or of the licensee by or on behalf of the board by any investigating agent or agency.

B. Upon the completion of the processing and investigation of the complaint, and upon the decision of the board to dismiss the complaint or to issue a notice of contemplated action, the confidentiality privilege conferred by Subsection A of 16.2.1.9 NMAC shall dissolve, and the records, documents or other evidence pertaining to the complaint and to the investigation of the complaint shall be available for public inspection.

C. All tests and test questions by which applicants are tested shall not be available to public inspection, as there is a countervailing public policy requiring that such records remain confidential in order to ensure the integrity of a licensing exam intended to protect the public health, safety and welfare from incompetent practitioners.

D. The board or its administrator may charge a fee not to exceed one dollar per page for documents 11 inches by 17 inches or smaller in size for copying public records.

[3-19-91...7-1-96; 16.2.1.9 NMAC - Rn & A, 16 NMAC 2.1.9, 8-13-01; A, 3-2-03; A, 11-28-09; A, 02-08-13]

16.2.1.10 TELEPHONE CONFERENCES: Pursuant to the provisions of the Open Meetings Act, Section 10-15-1.C, NMSA 1978, as amended, board members may participate in a meeting of the board by means of a conference telephone or similar communications equipment when it is otherwise difficult or impossible for the member to attend the meeting in person, provided that each board member participating by conference telephone can be identified when speaking, all participants are able to hear each other at the same time and members of the public attending the meeting must be able to hear any member of the board who speaks during the meeting. Participation of a board member by such means shall constitute presence in person at the meeting.

[7-1-96; 16.2.1.10 NMAC - Rn, 16 NMAC 2.1.10, 8-13-01]

16.2.1.11 DISASTER OR EMERGENCY PROVISION: Doctors of oriental medicine, educational programs and auricular detoxification specialists currently licensed and in good standing or otherwise meeting the requirements for New Mexico licensure in a state which a federal disaster has been declared may apply for licensure in New Mexico under 16.2.1.11 NMAC during the four months following the declared disaster. The application for emergency provisional licensure shall be made to the board and shall include:

A. an application under this provision shall be made to the board that is complete and in English on a form provided by the board that shall include the applicant's name, address, date of birth and social security number accompanied by proof of identity, which may include a copy of drivers license, passport or other photo identification issued by a governmental entity; and the applicants signature on the affidavit made part of the application form;

B. an affidavit attesting to the consequences suffered by the applicant as a result of the federal disaster;

C. evidence of completion of requirements specified in 16.2.3, 16.2.4, 16.2.7, 16.2.10, and 16.2.16 NMAC; if the applicant is unable to obtain documentation from the federal declared disaster area or as a result of the declared federal disaster the board may accept other documentation in lieu of the forms required under 16.2.3, 16.2.4, 16.2.7, 16.2.10, and 16.2.16 NMAC; the board reserves the right to request additional documentation, including but not limited to, recommendation forms and work experience verification forms prior to approving licensure;

D. exceptions may be made for good cause;

E. an affidavit certifying that all the documents submitted with the application are true and accurate or are faithful copies of the original;

F. nothing in this section shall constitute a waiver of the requirements for licensure contained in 16.2.3, 16.2.4, 16.2.7, 16.2.10, and 16.2.16 NMAC; and

H. the applicant is responsible for reading, understanding and complying with the state of New Mexico laws and rules regarding this application as well as the practice of acupuncture and oriental medicine. [16.2.1.11 NMAC - N, 9-25-06; A, 11-28-09]

History of 16.2.1 NMAC:

Pre-NMAC History:

AB 81-1, Regulations Governing Acupuncture Practitioners, 10-5-81

AB 82-1, Regulations Governing Acupuncture Practitioners, 6-16-82

AB 84-1, Regulations Governing Acupuncture Practitioners, Tutors and Institutes, 3-13-84

BCD 87-1, Emergency Regulations Governing Acupuncture Practitioners, Tutors and Institutes, 10-30-87

ACU 88-1 Regulations Governing Acupuncture Practitioners, Tutors and Institutes, 3-13-89

ACU 91-1, Regulations Governing Acupuncture Practitioners, Tutors, and Institutes Definitions, 2-18-91

Rule 1, Regulations Governing Acupuncture Practitioners, Tutors, and Institutes Authority and Purpose, 8-28-92

Rule 2, Regulations Governing Acupuncture Practitioners, Tutors, and Institutes Definitions, 8-28-92

ACU Rule 91-3, Regulations Governing Acupuncture Practitioners, Tutors, and Institutes Administrative Requirements, 2-18-91

Rule 3, Regulations Governing Acupuncture Practitioners, Tutors, and Institutes Administrative Requirements, 1-26-93

ACU Rule 91-13, Regulations Governing Acupuncture Practitioners, Tutors, and Institutes Board Duties, 2-18-91

Rule 13, Regulations Governing Acupuncture Practitioners, Tutors, and Institutes Board Duties, 8-28-92

ACU Rule 91-15, Regulations Governing Acupuncture Practitioners, Tutors, and Institutes Pertaining to Open Meeting, Public Records, and Confidentiality, 2-18-91

Rule 15, Regulations Governing Acupuncture Practitioners, Tutors, and Institutes Pertaining to Open Meetings, Public Records and Confidentiality, 8-28-92

History of Repealed Material: [Reserved]

Other History:

Material in this part was derived from that previously filed with the commission of public records - state records center and archives as: 16 NMAC 2.1, Acupuncture and Oriental Medicine - General Provisions, filed 06-14-96 -- renumbered, reformatted and amended to 16.2.1 NMAC, effective 08-13-2001.

TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING
CHAPTER 2 ACUPUNCTURE AND ORIENTAL MEDICINE PRACTITIONERS
PART 2 SCOPE OF PRACTICE

16.2.2.1 ISSUING AGENCY: New Mexico Board of Acupuncture and Oriental Medicine.
[16.2.2.1 NMAC - Rp, 16.2.2.1 NMAC, 02-15-05]

16.2.2.2 SCOPE: All licensed doctors of oriental medicine, all licensed doctors of oriental medicine certified for expanded practice as defined in 16.2.19 NMAC, temporary licensees engaging in only those activities authorized on the temporary license, externs engaging in only those activities authorized by the externship and students enrolled in an educational program in acupuncture and oriental medicine approved by the board working under the direct supervision of a teacher at the approved educational program as part of the educational program in which they are enrolled.
[16.2.2.2 NMAC - Rp, 16.2.2.2 NMAC, 02-15-05; A, 11-28-09]

16.2.2.3 STATUTORY AUTHORITY: This part is promulgated pursuant to the Acupuncture and Oriental Medicine Practice Act, Sections 61-14A-3, 4, 6, 8 and 8.1 NMSA 1978.
[16.2.2.3 NMAC - Rp, 16.2.2.3 NMAC, 02-15-05]

16.2.2.4 DURATION: Permanent.
[16.2.2.4 NMAC - Rp, 16.2.2.4 NMAC, 02-15-05]

16.2.2.5 EFFECTIVE DATE: 02-15-05, unless a later date is cited at the end of a section.
[16.2.2.5 NMAC - Rp, 16.2.2.5 NMAC, 02-15-05]

16.2.2.6 OBJECTIVE: This part clarifies the scope of practice of doctors of oriental medicine, temporary licensees, externs and students and doctors of oriental medicine certified for expanded practice.
[16.2.2.6 NMAC - Rp, 16.2.2.6 NMAC, 02-15-05; A, 11-28-09]

16.2.2.7 DEFINITIONS: Refer to definitions in 16.2.1.7 NMAC (Section 7 of Part 1 of the rules).
[16.2.2.7 NMAC - Rp, 16.2.2.7 NMAC, 02-15-05]

16.2.2.8 SCOPE OF PRACTICE: Pursuant to Section 61-14A-3 NMSA 1978, the practice of oriental medicine in New Mexico is a distinct system of primary health care with the goal of prevention, cure, or correction of any disease, illness, injury, pain or other physical or mental condition by controlling and regulating the flow and balance of energy, form and function to restore and maintain health. Oriental medicine includes all traditional and modern diagnostic, prescriptive and therapeutic methods utilized by practitioners of acupuncture and oriental medicine. The scope of practice of doctors of oriental medicine shall include but is not limited to:

- A. evaluation, management and treatment services;
- B. diagnostic examination, testing and procedures;
- C. the ordering of diagnostic imaging procedures and laboratory or other diagnostic tests;
- D. the surgical procedures of acupuncture and other related procedures;
- E. the stimulation of points, areas of the body or substances in the body using qi, needles, heat, cold, color, light, infrared and ultraviolet, lasers, sound, vibration, pressure, magnetism, electricity, electromagnetic energy, bleeding, suction, or other devices or means;
- F. physical medicine modalities, procedures and devices;
- G. therapeutic exercises, qi exercises, breathing techniques, meditation, and the use of biofeedback devices and other devices that utilize heat, cold, color, light, infrared and ultraviolet, lasers, sound, vibration, pressure, magnetism, electricity, electromagnetic energy and other means therapeutically;
- H. dietary and nutritional counseling and the prescription or administration of food, beverages and dietary supplements therapeutically;
- I. counseling and education regarding physical, emotional and spiritual balance in lifestyle;
- J. prescribing, administering, combining, providing, compounding and dispensing any non-injectable herbal medicine, homeopathic medicines, vitamins, minerals, enzymes, glandular products, natural substances, protomorphogens, live cell products, amino acids, dietary and nutritional supplements; cosmetics as they are defined

in the New Mexico Drug, Device and Cosmetic Act and nonprescription drugs as they are defined in the Pharmacy Act;

K. the prescription or administration of devices, restricted devices and prescription devices as defined in the New Mexico Drug, Device and Cosmetic Act (Section 26-1-1 NMSA 1978) by a doctor of oriental medicine who meets the requirements of 16.2.2.9 NMAC.

[16.2.2.8 NMAC - Rp, 16.2.2.8 NMAC, 02-15-05; A, 11-28-09]

16.2.2.9 DEVICES, RESTRICTED DEVICES AND PRESCRIPTION DEVICES: The board determines that devices, restricted devices and prescription devices as defined in the New Mexico Drug, Device and Cosmetic Act (Section 26-1-1 NMSA 1978) are necessary in the practice of oriental medicine. Doctors of oriental medicine who have the training recommended by the manufacturer of the device shall be authorized to prescribe, administer or dispense the device.

[16.2.2.9 NMAC - Rp, 16.2.2.9 NMAC, 02-15-05; A, 11-28-09]

16.2.2.10 SCOPE OF PRACTICE FOR EXPANDED PRACTICE:

A. In addition to the scope of practice for a licensed New Mexico doctor of oriental medicine, the scope of practice for those certified in expanded practice shall include certification in any or all of the following modules: basic injection therapy, injection therapy, intravenous therapy and bioidentical hormone therapy. practitioners previously certified as Rx1 extended prescriptive authority, will be certified for basic injection therapy and practitioners previously certified as Rx2 expanded prescriptive authority, will be certified for injection therapy, intravenous therapy and bioidentical hormone therapy.

B. The expanded practice shall include:

(1) the prescribing, administering, compounding and dispensing of herbal medicines, homeopathic medicines, vitamins, minerals, amino acids, proteins, enzymes, carbohydrates, lipids, glandular products, natural substances, natural medicines, protomorphogens, live cell products, gerovital, dietary and nutritional supplements, cosmetics as they are defined in the New Mexico Drug, Device and Cosmetic Act (26-1-1 NMSA 1978) and nonprescription drugs as they are defined in the Pharmacy Act (61-11-1 NMSA 1978); and

(2) the prescribing, administering, compounding and dispensing of the following dangerous drugs or controlled substances as they are defined in the New Mexico Drug, Device and Cosmetic Act, the Controlled Substances Act (30-31-1 NMSA 1978) or the Pharmacy Act:

- (a) sterile water;
- (b) sterile saline;
- (c) sarapin or its generic;
- (d) caffeine;
- (e) procaine;
- (f) oxygen;
- (g) epinephrine;
- (h) vapocoolants;
- (i) bioidentical hormones; and
- (j) biological products, including therapeutic serum.

C. When compounding drugs for their patients, doctors of oriental medicine certified for expanded practice and prescriptive authority shall comply with the compounding requirements for licensed health care professionals in the United States pharmacopeia and national formulary.

[16.2.2.10 NMAC - N, 02-15-05; A, 11-28-09]

16.2.2.11 [RESERVED]

[16.2.2.11 NMAC - Rp 16.2.2.10 NMAC, 02-15-05; Repealed, 11-28-09]

16.2.2.12 PRESCRIPTION PADS: A doctor of oriental medicine, when prescribing, shall use prescription pads imprinted with his name, address, telephone number and license number. If a doctor of oriental medicine is using a prescription pad printed with the names of more than one doctor of oriental medicine, each doctor of oriental medicine shall have a separate signature line indicating the name and license number. Each specific prescription shall indicate the name of the doctor of oriental medicine for that prescription.

[16.2.2.12 NMAC - Rp 16.2.2.11 NMAC, 02-15-05; A, 11-28-09]

16.2.2.13 [RESERVED]

[16.2.2.13 NMAC - N, 02-15-05; Repealed, 11-28-09]

16.2.2.14 [RESERVED]

[16.2.2.14 NMAC - N, 02-15-05; Repealed, 11-28-09]

History of 16.2.2 NMAC:

Pre-NMAC History: The material in this part was derived from that previously filed with the commission of public records - state records center and archives as:

AB 81-1, Regulations Governing Acupuncture Practitioners, filed 10-05-81;

AB 82-1, Regulations Governing Acupuncture Practitioners, filed 06-16-82;

AB 84-1, Regulations Governing Acupuncture Practitioners, Tutors, and Institutes, filed 03-13-84;

BCD 87-1 Regulations Governing Acupuncture Practitioners, Tutors, and Institutes, filed 10-30-87;

ACU 88-1, Regulations Governing Acupuncture Practitioners, Tutors, and Institutes, filed 03-13-89;

ACU 91-11, Regulations Governing Acupuncture Practitioners, Tutors, and Institutes - Scope of Practice, filed 02-18-91;

ACU 91-11, Regulations Governing Acupuncture Practitioners, Tutors, and Institutes - Scope of Practice, filed 05-11-92;

Rule 11, Regulations Governing Acupuncture Practitioners, Tutors, and Institutes - Scope of Practice, filed 08-28-92;

Rule 11, Regulations Governing Acupuncture Practitioners, Tutors, and Institutes - Scope of Practice, filed 12-19-94.

History of Repealed Material: 16.2.2 NMAC, Scope of Practice (filed 09-15-2000) repealed 02-15-05.

Other History:

Rule 11, Regulations Governing Acupuncture Practitioners, Tutors, and Institutes - Scope of Practice (filed 12-19-94) was renumbered, reformatted and amended to 16 NMAC 2.2, Acupuncture and Oriental Medicine - Scope of Practice, effective 07-01-96.

16 NMAC 2.2, Acupuncture and Oriental Medicine - Scope of Practice (filed 06-14-96) was renumbered, reformatted, amended and replaced by 16.2.2 NMAC, Scope of Practice, effective 10-15-2000.

16.2.2 NMAC, Scope of Practice (filed 09-15-2000) was replaced by 16.2.2 NMAC, Scope of Practice, effective 02-15-05.

TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING
CHAPTER 2 ACUPUNCTURE AND ORIENTAL MEDICINE PRACTITIONERS
PART 3 APPLICATION FOR LICENSURE

16.2.3.1 ISSUING AGENCY: New Mexico Board of Acupuncture and Oriental Medicine
[7/1/1996; 16.2.3.1 NMAC - Rn, 16 NMAC 2.3.1, 5/20/2000]

16.2.3.2 SCOPE: All applicants for licensure as doctors of oriental medicine.
[7/1/1996; 16.2.3.2 NMAC - Rn, 16 NMAC 2.3.2, 5/20/2000]

16.2.3.3 STATUTORY AUTHORITY: This part is promulgated pursuant to the Acupuncture and Oriental Medicine Practice Act, Subsections 6, 8, 9 and 10 of 61-14A-4 NMSA 1978.
[7/1/1996; 8/31/1998; 16.2.3.3 NMAC - Rn, 16 NMAC 2.3.3, 5/20/2000]

16.2.3.4 DURATION: Permanent.
[7/1/1996; 16.2.3.4 NMAC - Rn, 16 NMAC 2.3.4, 5/20/2000]

16.2.3.5 EFFECTIVE DATE: July 1, 1996, unless a later date is cited at the end of a section.
[7/1/1996; 4/1/1997; 16.2.3.5 NMAC - Rn, 16 NMAC 2.3.5, 5/20/2000]

16.2.3.6 OBJECTIVE: This part lists the requirements that an applicant must fulfill in order to apply for licensure as a doctor of oriental medicine.
[7/1/1996; 16.2.3.6 NMAC - Rn & A, 16 NMAC 2.3.6, 5/20/2000; A, 7/27/2001]

16.2.3.7 DEFINITIONS: Refer to definitions in Section 7 of 16.2.1 NMAC.
[7/1/1996; 16.2.3.7 NMAC - Rn, 16 NMAC 2.3.7, 5/20/2000; A, 2/15/2005]

16.2.3.8 GENERAL REQUIREMENTS:

A. Any applicant who has been subject to any action or proceeding comprehended by Subsection A of 16.2.3.8 NMAC (Part 3 of the Rules) may be subject to disciplinary action, including denial, suspension or revocation of licensure, pursuant to the provisions of NMSA 1978, Section 61-14A-17; and subject to the Uniform Licensing Act, NMSA 1978, Section 61-1-1, et seq., and subject to the Criminal Offender Employment Act, NMSA 1978, Section 28-2-1, et seq.

B. Any applicant who provides the board with false information or makes a false statement to the board may be subject to disciplinary action, including denial, suspension or revocation of licensure, pursuant to the provisions of Section 61-14A-17 NMSA 1978, and to the Uniform Licensing Act, NMSA 1978, Section 61-1-1, et seq.
[7/1/1996, 8/31/1998; 16.2.3.8 NMAC - Rn, 16 NMAC 2.3.8, 5/20/2000; A, 7/27/2001; A, 3/2/2003]

16.2.3.9 EDUCATIONAL PROGRAM REQUIREMENTS: Every applicant shall provide satisfactory proof that he completed a board approved educational program as defined in 61-14A-14 NMSA 1978 and 16.2.7 NMAC. If the educational program is no longer in existence, or if the applicant's records are not available for good cause, the applicant shall submit an affidavit so stating and shall identify the educational program, and shall provide the address, dates of enrollment, and curriculum completed, along with such other information and documents as the board shall deem necessary. The board, in its sole and sound discretion, may accept or reject as adequate and sufficient such evidence presented in lieu of the records otherwise required.
[11/3/1981...7/1/1996; 8/31/1998; 5/15/1999; 16.2.3.9 NMAC - Rn, 16 NMAC 2.3.9, 5/20/2000; A, 7/27/2001; A, 2/15/2005; A, 11/28/2009]

16.2.3.10 INITIAL LICENSURE APPLICATION: Upon approval of an application for licensure that fulfills the requirements listed below, the board shall issue a license that will be valid until July 31 following the initial licensure, except that licenses initially issued after May 1 will not expire until July 31 of the next renewal period as defined in Section 9 of 16.2.8 NMAC; the application requirements for a license shall be receipt of the following by the board:

A. the fee for application for licensure specified in 16.2.10 NMAC;

- B.** an application for licensure that is complete and in English on a form provided by the board that shall include the applicant's name, address, date of birth and social security number, if available;
- C.** two passport-type photographs of the applicant taken not more than six months prior to the submission of the application;
- D.** an affidavit as provided on the "initial licensure application" as to whether the applicant:
- (1)** has been subject to any disciplinary action in any jurisdiction related to the practice of acupuncture and oriental medicine, or related to any other profession including other health care professions for which the applicant is licensed, certified, registered or legally recognized to practice including resignation from practice, withdrawal or surrender of applicants license, certificate or registration during the pendency of disciplinary proceedings or investigation for potential disciplinary proceedings;
 - (2)** has been a party to litigation in any jurisdiction related to the applicants practice of acupuncture and oriental medicine, or related to any other profession including other health care professions for which the applicant is licensed, certified, registered or legally recognized to practice;
 - (3)** has been convicted of a felony in any jurisdiction, including any finding of guilt by a court or jury, or any plea of guilty, or any plea of nolo contendere or no contest, or plea or disposition of conditional discharge, and including any such proceeding in which a sentence was imposed, suspended or deferred;
 - (4)** is in arrears on a court-ordered child support payment; or
 - (5)** has violated any provision of the act or the rules;
- E.** an official license history, which is a certificate from each jurisdiction stating the disciplinary record of the applicant, from each jurisdiction where the applicant has been licensed, certified, registered or legally recognized to practice any profession, including health care professions, in any jurisdiction, pursuant to any authority other than the New Mexico Acupuncture and Oriental Medicine Practice Act;
- F.** an affidavit as provided on the "initial licensure application" stating that the applicant understands that:
- (1)** an applicant who has been subject to any action or proceeding comprehended by Subsection D of 16.2.3.10 NMAC may be subject to disciplinary action at any time, including denial, suspension or revocation of licensure, pursuant to the provisions of the act, NMSA 1978, Section 61-14A-17; and subject to the Uniform Licensing Act, NMSA 1978, Section 61-1-1, et seq., and subject to the Criminal Offender Employment Act, NMSA 1978, Section 28-2-1, et seq.; and
 - (2)** an applicant who provides the board with false information or makes a false statement to the board may be subject to disciplinary action, including denial, suspension or revocation of licensure, pursuant to the provisions of the act, NMSA 1978, Section 61-14A-17, and the Uniform Licensing Act, NMSA 1978, Section 61-1-1, et seq.;
- G.** an affidavit as provided on the "initial licensure application" stating that the applicant understands that:
- (1)** the applicant is responsible for reading, understanding and complying with the state of New Mexico laws and rules regarding this application as well as the practice of acupuncture and oriental medicine;
 - (2)** the license must be renewed annually by July 31; and
 - (3)** the applicant must notify the board within ten days if the applicant's address changes;
- H.** a copy of the applicant's certificate or diploma from an educational program evidencing completion of the required program; this copy shall include on it an affidavit certifying that it is a true copy of the original;
- I.** an official copy of the applicant's transcript that shall be sent directly to the board in a sealed envelope by the educational program from which the applicant received the certificate or diploma, and that shall verify the applicant's satisfactory completion of the required academic and clinical education and that shall designate the completed subjects and the hours of study completed in each subject; or this copy of the transcript shall remain in the closed envelope secured with the official seal of the educational program and shall be sent by the applicant to the board along with the applicant's application for licensure; and
- J.** an accurate translation in English of all documents submitted in a foreign language; each translated document shall bear the affidavit of the translator certifying that he or she is competent in both the language of the document and the English language and that the translation is a true and faithful translation of the foreign language original; each translated document shall also bear the affidavit of the applicant certifying that the translation is a true and faithful translation of the original; each affidavit shall be signed before a notary public; the translation of any document relevant to an application shall be at the expense of the applicant.
- K.** proof of current Basic Life Support, BLS, and CPR with proof of having completed an American heart association or American red cross approved course; hands-on supervised practice of clinical skills is required;

the didactic portion may be completed on-line; a current copy of this card shall be submitted to the board at the time of application.

[11/3/1981...7/1/1996; 8/31/1998; 5/15/1999, 12/1/1999; 16.2.3.13 NMAC - Rn & A, 16 NMAC 2.3.13, 5/20/2000; 16.2.3.10 NMAC - Rn, 16.2.3.13 NMAC, 7/27/2001; A, 7/27/2001; A, 3/2/2003; A, 2/15/2005; A, 11/28/2009; A, 2/8/2013; A, 6/16/2015; A, 1/4/2020]

16.2.3.11 EXAMINATION REQUIREMENTS: The examination requirements specified in 16.2.4 NMAC shall be received at the board office within 24 months of the receipt of the initial application at the board office.

[11/3/1981...7/1/1996; 8/31/1998; 5/15/1999, 12/1/1999; 16.2.3.13 NMAC - Rn & A, 16 NMAC 2.3.13, 5/20/2000; 16.2.3.11 NMAC - Rn, 16.2.3.13 NMAC, 7/27/2001; A, 7/27/2001; A, 2/15/2005; A, 11/28/2009; A, 2/8/2013; A, 1/4/2020]

16.2.3.12 DOCUMENTS IN A FOREIGN LANGUAGE: All documents submitted in a foreign language must be accompanied by an accurate translation in English. Each translated document shall bear the affidavit of the translator certifying that he or she is competent in both the language of the document and the English language and that the translation is a true and faithful translation of the foreign language original. Each translated document shall also bear the affidavit of the applicant certifying that the translation is a true and faithful translation of the original. Each affidavit shall be signed before a notary public. The translation of any document relevant to an applicant's application shall be at the expense of the applicant.

[11/3/1981...7/1/1996; 16.2.3.14 NMAC - Rn, 16 NMAC 2.3.14, 5/20/2000; 16.2.3.12 NMAC - Rn, 16.2.3.14 NMAC, 7/27/2001; A, 2/15/2005]

16.2.3.13 SUFFICIENCY OF DOCUMENT: The board shall determine the sufficiency of the documentation that supports the application for licensure. The board may, at its discretion, request further proof of qualifications or require a personal interview with any applicant to establish his or her qualifications. If requested by the board, all further proof of qualifications shall be received at the board office at least 45 days before the clinical skills examination date. Any required personal interview will be scheduled as determined by the board.

[11/3/1981...7/1/1996; 2/17/2000; 16.2.3.15 NMAC - Rn & A, 16 NMAC 2.3.15, 5/20/2000; 16.2.3.13 NMAC - Rn, 16.2.3.15 NMAC, 7/27/2001; A, 7/27/2001; A, 3/2/2003; A, 11/28/2009]

16.2.3.14 DEADLINE FOR COMPLETING ALL REQUIREMENTS FOR LICENSURE:

Documentation required for licensure shall be received at the board office no later than 24 months after the initial application is received at the board office.

[11/3/1981...7/1/1996; 4/1/1997, 5/15/1999; 16.2.3.16 NMAC - Rn & A, 16 NMAC 2.3.16, 5/20/2000; 16.2.3.14 NMAC - Rn, 16.2.3.16 NMAC, 7/27/2001; A, 7/27/2001; A, 11/28/2009; A, 2/8/2013; A, 1/4/2020]

16.2.3.15 NOTIFICATION OF LICENSURE: The applicant shall be notified of approval or denial of his completed application requirements including examination requirements by mail postmarked no more than 21 days from the board's receipt of all required documentation. The board shall issue a license to all applicants who have met the requirements of 16.2.3 NMAC and 16.2.4 NMAC.

[11/3/1981...7/1/1996; 4/1/1997, 5/15/1999; 16.2.3.17 NMAC - Rn & A, 16 NMAC 2.3.17, 5/20/2000; 16.2.3.15 NMAC - Rn, 16.2.3.17 NMAC, 7/27/2001; A, 7/27/2001; A, 11/28/2009]

16.2.3.16 EXPIRATION AND ABANDONMENT OF APPLICATION: If all application requirements have not been met within 24 months of the initial application, the application will expire and will be deemed abandoned. Exceptions may be made, at the board's discretion, for good cause. If the application is abandoned and the applicant wants to reapply for licensure, the applicant shall be required to submit the completed current application form, pay the current application fee and satisfy the requirements for licensure then in effect at the time of the new application.

[11/3/1981...7/1/1996; 2/17/2000; 16.2.3.18 NMAC - Rn & A, 16 NMAC 2.3.18, 5/20/2000; 16.2.3.16 NMAC - Rn, 16.2.3.18 NMAC, 7/27/2001; A, 7/27/2001; A, 2/15/2005; A, 11/28/2009; A, 6/16/2015]

History of 16.2.3 NMAC:

Pre-NMAC History: The material in this part was derived from that previously filed with the commission of public records - state records center and archives as:

AB 81-1, Regulations Governing Acupuncture Practitioners, filed 10/5/1981;
AB 82-1, Regulations Governing Acupuncture Practitioners, filed 6/16/1982;
AB 84-1, Regulations Governing Acupuncture Practitioners, Tutors and Institutes, filed 3/13/1984;
BCD 87-1, Emergency Regulations Governing Acupuncture Practitioners, Tutors and Institutes, filed 10/30/1987;
ACU 88-1 Regulations Governing Acupuncture Practitioners, Tutors and Institutes, filed 3/13/1989;
ACU Rule 91-5, Regulations Governing Acupuncture Practitioners, Tutors, and Institutes Applications, filed 2/8/1991;
Rule 5, Regulations Governing Acupuncture Practitioners, Tutors, and Institutes, Application for Licensing, filed 1/26/1993.

History of Repealed Material: 16.2.3.10 NMAC, 16.2.3.11 NMAC, and 16.2.3.12 NMAC (all filed 4/20/2000) repealed effective 7/27/2001.

Other History:

Rule 5, Regulations Governing Acupuncture Practitioners, Tutors, and Institutes, Application for Licensing (filed 1/26/1993) renumbered, reformatted and replaced by 16 NMAC 2.3, Application for Licensure, effective 7/1/1996. 16 NMAC 2.3, Application for Licensure (filed 6/14/1996) renumbered, reformatted, amended and replaced as 16.2.3 NMAC effective 5/20/2000.

TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING
CHAPTER 2 ACUPUNCTURE AND ORIENTAL MEDICINE PRACTITIONERS
PART 4 EXAMINATIONS

16.2.4.1 ISSUING AGENCY: New Mexico Board of Acupuncture and Oriental Medicine.
[7/1/1996; 16.2.4.1 NMAC -Rn, 16 NMAC 2.4.1, 5/20/2000]

16.2.4.2 SCOPE: All applicants for licensure as doctors of oriental medicine.
[7/1/1996; 16.2.4.2 NMAC - Rn, 16 NMAC 2.4.2, 5/20/2000]

16.2.4.3 STATUTORY AUTHORITY: This part is promulgated pursuant to the Acupuncture and Oriental Medicine Practice Act, Sections 61-14A-8, 9, 10(F) and 11, NMSA 1978.
[7/1/1996; 16.2.4.3 NMAC - Rn, 16 NMAC 2.4.3, 5/20/2000]

16.2.4.4 DURATION: Permanent.
[7/1/1996; 16.2.4.4 NMAC - Rn, 16 NMAC 2.4.4, 5/20/2000]

16.2.4.5 EFFECTIVE DATE: July 1, 1996, unless a later date is cited at the end of a section.
[7/1/1996, 4/1/1997; 16.2.4.5 NMAC - Rn & A, 16 NMAC 2.4.5, 5/20/2000]

16.2.4.6 OBJECTIVE: This part clarifies the contents, language, number and type of the examinations for licensure, the requirements for issuance of a license, the frequency of examination administration and re-examination requirements in the event of a failing score.
[7/1/1996; 16.2.4.6 NMAC - Rn, 16 NMAC 2.4.6, 5/20/2000; A, 7/26/2001]

16.2.4.7 DEFINITIONS: Refer to definitions in 16.2.1.7 NMAC (Section 7 of Part 1 of the rules).
[7/1/1996; 16.2.4.7 NMAC - Rn, 16 NMAC 2.4.7, 5/20/2000; A, 2/15/2005]

16.2.4.8 APPROVED EXAMINATIONS: The board approved examinations shall consist of a written examination portion and a practical examination portion. All required NCCAOM examinations must be completed prior to taking the clinical skills examination.

A. The written examinations approved by the board shall be:

- (1) the national certification commission for acupuncture and oriental medicine foundations of oriental medicine module;
- (2) the national certification commission for acupuncture and oriental medicine acupuncture module;
- (3) the national certification commission for acupuncture and oriental medicine Chinese herbology module;
- (4) the national certification commission for acupuncture and oriental medicine biomedicine module;
- (5) the national certification commission for acupuncture and oriental medicine approved clean needle technique course; and
- (6) the board approved and board administered jurisprudence examination covering the act and the rules.

B. The practical examinations approved by the board shall be:

- (1) the national certification commission for acupuncture and oriental medicine point location module; and
- (2) the clinical skills examination; the clinical skills examination includes examination in acupuncture, herbal medicine and biomedicine competencies.

C. The board may adopt such other examinations as may be necessary for psychometric evaluation of its approved examinations.

[11/3/1981...7/1/1996; 4/1/1997, 8/31/1998, 5/15/1999, 7/3/1999; 16.2.4.8 NMAC - Rn & A, 16 NMAC 2.4.8, 5/20/2000; A, 7/26/2001; A, 2/15/2005; A, 11/28/2009; A, 1/4/2020]

16.2.4.9 EXAMINATION LANGUAGE: All examinations required by the board shall be given in English.

[11/3/1981...7/1/1996; 16.2.4.9 NMAC - Rn, 16 NMAC 2.4.9, 5/20/2000; A, 7/26/2001]

16.2.4.10 EXAMINATION REQUIREMENTS FOR LICENSURE: The following shall be the examination requirements for licensure. All fees for nationally recognized examinations shall be paid by the applicant and are not included in fees charged by the board.

A. Achievement of a passing score as determined by the national certification commission for acupuncture and oriental medicine (NCCAOM) on each of the following prior to taking the clinical skills exam:

- (1) the NCCAOM foundations of oriental medicine module;
- (2) the NCCAOM acupuncture module;
- (3) the NCCAOM Chinese herbology module;
- (4) the NCCAOM biomedicine module; and
- (5) the NCCAOM point location module.

B. Achievement of a passing score of at least 75 percent on the clinical skills examination. To determine a passing score when the applicant is examined by more than one examiner, if the applicant is examined by two examiners, the applicant must receive a score of at least 75 percent after both scores are averaged and if the applicant is examined by three examiners, the applicant must receive a score of at least 75 percent from a majority of the examiners.

C. Successful completion of the national certification commission for acupuncture and oriental medicine approved clean needle technique course.

D. Achievement of a passing score of not less than 90 percent on the board approved and board administered jurisprudence examination covering the act and the rules.

E. Applicants who completed the national certification commission for acupuncture and oriental medicine (NCCAOM) examinations in acupuncture and Chinese herbology prior to June 2004 are not required to pass the NCCAOM foundations of oriental medicine module.

[11/3/1981...7/1/1996; 4/1/1997, 8/31/1998, 5/15/1999; 16.2.4.10 NMAC - Rn, 16 NMAC 2.4.10, 5/20/2000; A, 7/26/2001; A, 2/15/2005; A, 11/28/2009; A, 1/4/2020]

16.2.4.11 CLINICAL SKILLS EXAMINATION FREQUENCY AND DEADLINES: The board shall hold a clinical skills examination at least once each year provided that applications for licensure are pending. The initial application specified in 16.2.3.11 NMAC shall be received at the board office at least 60 calendar days before the next scheduled clinical skills examination date. The board shall send a written response to the applicant informing the applicant of the application's completeness or needed documentation postmarked at least 45 calendar days before the next scheduled clinical skills examination date. All documentation required to complete the initial application for licensure shall be received at the board office at least 35 calendar days before the next scheduled clinical skills examination date. If the application requirements are received at the board office after a deadline, the application will be held and not processed until the deadline schedule for the next subsequent clinical skills examination. The applicant shall be notified of approval or denial of his or her completed initial application for licensure specified in 16.2.3.11, by mail or electronic means at least 25 calendar days prior to the next scheduled clinical skills examination date.

[11/3/1981...7/1/1996; 16.2.4.11 NMAC - Rn, 16 NMAC 2.4.11, 5/20/2000; A, 7/26/2001; A, 03/02/2003; A, 11/28/2009; A, 1/4/2020]

16.2.4.12 CLINICAL SKILLS EXAMINATION CONFIRMATION: The board approved confirmation card, provided to the applicant, shall be sent to the applicant within fifteen days of receipt of the clinical skills examination fee specified in 16.2.10 NMAC. Confirmation of clinical exam passage will be valid for 24 months from the date of initial application. After 24 months have passed, the applicant will have to retake the clinical exam and reapply as a new applicant and pay required fees specified in 16.2.10 NMAC.

[16.4.2.12 NMAC - N, 7/26/2001; A, 03/02/2003; A, 11/28/2009; A, 1/4/2020]

16.2.4.13 PAYMENT OF CLINICAL SKILLS EXAMINATION FEE: The non refundable clinical skills examination fee specified in 16.2.10 NMAC shall be paid by check or money order in U.S. funds and received in the board's office at least 31 calendar days prior to the next scheduled clinical skills examination.

[11/3/1981...7/1/1996; 4/1/1997; N, 8/31/1998, 5/15/1999, 2/17/2000; 16.2.4.12 NMAC - Rn & A, 16 NMAC 2.4.12, 5/20/2000; 16.2.4.13 NMAC - Rn, 16.2.4.12 NMAC, 7/26/2001; A, 7/26/2001; A, 03/02/2003; A, 11/28/2009; A, 2/8/2013; A, 6/16/2015; A, 1/4/2020]

16.2.4.14 CLINICAL SKILLS EXAMINATION COMMITMENT: Upon receipt of the clinical skills examination fee for the next scheduled clinical skills examination, the applicant shall sit for the exam or forfeit the fee. The non-refundable clinical skills examination fee may be applied to a subsequent exam only as provided in Section 15 of 16.2.4 NMAC.

[11/3/1981...7/1/1996; 4/1/1997; N, 8/31/1998, 5/15/1999, 2/17/2000; 16.2.4.13 NMAC - Rn, 16 NMAC 2.4.13, 5/20/2000; 16.2.4.14 NMAC - Rn, 16.2.4.13 NMAC, 7/26/2001; A, 7/26/2001; A, 03/02/2003; A, 11/28/2009]

16.2.4.15 FORFEITURE OF CLINICAL SKILLS EXAMINATION FEE: Once the clinical skills examination fee is received in the board office, the applicant shall take the next scheduled clinical skills examination or forfeit the clinical skills examination fee. Under special circumstances the applicant may be allowed to take the next subsequent scheduled clinical skills examination without paying an additional examination fee.

[3/23/1993...7/1/1996; 4/1/1997; N, 8/31/1998, 5/15/1999, 2/17/2000; 16.2.4.14 NMAC - Rn & A, 16 NMAC 2.4.14, 5/20/2000; 16.2.4.15 NMAC - Rn, 16.2.4.14 NMAC, 7/26/2001; A, 7/26/2001; A, 3-02-03; A, 6/16/2015; A, 9/15/2015]

16.2.4.16 FAILING SCORE: In the event that an applicant fails to achieve a passing score on the clinical skills examination, he may apply as provided in 16.2.4.17 NMAC, and must pay the required fees.

[11/3/1981...7/1/1996; 4/1/1997; Rn, 16 NMAC 2.4.12, 8/31/1998, 5/15/1999, 2/17/2000; 16.2.4.15 NMAC - Rn, 16 NMAC 2.4.15, 5/20/2000; 16.2.4.16 NMAC - Rn, 16.2.4.15 NMAC, 7/26/2001; A, 7/26/2001; A, 11/28/2009]

16.2.4.17 RE-EXAMINATION: Applicants who have failed the clinical skills examination may apply to take the next subsequent clinical skills examination. The applicant shall notify the board of his commitment to take the next subsequent clinical skills examination with a written and signed letter received at the board office at least 60 days before the next clinical skills examination date. The applicant shall then be notified by the board of his acceptance to take the next clinical skills examination by mail or electronic means at least 45 days prior to the next scheduled clinical skills examination date. The applicant shall pay the clinical skills examination fee in accordance with the provisions of 16.2.4.13 NMAC. If the applicant does not pass the next scheduled clinical skills examination, the applicant shall file a new application on the current form provided by the board, pay all the required fees, and satisfy all current requirements in effect at the time the application is made. If the applicant passes the exam, but does not complete license application within 24 months, the applicant will have to reapply as an initial applicant.

[7/1/1996; 4/1/1997; Rn, 16 NMAC 2.4.13, 8/31/1998, 5/15/1999, 2/17/2000; 16.2.4.16 NMAC - Rn, 16 NMAC 2.4.16, 5/20/2000; A, 10/22/2000; 16.2.4.17 NMAC - Rn, 16.2.4.16 NMAC, 7/26/2001; A, 7/26/2001; A, 11/28/2009; A, 1/4/2020]

16.2.4.18 EXAMINERS: The board shall select a group of doctors of oriental medicine to act as examiners for the clinical skills examination. These examiners shall have had five years of clinical experience at the time they are selected. The board or its designated agent shall train these examiners to judge applicants taking the board approved clinical skills examination in the application of the diagnostic and treatment techniques of acupuncture and oriental medicine.

[Rn, 16 NMAC 2.4.16, 8/31/1998; A, 8/31/1998; 16.2.4.19 NMAC - Rn, & A, 16 NMAC 2.4.19, 5/20/2000; 16.2.4.18 NMAC - Rn, 16.2.4.19 NMAC, 7/26/2001; A, 7/26/2001; A, 11/28/2009]

16.2.4.19 REVIEW OF CLINICAL SKILLS EXAMINATION SCORE: Applicants may request review of their clinical skills examination results by the board or its examination committee for significant procedural or computational error if such review request is received in writing at the board office within 25 calendar days of notification to the applicant of the clinical skills examination results.

[Rn, 16 NMAC 2.4.17, 8/31/1998, 5/15/1999; 16.2.4.20 NMAC - Rn & A, 16 NMAC 2.4.20, 5/20/2000; 16.2.4.19 NMAC - Rn, 16.2.4.20 NMAC, 7/26/2001; A, 7/26/2001; A, 2/15/2005; A, 11/28/2009; A, 1/4/2020]

History of 16.2.4 NMAC:

Pre-NMAC History: The material in this part was derived from that previously filed with the commission of public records - state records center and archives as:

AB 81-1, Regulations Governing Acupuncture Practitioners, filed 10/5/1981;

AB 82-1, Regulations Governing Acupuncture Practitioners, filed 6/16/1982;

AB 84-1, Regulations Governing Acupuncture Practitioners, Tutors and Institutes, filed 3/13/1984;

BCD 87-1, Emergency Regulations Governing Acupuncture Practitioners, Tutors and Institutes, filed 10/30/1987;
ACU 88-1 Regulations Governing Acupuncture Practitioners, Tutors and Institutes, filed 3/13/1989;
ACU Rule 91-6, Regulations Governing Acupuncture Practitioners, Tutors and Institutes Licensure by Examination, filed 2/18/1991;
ACU 91-6, Regulations Governing Acupuncture Practitioners, Tutors and Institutes, Licensure by Examination, filed 12/18/1991;
Rule 6, Regulations Governing Acupuncture Practitioners, Tutors and Institutes, Licensing by Examination, filed 8/28/1992;
Rule 6, Regulations Governing Acupuncture Practitioners, Tutors and Institutes, Licensing by Examination, filed 1/26/1993.

History of Repealed Material: 16.2.4.17 NMAC and 16.2.4.18 NMAC (both filed 4/20/2000) repealed 7/26/2001.

Other History:

Rule 6, Regulations Governing Acupuncture Practitioners, Tutors and Institutes, Licensing by Examination (filed 1/26/1993) renumbered, reformatted and replaced by 16 NMAC 2.4, Examinations, effective 7/1/1996.
16 NMAC 2.4, Examinations (filed 6/14/1996) renumbered, reformatted, amended and replaced as 16.2.4 NMAC, Examinations, effective 5/20/2000.

TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING
CHAPTER 2 ACUPUNCTURE AND ORIENTAL MEDICINE PRACTITIONERS
PART 5 TEMPORARY LICENSING

16.2.5.1 ISSUING AGENCY: New Mexico Board of Acupuncture and Oriental Medicine.
[16.2.5.1 NMAC - Rp 16.2.5.1 NMAC, 10-22-03]

16.2.5.2 SCOPE: All licensees, applicants, temporary licensees, applicants for temporary licensure, externs, educational programs and applicants for approval of educational programs.
[16.2.5.2 NMAC - Rp 16.2.5.2 NMAC, 10-22-03]

16.2.5.3 STATUTORY AUTHORITY: This part is promulgated pursuant to the Acupuncture and Oriental Medicine Practice Act, Sections 61-14A-8, 9 and 12, NMSA 1978.
[16.2.5.3 NMAC - Rp 16.2.5.3 NMAC, 10-22-03]

16.2.5.4 DURATION: Permanent.
[16.2.5.4 NMAC - Rp 16.2.5.4 NMAC, 10-22-03]

16.2.5.5 EFFECTIVE DATE: October 22, 2003, unless a later date is cited at the end of a section.
[16.2.5.5 NMAC - Rp 16.2.5.5 NMAC, 10-22-03]

16.2.5.6 OBJECTIVE: This part establishes requirements for temporary licensure and limited temporary licensure, prior disciplinary action relating to other licenses, prior litigation and prior felonies, the educational requirements for temporary licensure, the renewal period for temporary licensure and the requirements for renewal of temporary licenses.
[16.2.5.6 NMAC - Rp 16.2.5.6 NMAC, 10-22-03]

16.2.5.7 DEFINITIONS: Refer to definitions in 16.2.1.7 NMAC (Section 7 of Part 1 of the rules).
[16.2.5.7 NMAC - Rp 16.2.5.7 NMAC, 10-22-03; A, 02-15-05]

16.2.5.8 GENERAL REQUIREMENTS:

A. Any applicant for temporary licensure or applicant for a limited temporary license who has been subject to any action or proceeding comprehended by Subsection E of 16.2.5.10 NMAC and Subsection D of 16.2.5.12 NMAC (Subsections 10.E and 12.D of Part 5 of the rules), may be subject to disciplinary action at any time, including denial, suspension or revocation of licensure, pursuant to the provisions of the act, NMSA 1978, Section 61-14A-17; and subject to the Uniform Licensing Act, NMSA 1978, Section 61-1-1, et seq., and subject to the Criminal Offender Employment Act, NMSA 1978, Section 28-2-1, et seq.

B. Any applicant for temporary licensure or an applicant for a limited temporary license who provides the board with false information or makes a false statement to the board may be subject to disciplinary action, including denial, suspension or revocation of licensure, pursuant to the provisions of the act, NMSA 1978, Section 61-14A-17, and the Uniform Licensing Act, NMSA 1978, Section 61-1-1, et seq.
[16.2.5.8 NMAC - Rp 16.2.5.8 NMAC, 10-22-03]

16.2.5.9 TEMPORARY LICENSE EDUCATIONAL REQUIREMENTS:

A. An applicant for temporary licensure shall provide satisfactory proof that he or she has completed an approved educational program. An applicant for temporary licensure who is legally recognized in any state or foreign country to practice another health care profession and who possesses knowledge and skills that are included in the scope of practice of doctors of oriental medicine shall provide satisfactory proof that he or she has completed the education required for legal recognition in that state or foreign country.

B. The board, by a vote of the majority of the members of the board acting at a duly convened meeting of the board, may determine not to require the applicant for temporary licensure to complete the requirements of Subsection A of 16.2.5.9 NMAC (Subsection 9.A. of Part 5 of the rules), if the board determines that there is good cause and the health and safety of the citizens of New Mexico will not be jeopardized.
[16.2.5.9 NMAC - Rp 16.2.5.9 NMAC, 10-22-03]

16.2.5.10 TEMPORARY LICENSE APPLICATION: Upon approval of an application for a temporary license that fulfills the requirements listed below, the board shall issue a temporary license that will be valid for the dates specified on the license but shall not exceed six (6) months. The temporary license shall include the name of the temporary licensee, the effective dates of the license, the name of the sponsoring New Mexico doctor of oriental medicine or New Mexico educational program, and a statement that the license shall be for the exclusive purpose of one or more of the following: teaching acupuncture and oriental medicine; consulting, in association with the sponsoring doctor of oriental medicine, regarding the sponsoring doctor's patients; performing specialized diagnostic or treatment techniques in association with the sponsoring doctor of oriental medicine regarding the sponsoring doctor's patients; assisting in the conducting of research in acupuncture and oriental medicine; or assisting in the implementation of new techniques and technology related to acupuncture and oriental medicine. The application requirements for a limited temporary license shall be receipt of the following by the board.

A. The fee for application for temporary license specified in 16.2.10 NMAC (Part 10 of the rules).
B. A application for temporary license that is complete and in English on a form provided by the board that shall include the applicant's name, address, date of birth, social security number, if available, and the name of the sponsoring and associating New Mexico doctor of oriental medicine or New Mexico educational program.

C. One (1) passport-type photograph of the applicant taken not more than six months prior to the submission of the application.

D. An affidavit as provided on the "temporary license application" from the sponsoring and associating New Mexico doctor of oriental medicine or New Mexico educational program attesting to the qualifications of the applicant and the activities the applicant will perform.

E. An affidavit as provided on the "temporary license application" as to whether the applicant:
(1) has been subject to any disciplinary action in any jurisdiction related to the practice of acupuncture and oriental medicine, or related to any other profession including other health care professions for which the applicant is licensed, certified, registered or legally recognized to practice including resignation from practice, withdrawal or surrender of applicants license, certificate or registration during the pendency of disciplinary proceedings or investigation for potential disciplinary proceedings; or

(2) has been a party to litigation in any jurisdiction related to the applicants practice of acupuncture and oriental medicine, or related to any other profession including other health care professions for which the applicant is licensed, certified, registered or legally recognized to practice; or

(3) has been convicted of a felony in any jurisdiction, including any finding of guilt by a court or jury, or any plea of guilty, or any plea of nolo contendere or no contest, or plea or disposition of conditional discharge, and including any such proceeding in which a sentence was imposed, suspended or deferred; or

(4) is in arrears on a court-ordered child support payment.

F. An official license history, which is a certificate from each jurisdiction stating the disciplinary record of the applicant, from each jurisdiction where the applicant has been licensed, certified, registered or legally recognized to practice any other profession, including other health care professions, in any jurisdiction, pursuant to any authority other than the New Mexico Acupuncture and Oriental Medicine Practice Act.

G. An affidavit as provided on the "temporary license application" stating that the applicant understands that:

(1) an applicant who has been subject to any action or proceeding comprehended by Subsection E of 16.2.5.10 NMAC (Subsection 10.E of Part 5 of the rules) may be subject to disciplinary action at any time, including denial, suspension or revocation of licensure, pursuant to the provisions of the act, NMSA 1978, Section 61-14A-17; and subject to the Uniform Licensing Act, NMSA 1978, Section 61-1-1, et seq., and subject to the Criminal Offender Employment Act, NMSA 1978, Section 28-2-1, et seq.; and

(2) an applicant who provides the board with false information or makes a false statement to the board may be subject to disciplinary action, including denial, suspension or revocation of licensure, pursuant to the provisions of the act, NMSA 1978, Section 61-14A-17, and the Uniform Licensing Act, NMSA 1978, Section 61-1-1, et seq.

H. An affidavit as provided on the "temporary license application" stating that the applicant understands that:

(1) the applicant is responsible for reading, understanding and complying with the state of New Mexico laws and rules regarding this application as well as the practice of acupuncture and oriental medicine; and

(2) the applicant must notify the board within ten (10) days if the applicant's address changes or the circumstances of the applicant's relationship to the sponsoring and associating New Mexico doctor of oriental medicine or New Mexico educational program change; and

(3) the applicant may only engage in those activities authorized on the temporary license and only in association with the sponsoring and associating New Mexico doctor of oriental medicine or New Mexico educational program for the limited time specified on the temporary license.

I. A copy of the applicant's license, certification or registration or other document proving that the applicant is legally recognized in another state or country to practice acupuncture and oriental medicine or another health care profession and who possesses knowledge and skill that are included in the scope of practice of doctors of oriental medicine. The copy shall include on it an affidavit by the applicant certifying that it is a true copy of the original. For applicants in the United States who practice in a state in which there is no legal recognition, a copy of the certification document in acupuncture, Chinese herbal medicine or Asian body work, whichever is appropriate for the type of material they will be teaching or studying, by the national certification commission for acupuncture and oriental medicine (NCCAOM) shall be sufficient. The copy shall include on it an affidavit by the applicant certifying that it is a true copy of the original. For applicants outside the United States who practice in a country in which there is no specific legal recognition document but where graduation from an appropriate educational program is the legal requirement for practice, the above provisions in this paragraph shall not apply.

J. A copy of the applicant's diploma for graduation from the educational program that is required to be licensed, certified, registered or legally recognized to practice in the state or country where the applicant practices. This copy shall include on it an affidavit by the applicant certifying that it is a true copy of the original.

K. An official copy of the applicant's transcript that shall be sent directly to the board in a sealed envelope by the educational program from which the applicant received the certificate or diploma, and that shall verify the applicant's satisfactory completion of the required academic and clinical education and that shall designate the completed subjects and the hours of study completed in each subject. This copy of the transcript shall remain in the closed envelope secured with the official seal of the educational program and shall be sent by the applicant to the board along with the applicant's application for licensure.

L. An affidavit stating that the applicant has been officially informed by the board in writing that either of the following two requirements has been fulfilled:

(1) the educational program in acupuncture and oriental medicine from which the applicant graduated has been approved by the board as an educational program; or

(2) the board, by a vote of the majority of the members of the board acting at a duly convened meeting of the board, has determined not to require the applicant for temporary licensure to have graduated from an approved educational program as provided for in Subsection B of 16.2.5.9 NMAC (Subsection 9.B of Part 5 of the rules).

M. An accurate translation in English of all documents submitted in a foreign language. Each translated document shall bear the affidavit of the translator certifying that he or she is competent in both the language of the document and the English language and that the translation is a true and faithful translation of the foreign language original. Each translated document shall also bear the affidavit of the applicant certifying that the translation is a true and faithful translation of the original. Each affidavit shall be signed before a notary public. The translation of any document relevant to an application shall be at the expense of the applicant.
[16.2.5.10 NMAC - Rp 16.2.5.10 NMAC, 10-22-03; A, 02-15-05]

16.2.5.11 TEMPORARY LICENSE RENEWAL: A temporary license issued by the board may be renewed a maximum of two times only, for a period of six (6) months for each renewal. Renewals shall run sequentially so that a renewal shall begin immediately when the previous temporary license period expires. Upon approval of an application for renewal of a temporary license that fulfills the requirements listed below, the board shall issue a temporary license. The application requirements for renewal of a temporary license shall be receipt of the following by the board:

A. The fee for renewal of a temporary license specified in 16.2.10 NMAC (Part 10 of the rules).

B. An application for renewal of a Temporary License that is complete and in English on a form provided by the board that shall include the applicant's name, address, date of birth, social security number, if available, and the name of the sponsoring and associating New Mexico doctor of oriental medicine or New Mexico educational program.

C. An affidavit from the sponsoring and associating New Mexico doctor of oriental medicine or New Mexico educational program attesting to the qualifications of the applicant and the activities the applicant will perform.

[16.2.5.11 NMAC - Rp 16.2.5.11 NMAC, 10-22-03]

16.2.5.12 LIMITED TEMPORARY LICENSE APPLICATION: Upon approval of an application for a limited temporary license that fulfills the requirements listed below, the board shall issue a limited temporary license that will be valid for the dates specified on the license but shall not exceed twelve (12) consecutive months from the date of issuance and is not renewable. A limited temporary license shall be for the exclusive purpose of teaching a single complete course in acupuncture and oriental medicine, and assisting in the implementation of new techniques in acupuncture and oriental medicine including the study of such techniques by licensed, registered, certified or legally recognized health care practitioners from jurisdictions other than New Mexico. A limited temporary license shall be required for any person who demonstrates, practices or performs diagnostic and treatment techniques on another person as part of teaching or assisting in the implementation of new techniques, if they are not a licensee or temporary licensee. Limited temporary licenses shall not be issued to teachers for the purpose of teaching full semester courses that are part of an approved educational program. The limited temporary license shall include the name of the limited temporary license holder, the effective dates of the license, the name of the sponsoring New Mexico doctor of oriental medicine or New Mexico educational program, and a statement that the license shall be for the exclusive purpose of teaching acupuncture and oriental medicine, and assisting in the implementation of new techniques in acupuncture and oriental medicine including the study of such techniques by licensed, registered, certified or legally recognized health care practitioners from jurisdictions other than New Mexico. The requirements for a limited temporary license shall be:

A. the fee for application for a limited temporary license specified in 16.2.10 NMAC (Part 10 of the rules);

B. an application for limited temporary license that is complete and in English on a form provided by the board that shall include the applicant's name, address, date of birth, social security number, if available, and the name of the sponsoring and associating New Mexico doctor of oriental medicine or New Mexico educational program;

C. an affidavit as provided on the "temporary license application" from the sponsoring and associating New Mexico doctor of oriental medicine or New Mexico educational program attesting to the qualifications of the applicant and the activities the applicant will perform; and

D. an affidavit as to whether the applicant:

(1) has been subject to any disciplinary action in any jurisdiction related to the practice of acupuncture and oriental medicine, or related to any other profession including other health care professions for which the applicant is licensed, certified, registered or legally recognized to practice including resignation from practice, withdrawal or surrender of applicants license, certificate or registration during the pendency of disciplinary proceedings or investigation for potential disciplinary proceedings; or

(2) has been a party to litigation in any jurisdiction related to the applicants practice of acupuncture and oriental medicine, or related to any other profession including other health care professions for which the applicant is licensed, certified, registered or legally recognized to practice; or

(3) has been convicted of a felony in any jurisdiction, including any finding of guilt by a court or jury, or any plea of guilty, or any plea of nolo contendere or no contest, or plea or disposition of conditional discharge, and including any such proceeding in which a sentence was imposed, suspended or deferred; or

(4) is in arrears on a court-ordered child support payment; and

E. an affidavit as provided on the "temporary license application" stating that the applicant understands that:

(1) an applicant who has been subject to any action or proceeding comprehended by Subsection D of 16.2.5.12 NMAC (Subsection 12.D of Part 5 of the rules), may be subject to disciplinary action at any time, including denial, suspension or revocation of licensure, pursuant to the provisions of the act, NMSA 1978, Section 61-14A-17; and subject to the Uniform Licensing Act, NMSA 1978, Section 61-1-1, et seq., and subject to the Criminal Offender Employment Act, NMSA 1978, Section 28-2-1, et seq.; and

(2) an applicant who provides the board with false information or makes a false statement to the board may be subject to disciplinary action, including denial, suspension or revocation of licensure, pursuant to the provisions of the act, NMSA 1978, Section 61-14A-17, and the Uniform Licensing Act, NMSA 1978, Section 61-1-1, et seq.; and

F. an affidavit as provided on the "temporary license application" stating that the applicant understands that:

(1) the applicant is responsible for reading, understanding and complying with the state of New Mexico laws and rules regarding this application as well as the practice of acupuncture and oriental medicine; and

(2) the applicant must notify the board within ten (10) days if the applicant's address changes or the circumstances of the applicant's relationship to the sponsoring and associating New Mexico doctor of oriental medicine or New Mexico educational program change; and

(3) the applicant may only engage in those activities authorized on the temporary license and only in association with the sponsoring and associating New Mexico doctor of oriental medicine or New Mexico educational program for the limited time specified on the temporary license; and

G. a copy of the applicant's license, certification or registration or other document proving that the applicant is legally recognized in another state or country to practice acupuncture and oriental medicine or another health care profession and who possesses knowledge and skill that are included in the scope of practice of doctors of oriental medicine; the copy shall include on it an affidavit by the applicant certifying that it is a true copy of the original; for applicants in the United States who practice in a state in which there is no legal recognition, a copy of the certification document in acupuncture, Chinese herbal medicine or Asian body work, whichever is appropriate for the type of material they will be teaching or studying, by the national certification commission for acupuncture and oriental medicine (NCCAOM) shall be sufficient; the copy shall include on it an affidavit by the applicant certifying that it is a true copy of the original; for applicants outside the United States who practice in a country in which there is no specific legal recognition document but where graduation from an appropriate educational program is the legal requirement for practice, the above provisions in this paragraph shall not apply; and

H. a copy of the applicant's diploma for graduation from the educational program that is required to be licensed, certified, registered or legally recognized to practice in the state or country where the applicant practices; this copy shall include on it an affidavit by the applicant certifying that it is a true copy of the original; and

I. an accurate translation in English of all documents submitted in a foreign language; each translated document shall bear the affidavit of the translator certifying that he or she is competent in both the language of the document and the English language and that the translation is a true and faithful translation of the foreign language original; each translated document shall also bear the affidavit of the applicant certifying that the translation is a true and faithful translation of the original; each affidavit shall be signed before a notary public; the translation of any document relevant to an application shall be at the expense of the applicant.

[16.2.5.12 NMAC - Rp 16.2.5.12 - 16.2.5.16 NMAC, 10-22-03; A, 02-15-05]

History of 16.2.5 NMAC:

Pre-NMAC History: None

History of Repealed Material:

16.2.5 NMAC, Temporary Licensing (filed 9-22-00) - Repealed 11-22-01;

16.2.5 NMAC Temporary Licensing (filed 10-25-01) - Repealed 10-22-03.

Other History:

16 NMAC 2.5, Acupuncture and Oriental Medicine - Temporary Licensing, (filed 06-14-96) renumbered, reformatted and amended and replaced by 16.2.5 NMCA, Temporary Licensing, effective 10-22-2000;

16.2.5 NMAC, Temporary Licensing (filed 09-22-00) replaced by 16.2.5 NMAC, Temporary Licensing, effective 11-25-01.

16.2.5 NMAC, Temporary Licensing (filed 10-25-01) replaced by 16.2.5 NMAC, Temporary Licensing, effective 10-22-03.

TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING
CHAPTER 2 ACUPUNCTURE AND ORIENTAL MEDICINE PRACTITIONERS
PART 6 RECIPROCAL LICENSING

16.2.6.1 ISSUING AGENCY: New Mexico Board of Acupuncture and Oriental Medicine.
[16.2.6.1 NMAC - Rp 16 NMAC 2.6.1, 12-1-01]

16.2.6.2 SCOPE: All licensees and applicants.
[16.2.6.2 NMAC - Rp 16 NMAC 2.6.2, 12-1-01]

16.2.6.3 STATUTORY AUTHORITY: This part is promulgated pursuant to the Acupuncture and Oriental Medicine Practice Act, Sections 61-14A-8, 9 and 13, NMSA 1978.
[16.2.6.3 NMAC - Rp 16 NMAC 2.6.3, 12-1-01]

16.2.6.4 DURATION: Permanent
[16.2.6.4 NMAC - Rp 16 NMAC 2.6.4, 12-1-01]

16.2.6.5 EFFECTIVE DATE: December 1, 2001 unless a later date is cited at the end of a section.
[16.2.6.5 NMAC - Rp 16 NMAC 2.5.1, 12-1-01]

16.2.6.6 OBJECTIVE: This part establishes that there are currently no reciprocal licensing agreements between the board and other states or countries.
[16.2.6.6 NMAC - Rp 16 NMAC 2.6.6, 12-1-01]

16.2.6.7 DEFINITIONS: Refer to definitions in 16.2.1.7 NMAC (Section 7 of Part 1 of the rules).
[16.2.6.7 NMAC - Rp 16 NMAC 2.7.1, 12-1-01; A, 02-15-05]

16.2.6.8 RECIPROCAL LICENSING: Currently there are no states or countries with which the board has reciprocal licensing agreements.
[16.2.6.8 NMAC - Rp 16 NMAC 2.8.1, 12-1-01]

History of 16.2.6 NMAC:

Pre-NMAC History: None

History of Repealed Material:

16 NMAC 2.6, Reciprocal Licensing (filed 4-16-99) repealed effective 12-1-01.

TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING
CHAPTER 2 ACUPUNCTURE AND ORIENTAL MEDICINE PRACTITIONERS
PART 7 EDUCATIONAL PROGRAMS

16.2.7.1 ISSUING AGENCY: New Mexico Board of Acupuncture and Oriental Medicine
[16.2.7.1 NMAC - Rp, 16.2.7.1 NMAC, 10-22-03]

16.2.7.2 SCOPE: All licensed doctors of oriental medicine, temporarily licensed doctors of oriental medicine, approved educational programs and all applicants for licensure as a doctor of oriental medicine, temporary licensure and for approval of an educational program.
[16.2.7.2 NMAC - Rp, 16.2.7.2 NMAC, 10-22-03]

16.2.7.3 STATUTORY AUTHORITY: This part is promulgated pursuant to the Acupuncture and Oriental Medicine Practice Act, Sections 61-14A-8, 9 and 14, NMSA 1978.
[16.2.7.3 NMAC - Rp, 16.2.7.3 NMAC, 10-22-03]

16.2.7.4 DURATION: Permanent.
[16.2.7.4 NMAC - Rp, 16.2.7.4 NMAC, 10-22-03]

16.2.7.5 EFFECTIVE DATE: October 22, 2003, unless a later date is cited at the end of a section.
[16.2.7.5 NMAC - Rp, 16.2.7.5 NMAC, 10-22-03]

16.2.7.6 OBJECTIVE: This part establishes the requirements for approval of educational programs, the requirements for making an application for approval of an educational program, the renewal of the approval of the educational program and the requirement of notification of changes.
[16.2.7.6 NMAC - Rp, 16.2.7.6 NMAC, 10-22-03]

16.2.7.7 DEFINITIONS: Refer to definitions in 16.2.1.7 NMAC (Section 7 of Part 1 of the rules).
[16.2.7.7 NMAC - Rp, 16.2.7.7 NMAC, 10-22-03; A, 02-15-05]

16.2.7.8 EDUCATIONAL PROGRAM REQUIREMENTS: All educational programs shall be approved by the board. Using the requirements of 16.2.7.8 NMAC and 16.2.7.9 NMAC (Sections 8 and 9 of Part 7 of the rules), the board will evaluate whether or not an educational program shall be approved. If a visit is necessary to evaluate the educational program, the cost of the visit, including any administrative costs, shall be paid in advance by the educational program.

A. The foundation educational program requirement shall be the four academic year masters of oriental medicine program that meets the national certification commission for acupuncture and oriental medicine (NCCAOM) accreditation/equivalent education policy as defined here. Graduation/education must be obtained from a formal education program that has met the standards of the accreditation commission for acupuncture and oriental medicine (ACAOM) or an equivalent educational body. A program may be established as having satisfied this requirement by demonstration of one of the following:

(1) accreditation or candidacy for accreditation by ACAOM; or
(2) approval by a foreign government's ministry of education, ministry of health, or equivalent foreign government agency; each candidate must submit their documents for approval by a foreign credential equivalency service approved by the NCCAOM for that purpose; programs attempting to meet the eligibility requirement under this method must also meet the curricular requirements of ACAOM in effect at the time of application; or

(3) approval by a foreign private accreditation agency that has an accreditation process and standards substantially equivalent to that of ACAOM, and that is recognized for that purpose by the appropriate government entity in that foreign country; each candidate must submit their documents for approval by a foreign credential equivalency service approved by the NCCAOM for that purpose; programs attempting to meet the eligibility requirement under this method must also meet the curricular requirements of ACAOM in effect at the time of application.

B. The educational program shall provide a program that shall be at least four academic years and shall include in-class education that comprises a minimum of 2,400 clock hours of classes including a minimum of

1,100 hours of didactic education in acupuncture and oriental medicine and a minimum of 900 hours of supervised clinical practice, instruction and observation in acupuncture and oriental medicine. The curriculum shall provide the knowledge and skills required to maintain appropriate standards of acupuncture and oriental medical care.

C. The educational program shall include a didactic curriculum that educates and graduates physicians who are competent to practice acupuncture and oriental medicine and who are able to diagnose, prescribe, and treat accurately and that specifically includes, in addition to the requirements of the act, oriental principles of life therapy, including the prescription of herbal medicine, diet and nutrition, manual therapy/physical medicine and counseling, not to exceed 900 hours of the required 2,400 hours specified in Subsection B of 16.2.7.8 NMAC (Subsection 8.B. of Part 7 of the rules) and that includes a minimum of 450 hours of education in herbal medicine.

D. The educational program shall include a clinical curriculum that includes clinical instruction and direct patient contact. This clinical part of the educational program shall include at least 900 hours of supervised clinical practice, instruction and observation in the following areas:

(1) the observation of and assistance in the application of principles and techniques of oriental medicine including diagnosis, acupuncture, moxibustion, manual therapy/physical medicine, diet and nutrition, counseling and the prescription of herbal medicine; and

(2) a minimum of 400 hours of actual treatment in which the student is required to perform complete treatment as the primary student practitioner.

E. The educational program shall include a curriculum that educates and graduates physicians who are competent to demonstrate a clinically relevant, complementary and integrative knowledge of biomedicine and biomedical diagnosis sufficient to treat and refer patients when appropriate.

F. The educational program may honor credit from other educational programs.

G. The names and educational qualifications of all teaching supervisors, resident teachers, and visiting teachers of acupuncture and oriental medicine shall be submitted to the board and shall meet the following:

(1) all teachers of acupuncture and oriental medicine in New Mexico shall have a license or temporary license to practice acupuncture and oriental medicine in New Mexico issued by the board; any educational program in violation of this provision shall be subject to suspension or revocation of the educational program approval or subject to disciplinary proceedings, including fines as defined in 16.2.12 NMAC (Part 12 of the rules);

(2) all teachers of acupuncture and oriental medicine at educational programs outside New Mexico shall be licensed, certified, registered or legally recognized to practice acupuncture and oriental medicine in the state or country in which he or she practices and teaches; any educational program in violation of this provision shall be subject to suspension or revocation of the educational program approval or subject to disciplinary proceedings, including fines as defined in 16.2.12 NMAC (Part 12 of the rules);

(3) exceptions may be made at the board's discretion and for good cause.

H. Educational programs may employ or contract with tutors to teach components of the educational program. Educational programs may honor credit from tutors. A tutor is defined in the act as "a doctor of oriental medicine with at least ten years of clinical experience who is a teacher of acupuncture and oriental medicine."

I. The educational program may be subject to inspection by the board.
[16.2.7.8 NMAC - Rp, 16.2.7.8 NMAC, 10-22-03; A, 02-15-05]

16.2.7.9 EDUCATIONAL PROGRAM CERTIFICATE OR DIPLOMA AND TRANSCRIPT REQUIREMENTS: Educational programs shall provide the following:

A. A transcript of grades, as part of the student's record, that includes the following:

- (1) Name of the student;
- (2) Address of the student;
- (3) Date of birth;
- (4) Course titles;
- (5) Grade received in each course; and
- (6) Number of clock hours per course.

B. A certificate or diploma stating that the student has satisfactorily completed the educational program only after personal attendance in all required classes, and satisfactory completion of the educational program requirements.

[16.2.7.9 NMAC - Rp, 16.2.7.9 NMAC, 10-22-03]

16.2.7.10 APPLICATION FOR ANNUAL APPROVAL OF AN EDUCATIONAL PROGRAM: All educational programs in New Mexico are required to be annually approved by the board. Any educational program outside New Mexico, that so chooses, may apply to receive annual approval status. These educational programs shall be granted approval after submitting to the board:

A. The initial application fee for annual approval of an educational program specified in 16.2.10 NMAC (Part 10 of the rules) and paid by certified check or money order in U.S. funds; and

B. An application that is complete and in English on a form prescribed by the board that contains the matriculation date for the educational program and the information necessary to verify that the standards of professional education required by 16.2.7.8 and 16.2.7.9 NMAC (Sections 8 and 9 of Part 7 of the rules) are being met including an official copy of the curriculum. The board shall act upon the application within sixty (60) days of the receipt of the application and shall inform the educational program of the status of the application in writing by mail postmarked within seven (7) days of acting on it.

[16.2.7.10 NMAC - Rp, 16.2.7.10 NMAC, 10-22-03]

16.2.7.11 APPLICATION FOR SINGLE INSTANCE APPROVAL OF AN EDUCATIONAL PROGRAM: An educational program that does not have annual approval status from the board shall receive a single instance approval of the educational program for use by a single applicant after the educational program that graduated the applicant has submitted to the board:

A. The application fee for a single instance approval of an educational program, specified in 16.2.10 NMAC (Part 10 of the rules), paid by certified check or money order in U.S. funds; and

B. An application that is complete and in English on a form prescribed by the board that contains the matriculation date for the educational program and the information necessary to verify that the standards of professional education required by 16.2.7.8 and 16.2.7.9 NMAC (Sections 8 and 9 of Part 7 of the rules) are being met including an official copy of the curriculum. The application and the application fee shall be received at the board's office at least ninety (90) days prior to the next scheduled clinical skills examination. The board shall send a written response to the applicant for approval of an educational program informing the applicant of the application's completeness or needed documentation postmarked at least eighty-five (85) days before the next scheduled clinical skills examination date. All documentation requested to complete the application shall be received at the board's office at least seventy (70) days before the next scheduled clinical skills examination date. The applicant shall be notified of approval or denial of the application in writing by mail postmarked at least sixty (60) days prior to the next scheduled clinical skills examination date. Note that the above deadlines exist to synchronize with the deadlines for applicants regarding the clinical skills exam as defined in 16.2.4.11 NMAC (Section 11 of Part 4 of the rules).

[16.2.7.11 NMAC - Rp, 16.2.7.11 NMAC, 10-22-03]

16.2.7.12 ANNUAL RENEWAL, LATE RENEWAL AND EXPIRED APPROVAL: To maintain annual approval status, an educational program shall submit by May 1st an annual renewal application that is complete and in English on a form prescribed by the board and the required fee for renewal of approval of an educational program, specified in 16.2.10 NMAC (Part 10 of the rules), paid by certified check or money order in U.S. funds. The approval period is defined as August 1st to July 31st of the subsequent year. The approval expires at 12:00 midnight on July 31st. Renewal applications received after September 30th of any year must be submitted with the late fee specified in 16.2.10 NMAC (Part 10 of the rules) and paid by certified check or money order in U.S. funds. If the annual renewal application and fee are not received within sixty (60) days after expiration, following the approval period, the annual approval is expired and the educational program shall submit the initial application and initial application fee to become approved.

[16.2.7.12 NMAC - Rp, 16.2.7.12 NMAC, 10-22-03]

16.2.7.13 NOTIFICATION OF CHANGES: If ownership of the educational program changes or the educational program is substantially changed the educational program shall notify the board within ten (10) days of such change. The educational program may then be subject to inspection. The educational program shall be on a probationary approval status until final approval is given under the changed circumstances.

[16.2.7.13 NMAC - Rp, 16.2.7.13 NMAC, 10-22-03]

History of 16.2.3 NMAC:

Pre-NMAC History: The material in this part was derived from that previously filed with the commission of public records - state records center and archives as:

AB 81-1, Regulations Governing Acupuncture Practitioners, filed 10-5-81;

AB 82-1, Regulations Governing Acupuncture Practitioners, filed 6-16-82;

AB 84-1, Regulations Governing Acupuncture Practitioners, Tutors and Institutes, filed 3-13-84;

BCD 87-1, Emergency Regulations Governing Acupuncture Practitioners, Tutors and Institutes, filed 10-30-87;

ACU 88-1 Regulations Governing Acupuncture Practitioners, Tutors and Institutes, filed 3-13-89;

ACU 91-12, Regulations Governing Acupuncture Practitioners, Tutors, and Institutes Approval of Institutes and Private Tutorship, filed 2-18-91;

ACU 91-12, Regulations Governing Acupuncture Practitioners, Tutors, and Institutes Approval of Institutes and Private Tutorship, filed 12-18-91;

Rule 12 Regulations Governing Acupuncture Practitioners, Tutors, and Institutes Approval of Institutes and Private Tutorship, filed 2-24-93.

History of Repealed Material:

16.2.7 NMAC Approval of Educational Programs (filed 4-20-00) - Repealed 10-22-03.

Other History:

Rule 12, Regulations Governing Acupuncture Practitioners, Tutors, and Institutes Approval of Institutes and Private Tutorships (filed 12-18-91) replaced by 16 NMAC 2.7, Approval of Educational Programs, effective 7-01-96;

16 NMAC 2.7, Approval of Educational Programs (filed 06-14-96) renumbered and amended as 16.2.7 NMAC, Approval of Educational Programs, effective 5-20-00;

16.2.7 NMAC, Approval of Educational Programs (filed 4-20-00) replaced by 16.2.7 NMAC, Approval of Educational Programs, effective 10-22-03.

TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING
CHAPTER 2 ACUPUNCTURE AND ORIENTAL MEDICINE PRACTITIONERS
PART 8 LICENSE RENEWAL

16.2.8.1 ISSUING AGENCY: New Mexico Board of Acupuncture and Oriental Medicine.
[16.2.8.1 NMAC - Rp, 16.2.8.1 NMAC, 2/15/2005]

16.2.8.2 SCOPE: All licensed doctors of oriental medicine and all licensed doctors of oriental medicine certified for expanded practice.
[16.2.8.2 NMAC - Rp, 16.2.8.2 NMAC, 2/15/2005; A, 11/28/2009]

16.2.8.3 STATUTORY AUTHORITY: This part is promulgated pursuant to the Acupuncture and Oriental Medicine Practice Act, Sections 61-14A-8, 8.1, 9 and 15, NMSA 1978.
[16.2.8.3 NMAC - Rp, 16.2.8.3 NMAC, 2/15/2005; A, 11/28/2009]

16.2.8.4 DURATION: Permanent.
[16.2.8.4 NMAC - Rp, 16.2.8.4 NMAC, 2/15/2005]

16.2.8.5 EFFECTIVE DATE: February 15, 2005, unless a later date is cited at the end of a section.
[16.2.8.5 NMAC - Rp, 16.2.8.5 NMAC, 2/15/2005]

16.2.8.6 OBJECTIVE: This part defines the requirements for renewal of licenses.
[16.2.8.6 NMAC - Rp, 16.2.8.6 NMAC, 2/15/2005]

16.2.8.7 DEFINITIONS: Refer to definitions in 16.2.1.7 NMAC.
[16.2.8.7 NMAC - Rp, 16.2.8.7 NMAC, 2/15/2005; A, 11/28/2009]

16.2.8.8 LICENSE RENEWAL GENERAL REQUIREMENTS:

A. Except as otherwise provided in the act, these rules or state law, including but not limited to the board's right to deny an application for renewal pursuant to Section 61-14A-17, NMSA 1978, and the Parental Responsibility Act, Section 40-5A-1, et seq., NMSA 1978, each licensed doctor of oriental medicine shall be granted renewal of his license for one year upon receipt and approval by the board or its designee of completion of the following requirements.

B. Any applicant for license renewal who is licensed, certified, registered or legally recognized to practice any profession, including health care professions, in any jurisdiction, pursuant to any authority other than the New Mexico Acupuncture and Oriental Medicine Practice Act, shall provide an affidavit regarding the disciplinary record of the applicant since last renewing his or her license with the board.

C. Any applicant for license renewal who has been subject to any action or proceeding comprehended by Subsection C of 16.2.8.10 NMAC, may be subject to disciplinary action, including denial, suspension or revocation of licensure, pursuant to the provisions of Section 61-14A-17, NMSA 1978, and subject to the Uniform Licensing Act, NMSA 1978, Section 61-1-1, et seq., and subject to the Criminal Offender Employment Act, NMSA 1978, Section 28-2-1, et seq.

D. Any applicant for license renewal who provides the board with false information or makes a false statement to the board may be subject to disciplinary action, including denial, suspension or revocation of licensure, pursuant to the provisions of Section 61-14A-17, NMSA 1978, and the Uniform Licensing Act, Section 61-1-1, et seq., NMSA 1978.

[16.2.8.8 NMAC - Rp, 16.2.8.8 NMAC, 2/15/2005; A, 11/28/2009; A, 6/16/2005]

16.2.8.9 LICENSING PERIOD: The licensing period shall run from August 1 to the following July 31. A newly licensed doctor of oriental medicine shall be issued a license that shall be required to be renewed on July 31, except that licenses initially issued after May 1 shall not expire until July 31 of the next renewal period.
[16.2.8.9 NMAC - Rp, 16.2.8.9 NMAC, 2/15/2005; A, 2/8/2013]

16.2.8.10 ANNUAL LICENSE RENEWAL APPLICATION The board will renew a doctor of oriental medicine's license upon receipt of a renewal application with the following supporting documentation, at the board office:

A. the license renewal fee specified in 16.2.10 NMAC paid by check or money order in U.S. funds, or by credit card in U.S. funds if using the board's online renewal process;

B. an license renewal application that is complete and in English on a form provided by the board that shall include the applicant's name, address, date of birth and social security number;

C. an affidavit as provided on the "annual license renewal form" as to whether the applicant since receiving or last renewing (whichever is more recent) his license with the board:

(1) has been subject to any disciplinary action in any jurisdiction related to the practice of acupuncture and oriental medicine, or related to any other profession including other health care professions for which the applicant is licensed, certified, registered or legally recognized to practice including resignation from practice, withdrawal or surrender of applicants license, certificate or registration during the pendency of disciplinary proceedings or investigation for potential disciplinary proceedings;

(2) has been a party to litigation in any jurisdiction related to the applicants practice of acupuncture and oriental medicine, or related to any other profession including other health care professions for which the applicant is licensed, certified, registered or legally recognized to practice;

(3) has been convicted of a felony in any jurisdiction, including any finding of guilt by a court or jury, or any plea of guilty, or any plea of nolo contendere or no contest, or plea or disposition of conditional discharge, and including any such proceeding in which a sentence was imposed, suspended or deferred; or as provided on the "annual license renewal form";

(4) is in arrears on a court-ordered child support payment; or

(5) has violated any provision of the act or the rules; and

D. an affidavit as provided on the "annual license renewal form" regarding the applicant's license history since last renewing his license with the board stating the disciplinary record of the applicant, from each jurisdiction where the applicant has been licensed, certified, registered or legally recognized to practice acupuncture or oriental medicine or any other profession, including other health care professions, in any jurisdiction, pursuant to any authority other than the New Mexico Acupuncture and Oriental Medicine Practice Act;

E. an affidavit as provided on the "annual license renewal form" stating that the applicant understands that:

(1) an applicant who has been subject to any action or proceeding comprehended by Subsection C of 16.2.8.10 NMAC may be subject to disciplinary action at any time, including denial, suspension or revocation of licensure, pursuant to the provisions of the act, Section 61-14A-17, NMSA 1978; and subject to the Uniform Licensing Act, Section 61-1-1, et seq., NMSA 1978, and subject to the Criminal Offender Employment Act, Section 28-2-1, et seq., NMSA 1978; and

(2) an applicant who provides the board with false information or makes a false statement to the board may be subject to disciplinary action, including denial, suspension or revocation of licensure, pursuant to the provisions of the act, Section 61-14A-17, NMSA 1978, and the Uniform Licensing Act, Section 61-1-1, et seq., NMSA 1978;

F. an affidavit as provided on the "annual license renewal form" stating that the applicant understands that:

(1) each licensed doctor of oriental medicine is responsible for the timely submission of the annual renewal application and fees;

(2) the applicant is responsible for reading, understanding and complying with the state of New Mexico laws and rules regarding this application as well as the practice of acupuncture and oriental medicine;

(3) the license must be renewed annually by July 31; and

(4) the applicant must notify the board within ten days if the applicant's address changes;

G. if the applicant renews using the board's online application process, the applicant shall check all appropriate affidavit check boxes in the online application and the applicant's agreement to pay by credit card shall be equivalent to the applicant's witnessed signature and notary's stamp and signature normally required by the above affidavits;

H. an accurate translation in English of all documents submitted in a foreign language; each translated document shall bear the affidavit of the translator certifying that he is competent in both the language of the document and the English language and that the translation is a true and faithful translation of the foreign language original; each translated document shall also bear the affidavit of the applicant certifying that the translation is a true and faithful translation of the original; each affidavit shall be signed before a notary public; the translation of any document relevant to an application shall be at the expense of the applicant; and

I. satisfactory proof as determined by the board of completion of any continuing education requirements established by the board in 16.2.9.8 NMAC; doctors of oriental medicine certified for the expanded

practice shall submit satisfactory proof, as determined by the board, of completion of any expanded practice continuing education requirements established by the board in 16.2.9.9 NMAC

J. proof of current Basic Life Support, BLS, and CPR with proof of having completed an American heart association or American red cross approved course; hands-on supervised practice of clinical skills is required; the didactic portion may be completed on-line; a current copy of this card shall be submitted to the board at the time of each annual license renewal.

[16.2.8.10 NMAC - Rp, 16.2.8.10 NMAC, 2/15/2005; A, 11/28/2009; A, 6/16/2005; A, 1/4/2020]

16.2.8.11 LATE LICENSE RENEWAL:

A. For a licensee whose late application to renew his or her license is received at the board office during the 60-day grace period provided by Section 61-14A-15, NMSA 1978, the license shall be renewed if the applicant for late license renewal completes the requirements of 16.2.8.10 NMAC and pays the fee for late license renewal specified in 16.2.10 NMAC.

B. If proof of NCCAOM recertification or equivalent continuing education as defined in 16.2.9.8 NMAC is received at the board office during the 60-day grace period, the renewal shall be considered a late license renewal and the applicant must pay the fee for late license renewal prior to license renewal.

C. For doctors of oriental medicine certified for expanded practice, if proof of expanded practice continuing education as defined in 16.2.9.9 NMAC is received at the board office during the 60-day grace period, the renewal shall be considered a late license renewal and the applicant must pay the fee for late license renewal prior to license renewal.

[16.2.8.11 NMAC - Rp, 16.2.8.11 NMAC, 2/15/2005; A, 11/28/2009; A, 2/8/2013]

16.2.8.12 EXPIRED LICENSE: At the end of the 60-day grace period provided by Section 61-14A-15, NMSA 1978, a licensee that has not renewed his license, nor completed all continuing education requirements specified in 16.2.9.8 NMAC, the license is expired and the doctor of oriental medicine shall not practice oriental medicine until his expired license is renewed. For an expired license, if a properly completed application for license renewal is received at the board office within one year of the last regular renewal date, the license shall be renewed, provided all the requirements of late license renewal are completed in addition to the requirements of 16.2.8.11 NMAC and the licensee also pays the fee for expired license renewal specified in 16.2.10 NMAC. The licensee shall notify the board of his correct and current mailing address and of any address changes within ten days of the change. Any doctor of oriental medicine who fails to renew his expired license by the next July 31 annual license renewal date after the notification shall be required to apply as a new applicant.

[16.2.8.12 NMAC - Rp, 16.2.8.12 NMAC, 2/15/2005; A, 9/25/2006; A, 11/28/2009; A, 6/16/2005]

16.2.8.13 [RESERVED]

[16.2.8.13 NMAC - N, 9/25/2006; Repealed, 11/28/2009; 16.2.8.13 NMAC - Rn, 16.2.8.12 Subsections B, C & D & A, 11/28/2009; Repealed, 6/16/2005]

History of 16.2.8 NMAC:

Pre-NMAC History: The material in this part was derived from that previously filed with the commission of public records - state records center and archives as:

AB 81-1, Regulations Governing Acupuncture Practitioners, filed 10/5/1981;

AB 82-1, Regulations Governing Acupuncture Practitioners, filed 6/16/1982;

AB 84-1, Regulations Governing Acupuncture Practitioners, Tutors and Institutes, filed 3/13/194;

BCD 87-1, Regulations Governing Acupuncture Practitioners, Tutors and Institutes, filed 10/30/1987;

ACU 88-1 Regulations Governing Acupuncture Practitioners, Tutors and Institutes, filed 3/13/1989;

ACU Rule 91-8 Regulations Governing Acupuncture Practitioners, Tutors and Institutes - Licensing, filed 2/18/1991;

Rule 8, Regulations Governing Acupuncture Practitioners, Tutors and Institutes - Licensing, filed 8/28/1992.

History of Repealed Material: 16 NMAC 2.8.11 deleted effective 7/15/2001.

16.21.8 NMAC, License Renewal (filed 6/15/2001) repealed 2/15/2005.

Other History:

Rule 8, Regulations Governing Acupuncture Practitioners, Tutors and Institutes - Licensing (filed 8/28/1992) was renumbered, reformatted and replaced by 16 NMAC 2.8, License Renewal, effective 7/1/1996.

16 NMAC 2.8, License Renewal (filed 6/14/1996) was renumbered, reformatted, amended and replaced by 16.2.8 NMAC, License Renewal, effective 7/15/2001.
16.2.8 NMAC, License Renewal (filed 6/15/2001) was replaced by 16.2.8 NMAC, License Renewal, effective 2/15/2005.

TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING
CHAPTER 2 ACUPUNCTURE AND ORIENTAL MEDICINE PRACTITIONERS
PART 9 CONTINUING EDUCATION

16.2.9.1 ISSUING AGENCY: New Mexico Board of Acupuncture and Oriental Medicine.
[16.2.9.1 NMAC - Rp 16 NMAC 2.9.1, 12/1/2001]

16.2.9.2 SCOPE: All licensed doctors of oriental medicine and all licensed doctors of oriental medicine certified for expanded practice as defined in 16.2.19 NMAC.
[16.2.9.2 NMAC - Rp 16 NMAC 2.9.2, 12/1/2001; A, 11/28/2009]

16.2.9.3 STATUTORY AUTHORITY: This part is promulgated pursuant to the Acupuncture and Oriental Medicine Practice Act, Sections 61-14A-8, 8.1, 9, and 15, NMSA 1978.
[16.2.9.3 NMAC - Rp 16 NMAC 2.9.3, 12/1/2001; A, 11/28/2009]

16.2.9.4 DURATION: Permanent.
[16.2.9.4 NMAC - Rp 16 NMAC 2.9.4, 12/1/2001]

16.2.9.5 EFFECTIVE DATE: December 1, 2001, unless a later date is cited at the end of a section.
[16.2.9.5 NMAC - Rp 16 NMAC 2.9.5, 12/1/2001]

16.2.9.6 OBJECTIVE: This part defines continuing education requirements for doctors of oriental medicine and all licensed doctors of oriental medicine certified for expanded practice as defined in 16.2.19 NMAC.
[16.2.9.6 NMAC - Rp 16 NMAC 2.9.6, 12/1/2001; A, 3/7/2003; A, 11/28/2009]

16.2.9.7 DEFINITIONS: Refer to definitions in 16.2.1.7 NMAC.
[16.2.9.7 NMAC - Rp 16 NMAC 2.9.7, 12/1/2001; A, 2/15/2005; A, 2/8/2013]

16.2.9.8 CONTINUING EDUCATION:

A. A doctor of oriental medicine shall complete continuing education in oriental medicine equivalent to that required by the national certification commission for acupuncture and oriental medicine (NCCAOM). A doctor of oriental medicine shall submit to the board at the time of license renewal either of the following:

- (1) continuing NCCAOM recertification in oriental medicine, or in both acupuncture and Chinese herbology, or in acupuncture only if licensed prior to 1997, or;
- (2) completion of 15 hours annually, of NCCAOM approved continuing education courses or of courses approved by other acupuncture or oriental medicine licensing authorities.
- (3) a course taken for initial certification in expanded practice may not also be used for continuing education required for annual license renewal.

B. proof of current Basic Life Support, BLS, and CPR with proof of having completed an American heart association or American red cross approved course; hands-on supervised practice of clinical skills is required; the didactic portion may be completed on-line; a current copy of this card shall be submitted to the board at the time of each annual license renewal.

C. A doctor of oriental medicine who is a board approved examiner, examiner supervisor, or examiner trainer, for the clinical skills examination, shall be granted continuing education credit for time spent functioning as an examiner or training to be an examiner. This also applies to an observing board member who has completed the training. The continuing education credit is limited to six hours per year.

D. The board shall annually audit a random ten percent of continuing education documentation to determine the validity of the documentation.

E. A doctor of oriental medicine who provides the board with false information or makes a false statement to the board may be subject to disciplinary action, including denial, suspension or revocation of licensure, pursuant to Section 61-14A-17, NMSA 1978, and the Uniform Licensing Act, Section 61-1-1, et seq., NMSA 1978.

F. A doctor of oriental medicine shall maintain an understanding of the current act and rules.
[16.2.9.8 NMAC - Rp 16 NMAC 2.9.8, 12/1/2001; A, 10/1/2003; A, 2/15/2005; A, 9/25/2006; A, 11/28/2009; A/E, 6/15/2010; A/E, 6/15/2010; Re-pr, 11/28/2010; A, 2/8/2013; A, 3/2/2014; A, 6/16/2015; A, 1/4/2020]

16.2.9.9 CONTINUING EDUCATION FOR LICENSEES CERTIFIED FOR EXPANDED

PRACTICE: In addition to the continuing education requirements listed in 16.2.9.8 NMAC, doctors of oriental medicine previously certified in expanded practice are subject to the following requirements beginning August 1, 2013:

A. a doctor of oriental medicine certified for expanded practice in one or more areas as defined in 16.2.19 NMAC shall complete continuing education hours as follows:

- (1) three hours every three years for recertification in basic injection therapy;
- (2) seven hours every three years for recertification in injection therapy;
- (3) seven hours every three years for recertification in intravenous therapies; and
- (4) seven hours every three years for recertification in bioidentical hormone therapy;
- (5) except that a doctor of oriental medicine recertifying in injection therapy or intravenous therapy need not complete an additional three hours in basic injection therapy;
- (6) doctors of oriental medicine previously certified as Rx1 shall need seven hours, every three years, for recertification in prolotherapy as specified in Section 16 of 16.2.19 NMAC.

B. license holders who are newly certified for expanded practice shall complete continuing education hours on a prorated basis during the first year(s) of certification, and then shall comply with recertification requirements every three years thereafter;

C. courses approved for recertification taken within 120 days prior to a renewal cycle may be carried over and applied to the next renewal cycle, but may not be used for both renewal cycles.

D. the continuing education shall be about substances in the board approved appropriate expanded practice formulary or formularies defined in 16.2.20 NMAC or updated information in improving current techniques or other techniques that are part of the expanded practice certification as defined in 16.2.19 NMAC;

E. continuing education courses, including teachers, shall be approved by the board:

(1) course providers requesting approval for Rx continuing education certification shall be required to submit the following materials to the board for approval no less than 45 days prior to the date of the course offering and the materials shall include:

- (a) an application fee as defined in Subsection C of 16.2.10.9 NMAC;
- (b) course description, including objectives, subject matter, number of hours, date time and location; and

(c) curriculum vitae of the instructor(s) including previous experience of at least five years in subjects they are engaged to teach;

(2) courses approved by national providers of continuing medical education (CME) are recognized by the board as approved providers for expanded practice continuing education units (CEU) including but not limited to A4M, ACAM, AMA, IFM;

(3) individual practitioners requesting approval for a specific course that has not already been approved as defined in Paragraph (2) of Subsection D of 16.2.9.9 NMAC, for their own personal continuing education shall submit a copy of the course brochure including a course description, subject matter, contact hours, and curriculum vitae of the instructor 45 days prior to the course offering;

(4) the continuing education committee shall meet each month on or before the 15th to review course materials if applications have been submitted; electronic review is acceptable;

(5) a doctor of oriental medicine certified for expanded practice in basic injection, injection or intravenous therapies must remain current in basic life support, BLS, and CPR with proof of having completed an American heart association approved course; hands-on supervised practice of clinical skills is required; the didactic portion may be completed on-line; a current copy of this card shall be submitted to the board at the time of each triennial expanded practice certification renewal; and

F. (1) teaching an approved continuing education course shall be equivalent to taking the approved course; the first time that the course is offered; (2) continuing education that is appropriate for regularly licensed doctors of oriental medicine shall not be considered as fulfilling the above requirements for expanded practice continuing education; (3) the board may determine specific mandatory courses that must be completed; specific mandatory courses shall be noticed at least six months prior to the date of the course; exceptions to being required to complete a specific mandatory course may be made for good cause.

[16.2.9.9 NMAC - N, 10/1/2003; A, 2/15/2005; A, 11/28/2009; A, 2/8/2013; A3/2/2014; A, 6/16/2015; A, 9/15/2015; A, 1/4/2020]

History of 16.2.9 NMAC:

Pre-NMAC History: None.

History of Repealed Material:

16 NMAC 2.9, Continuing Education (filed 6/14/1996) repealed effective 12/1/2001.

Other History:

16 NMAC 2.9, Continuing Education (filed 6/14/1996) was replaced by 16.2.9 NMAC, Continuing Education, effective 12/1/2001.

TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING
CHAPTER 2 ACUPUNCTURE AND ORIENTAL MEDICINE PRACTITIONERS
PART 10 FEES

16.2.10.1 ISSUING AGENCY: New Mexico Board of Acupuncture and Oriental Medicine.
[7-1-96; 16.2.10.1 NMAC - Rn, 16 NMAC 2.10.1, 10-22-00]

16.2.10.2 SCOPE: All licensees, applicants, applicants for expanded practice certification, educational courses, temporary licensees, applicants for temporary licensure, limited temporary license holders, limited temporary license applicants, extern applicants, externship supervisor applicants, certified auricular detoxification specialists, certified auricular detoxification specialist applicants, auricular detoxification specialist training programs, auricular detoxification specialist training program applicants, educational programs and applicants for approval of educational programs.
[7-1-96; 16.2.10.2 NMAC - Rn, 16 NMAC 2.10.2, 10-22-00; A, 1-1-01; A, 8-13-01; A, 02-15-05; A, 11-28-09]

16.2.10.3 STATUTORY AUTHORITY: This part is promulgated pursuant to the Acupuncture and Oriental Medicine Practice Act, Sections 61-14A-8, 8.1, 9, 14.1 and 16, NMSA 1978.
[7-1-96; 16.2.10.3 NMAC - Rn, 16 NMAC 2.10.3, 10-22-00; A, 8-13-01]

16.2.10.4 DURATION: Permanent.
[7-1-96; 16.2.10.4 NMAC - Rn, 16 NMAC 2.10.4, 10-22-00]

16.2.10.5 EFFECTIVE DATE: July 1, 1996 unless a later date is cited at the end of a section.
[7-1-96, A, 8-31-98; 16.2.10.5 NMAC - Rn & A, 16 NMAC 2.10.5, 10-22-00]

16.2.10.6 OBJECTIVE: This part clarifies the requirements for the deposit and use of revenues derived from fees, establishes that the board shall not make refunds and lists all fees charged by the board.
[7-1-96; 16.2.10.6 NMAC - Rn, 16 NMAC 2.10.6, 10-22-00]

16.2.10.7 DEFINITIONS: Refer to definitions in 16.2.1.7 NMAC.
[7-1-96; 16.2.10.7 NMAC - Rn, 16 NMAC 2.10.7, 10-22-00; A, 02-15-05; A, 11-28-09]

16.2.10.8 DEPOSIT AND USE OF FEES: All fees and other funds collected under the act shall be deposited with the state treasurer for credit to the board of acupuncture and oriental medicine fund. The board shall appropriate money from the fund to pay for the costs of administration of the act. Any surplus funds remaining at the end of each fiscal year shall not revert to the general fund.
[8-18-87...7-1-96; A, 5-15-99; A, 2-17-00; 16.2.10.8 NMAC - Rn, 16 NMAC 2.10.8, 10-22-00; A, 8-13-01; A, 02-15-05]

16.2.10.9 FEES CHARGED:

- A. All fees shall be paid by check, certified check or money order in US funds unless otherwise specified by rule.
- B. No fees paid to the board shall be refunded.
- C. The board shall charge the following fees:
 - (1) application for licensure: \$525.00;
 - (2) application for reciprocal licensure: \$750.00;
 - (3) application for licensure by endorsement: \$800.00;
 - (4) application for temporary licensure: \$330.00;
 - (5) application for limited temporary license: \$100.00;
 - (6) clinical skills examination, not including the cost of any nationally recognized examinations: \$500.00;
 - (7) annual license renewal: \$225.00;
 - (8) late license renewal: an additional \$200.00;
 - (9) expired license renewal: an additional \$350.00 plus the renewal and late fees;
 - (10) temporary license renewal: \$100.00;

- (11) application for a new annual approval or renewal of approval of an educational program, including the same program offered at multiple campuses: \$450.00;
- (12) late renewal of approval of an educational program: an additional \$200.00;
- (13) application for single instance approval of an educational program: \$225.00;
- (14) application for initial expanded practice certification: \$100.00 per module;
- (15) application for triennial expanded practice license renewal: an additional \$200;
- (16) late expanded practice license renewal: an additional \$125.00 plus the renewal fee;
- (17) expired expanded practice license renewal: an additional \$100.00 plus the renewal and late fees;
- (18) application for externship supervisor registration: \$225.00;
- (19) application for extern certification: \$225.00;
- (20) continuing education provider course approval application: \$50.00;
- (21) auricular detoxification specialist certification application: \$50.00;
- (22) auricular detoxification specialist certification renewal: \$30.00;
- (23) auricular detoxification specialist certification late renewal: \$20.00;
- (24) auricular detoxification specialist supervisor registration application: \$50.00;
- (25) auricular detoxification specialist training program approval application: \$100.00;
- (26) auricular detoxification specialist training program approval renewal: \$50.00;
- (27) treatment program approval application: \$100.00;
- (28) administrative fee for application for approval of an expanded practice educational course: \$600.00;
- (29) administrative fee for faculty change in an expanded practice course: \$50.00;
- (30) administrative fee for curriculum change in an expanded practice course: \$150.00;
- (31) renewal of expanded prescriptive authority course: \$200.00;
- (32) administrative fee for inactive license application: \$125.00;
- (33) administrative fee for inactive license renewal: \$100.00;
- (34) administrative fee for inactive license reinstatement application: \$125.00;
- (35) administrative fee for each duplicate license: \$30.00;
- (36) administrative fee for a single transcript or diploma from the former international institute of Chinese medicine, per copy: \$50.00;
- (37) administrative fees to cover the cost of photocopying, electronic data, lists and labels produced at the board office.

[11-3-81...7-1-96; A, 5-15-99; A, 2-17-00; 16.2.10.9 NMAC - Rn, 16 NMAC 2.10.10, 10-22-00; A, 1-1-01; A, 8-13-01; A, 3-2-03; A, 02-15-05; A, 9-25-06; A, 11-28-09; A, 11-28-10; A, 11-28-10; A, 02-08-13; A, 03-02-14]

History of 16.2.10 NMAC:

Pre-NMAC History:

Material in this part was derived from that previously filed with the commission of public records- state records center and archives as:

- AB 81-1, Regulations Governing Acupuncture Practitioners, filed 10-05-81;
- AB 82-1, Regulations Governing Acupuncture Practitioners, filed 06-16-82;
- AB 84-1, Regulations Governing Acupuncture Practitioners, Tutors and Institutes; filed 03-13-84;
- BCD 87-1, Regulations Governing Acupuncture Practitioners, Tutors and Institutes; filed 10-30-87;
- ACU 88-1, Regulations Governing Acupuncture Practitioners, Tutors and Institutes; filed 03-13-89;
- ACU Rule 91-4, Regulations Governing Acupuncture Practitioners, Tutors and Institutes; Fees; filed 02-18-91;
- Rule 4, Regulations Governing Acupuncture Practitioners, Tutors and Institutes, Fees, filed 08-28-92;
- Rule 4, Regulations Governing Acupuncture Practitioners, Tutors and Institutes, Fees, filed 02-24-93.

History of Repealed Material: [Reserved]

Other History:

Rule 4, Regulations Governing Acupuncture Practitioners, Tutors and Institutes, Fees (filed 02-24-93) was renumbered and reformatted to 16 NMAC 2.10, Fees, effective 07-01-96.

16 NMAC 2.10, Fees, (filed 06-14-96) was renumbered, reformatted, amended and replaced by 16.2.10 NMAC, Fees, effective 10-22-00.

TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING
CHAPTER 2 ACUPUNCTURE AND ORIENTAL MEDICINE PRACTITIONERS
PART 11 LICENSEE BUSINESS OFFICES AND ADMINISTRATIVE REQUIREMENTS

16.2.11.1 ISSUING AGENCY: New Mexico Board of Acupuncture and Oriental Medicine.
[16.2.11.1 NMAC - Rp 16 NMAC 2.11.1, 12-1-01]

16.2.11.2 SCOPE: All licensees, applicants, temporary licensees, applicants for temporary licensure, limited temporary license holders, externs, certified auricular detoxification specialists, auricular detoxification specialist training programs, educational programs and applicants for approval of educational programs.
[16.2.11.2 NMAC - Rp 16 NMAC 2.11.2, 12-1-01; A, 02-15-05]

16.2.11.3 STATUTORY AUTHORITY: This part is promulgated pursuant to the Acupuncture and Oriental Medicine Practice Act, Sections 61-14A-8 and 9, NMSA 1978.
[16.2.11.3 NMAC - Rp 16 NMAC 2.11.3, 12-1-01]

16.2.11.4 DURATION: Permanent.
[16.2.11.4 NMAC - Rp 16 NMAC 2.11.4, 12-1-01]

16.2.11.5 EFFECTIVE DATE: December 1, 2001, unless a later date is cited at the end of a section.
[16.2.11.5 NMAC - Rp 16 NMAC 2.11.5, 12-1-01]

16.2.11.6 OBJECTIVE: This part establishes the requirements for registration of all licensee offices, the requirement that an office in a residence be set apart and have toilet facilities available, the inspection of offices, the keeping of records, the use of a trade name, the display of the license and the requirement for notifying the board of changes to, relocation or closing of the office.
[16.2.11.6 NMAC - Rp 16 NMAC 2.11.6, 12-1-01]

16.2.11.7 DEFINITIONS: Refer to definitions in 16.2.1.7 NMAC.
[16.2.11.7 NMAC - Rp 16 NMAC 2.11.7, 12-1-01; A, 02-15-05; A, 11-28-09]

16.2.11.8 OFFICE: All offices shall be registered with the board. All offices must have a written needlestick policy in place including recommendations for postexposure prophylaxis. When the practice of acupuncture and oriental medicine is conducted in a building used for residential purposes, a room or rooms shall be set apart as an office for the practice and shall be used solely for this purpose. It shall be equipped with a washroom and toilet facilities readily available in the same premises. An office may be inspected at any time during normal business hours by the board or its agents.
[16.2.11.8 NMAC - Rp 16 NMAC 2.11.8, 12-1-01; A, 6-16-15]

16.2.11.9 RECORDS: A doctor of oriental medicine, temporary licensee, extern or educational program shall keep accurate records of each patient including the diagnosis and nature of treatment given and any other relevant data deemed necessary by the provider. Records shall be retained for a minimum of 10 years or in accordance with federal regulation and shall be open to inspection at any time during normal business hours by the board.
[16.2.11.9 NMAC - Rp 16 NMAC 2.11.9, 12-1-01; A, 11-28-09]

16.2.11.10 USE OF BUSINESS NAME OR TRADE NAME: The board shall be notified of the use of a trade or business name or "DBA" by a doctor of oriental medicine. The board shall be notified, in writing, of any change of business or trade name within 10 days of the change.
[16.2.11.10 NMAC - Rp 16 NMAC 2.11.10, 12-1-01; A, 02-15-05; A, 11-28-09]

16.2.11.11 DISPLAY OF LICENSE: The current license shall be conspicuously displayed in all offices of the doctor of oriental medicine or temporary licensee that are registered with the board. For the fee specified in part 10, the board shall provide a copy of the license for each additional office location registered with the board.
[16.2.11.11 NMAC - Rp 16 NMAC 2.11.11, 12-1-01]

16.2.11.12 CHANGES, RELOCATION, CLOSING: Within 10 days of any changes, a doctor of oriental medicine or temporary licensee shall inform the board, in writing, of any changes to his or her practice, including relocation, abandonment and closing for over 90 days. Notice to the board shall include at a minimum the name of the licensee, office location, mailing address, telephone number, business name and the names of all licensees practicing at that location.

[16.2.11.12 NMAC - Rp 16 NMAC 2.11.12, 12-1-01; A, 02-15-05; A, 11-28-09]

History of 16.2.11 NMAC:

Pre-NMAC History:

The material in this part was derived from that previously filed with state records center and archives as:

ACU Rule 91-3, Regulations Governing Acupuncture Practitioners, Tutors, and Institutes - Administrative Requirements, filed 2-18-91;

Rule 3, Regulations Governing Acupuncture Practitioners, Tutors, and Institutes - Administrative Requirements, filed 8-28-92;

Rule 3, Regulations Governing Acupuncture Practitioners, Tutors, and Institutes - Administrative Requirements, filed 1-26-93;

ACU Rule 91-10, Regulations Governing Acupuncture Practitioners, Tutors, And Institutes - Advertisement, filed 2-18-91;

Rule 10, Regulations Governing Acupuncture Practitioners, Tutors, And Institutes - Titles, filed 1-27-93.

History of Repealed Material: 16 NMAC 2.11, Licensee Business Offices and Administrative Requirements (filed 6-14-96) repealed effective 12-1-01.

Other History:

Rule 10, Regulations Governing Acupuncture Practitioners, Tutors, And Institutes - Titles (filed 1-27-93) was renumbered, reformatted, and replaced by 16 NMAC 2.11, Licensee Business Offices and Administrative Requirements, effective 07-01-96.

16 NMAC 2.11, Licensee Business Offices and Administrative Requirements (filed 6-14-96) replaced by 16.2.11 NMAC, Licensee Business Offices and Administrative Requirements, effective 12-1-01.

TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING
CHAPTER 2 ACUPUNCTURE AND ORIENTAL MEDICINE PRACTITIONERS
PART 12 GROUNDS FOR DENIAL, SUSPENSION OR REVOCATION OF LICENSE

16.2.12.1 ISSUING AGENCY: New Mexico Board of Acupuncture and Oriental Medicine.
[7-1-96; 16.2.12.1 NMAC - Rn, 16 NMAC 2.12.1, 8-13-01]

16.2.12.2 SCOPE: All licensees, applicants, temporary licensees, applicants for temporary licensure, limited temporary license holders, limited temporary license applicants, externs, certified auricular detoxification specialists, certified auricular detoxification specialist applicants, auricular detoxification specialist training programs, auricular detoxification specialist training program applicants, educational programs and applicants for approval of educational programs.
[7-1-96, A, 8-31-98; 16.2.12.2 NMAC - Rn & A, 16 NMAC 2.12.2, 8-13-01; A, 02-15-05]

16.2.12.3 STATUTORY AUTHORITY: This Part is promulgated pursuant to the Acupuncture and Oriental Medicine Practice Act, Sections 61-14A-8, 9 and 17, NMSA 1978.
[7-1-96; 16.2.12.3 NMAC - Rn, 16 NMAC 2.12.3, 8-13-01]

16.2.12.4 DURATION: Permanent.
[7-1-96; 16.2.12.4 NMAC - Rn, 16 NMAC 2.12.4, 8-13-01]

16.2.12.5 EFFECTIVE DATE: July 1, 1996, unless a later date is cited at the end of a section or paragraph.
[7-1-96, 4-1-97; 16.2.12.5 NMAC - Rn, 16 NMAC 2.12.5, 8-13-01]

16.2.12.6 OBJECTIVE: This part clarifies the grounds for which the board may deny, suspend or revoke a license to practice acupuncture and oriental medicine or otherwise discipline a licensee, applicant, temporary licensee, applicant for temporary licensure, extern, extern supervisor or educational program in addition to those reasons listed in the act in Section 61-14A-17 NMSA 1978.
[7-1-96; 16.2.12.6 NMAC - Rn & A, 16 NMAC 2.12.6, 8-13-01; A, 02-08-13]

16.2.12.7 DEFINITIONS: Refer to definitions in 16.2.1.7 NMAC.
[7-1-96; 16.2.12.7 NMAC - Rn, 16 NMAC 2.12.7, 8-13-01; A, 02-15-05; A, 11-28-09]

16.2.12.8 AUTHORITY AND PROCEDURE: The board may refuse to issue, or may suspend, or revoke any license, in accordance with the Uniform Licensing Act, 61-1-1 to 61-1-31 NMSA 1978, for reasons authorized in the Act and clarified in 16.2.12 NMAC.
[3-19-91...7-1-96; 16.2.12.8 NMAC - Rn & A, 16 NMAC 2.12.8, 8-13-01; A, 11-28-09]

16.2.12.9 FAILURE TO USE PRE-STERILIZED SINGLE USE NEEDLES: Pursuant to the Act, Section 61-14A-17.A(3) NMSA 1978, a doctor of oriental medicine, a temporary licensee or an extern shall be guilty of incompetence who fails to use pre-sterilized single use needles.
[4-11-89...7-1-96; A, 8-31-98; 16.2.12.9 NMAC - Rn & A, 16 NMAC 2.12.9, 8-13-01]

16.2.12.10 FAILURE TO FOLLOW PROPER INSTRUMENT STERILIZATION PROCEDURE: Pursuant to the Act, Section 61-14A-17.A(3) NMSA 1978, a doctor of oriental medicine, a temporary licensee or an extern shall be guilty of incompetence who fails to use sterile instruments or fails to follow proper instrument sterilization procedures including the use of biological monitors and the keeping of accurate records of sterilization cycles and equipment service maintenance as described in the manufacturer's instruction manual, the current edition of "clean needle technique manual for acupuncturists" published by the national acupuncture foundation, and the instrument sterilization protocols used by New Mexico hospitals and the American hospital association.
[11-3-81...7-1-96; A, 8-31-98; 16.2.12.10 NMAC - Rn & A, 16 NMAC 2.12.10, 8-13-01]

16.2.12.11 FAILURE TO FOLLOW CLEAN NEEDLE TECHNIQUE: Pursuant to the Act, Section 61-14A-17.A(3) NMSA 1978, a doctor of oriental medicine, a temporary licensee or an extern shall be guilty of

incompetence who fails to follow clean needle technique as defined in the current edition of “clean needle technique manual for acupuncturists” published by the national acupuncture foundation.
[11-3-81...7-1-96; A, 8-31-98; 16.2.12.11 NMAC - Rn & A, 16 NMAC 2.12.11, 8-13-01]

16.2.12.12 FALSE REPORTING: Pursuant to the Act, Section 61-14A-17.A (5) NMSA 1978, a doctor of oriental medicine temporary licensee, applicant, applicant for temporary licensure, extern, educational program or applicants for approval of an educational program shall be guilty of unprofessional conduct who willfully makes or files false reports or records in his or her practice of acupuncture and oriental medicine, or who files false statements for collection of fees for services that were not rendered.
[4-11-89...7-1-96; 16.2.12.12 NMAC - Rn & A, 16 NMAC 2.12.12, 8-13-01]

16.2.12.13 OUT OF STATE DISCIPLINARY ACTION: Pursuant to the Act, Section 61-14A-17.A (3) and (5) NMSA 1978, a doctor of oriental medicine, an applicant, a temporary licensee, an applicant for temporary licensure or an extern shall be guilty of incompetence or unprofessional conduct for any act or omission which has resulted in disciplinary action against him or her by the licensing or disciplinary authority, or court in another state, territory, or country which would constitute incompetence if it had been committed in New Mexico.
[4-11-89...7-1-96; 16.2.12.13 NMAC - Rn & A, 16 NMAC 2.12.13, 8-13-01]

16.2.12.14 PROCURING LICENSE BY FRAUD: Pursuant to the Act, Section 61-14A-17.A (1), NMSA 1978, a doctor of oriental medicine, an applicant, a temporary licensee, an applicant for temporary licensure or an extern shall be guilty of fraud or deceit in procuring or attempting to procure or renew a license or a temporary license to practice in the profession of acupuncture and oriental medicine if he makes false statements, or provides false or misleading information on his or her application.
[4-11-89...7-1-96; 16.2.12.14 NMAC - Rn & A, 16 NMAC 2.12.14, 8-13-01; A, 11-28-09]

16.2.12.15 MISREPRESENTATION: Pursuant to the Act, Section 61-14A-17.A (5) and (14) NMSA 1978, a doctor of oriental medicine, temporary licensee, extern, educational program or applicant for approval of an educational program shall be guilty of unprofessional conduct and attempting to attract patronage in an unethical manner who guarantees a cure will result from the performance of professional services.
[11-3-81...7-1-96; 16.2.12.15 NMAC - Rn & A, 16 NMAC 2.12.15, 8-13-01]

16.2.12.16 FALSE ADVERTISING: Pursuant to the Act, Section 61-14A-17.A (13) NMSA 1978, a doctor of oriental medicine, temporary licensee, extern, instructor in an educational course or program or applicant for approval of an educational program shall be guilty of advertising by means of knowingly false statements who makes or publishes or causes to be made or published any advertisement, offer, statement or other form of representation, oral or written, that directly or by implication is false, misleading or deceptive.
[11-3-81...7-1-96; 16.2.12.16 NMAC - Rn & A, 16 NMAC 2.12.16, 8-13-01; A, 11-28-09]

16.2.12.17 FALSE ADVERTISING BY APPLICANTS: Pursuant to the Act, Sections 61-14A-17.A (7) and (13) NMSA 1978, an applicant or an applicant for temporary licensure shall be guilty of violating the provisions of the act, specifically Section 61-14A-4, and shall be guilty of advertising by means of knowingly false statements who advertises his or her practice of acupuncture and oriental medicine if he does such advertising prior to being licensed by the board.
[4-1-97; 16.2.12.7 NMAC - Rn, 16 NMAC 2.12.7, 8-13-01; A, 11-28-09]

16.2.12.18 EDUCATIONAL FRAUD: Pursuant to the Act, Section 61-14A-17.A (5) NMSA 1978, a doctor of oriental medicine, temporary licensee, extern, educational program or applicant for approval of an educational program shall be guilty of unprofessional conduct who practices fraud, deceit, gross negligence, or misconduct in the clinical practice or in relation to the operation of an educational program in acupuncture and oriental medicine.
[4-11-89...7-1-96; 16 NMAC 2.12.17, 4-1-97; 16.2.12.18 NMAC - Rn & A, 16 NMAC 2.12.18, 8-13-01]

16.2.12.19 FAILURE TO KEEP RECORDS: Pursuant to Section 61-14A-17.A (5) NMSA 1978, a doctor of oriental medicine, temporary licensee, extern, educational program or applicant for approval of an educational program shall be guilty of unprofessional conduct who fails to keep written records reflecting the course of treatment of the patient.
[4-11-89...7-1-96; 16 NMAC 2.12.18, 4-1-97; 16.2.12.19 NMAC - Rn & A, 16 NMAC 2.12.19, 8-13-01]

16.2.12.20 FAILURE TO PROVIDE RECORDS TO PATIENT: Pursuant to the Act, Section 61-14A-17.A (5) NMSA 1978, a doctor of oriental medicine, temporary licensee, extern, educational program or applicant for approval of an educational program shall be guilty of unprofessional conduct who fails to make available to a patient or client, upon request, copies of patient records in their possession, or under their control that have been prepared for and paid for by the patient or client. The patient records must be provided to the patient or client within 30 days of the request.
[4-11-89...7-1-96; 16 NMAC 2.12.19, 4-1-97; A, 8-31-98; 16.2.12.20 NMAC - Rn & A, 16 NMAC 2.12.20, 8-13-01; A, 02-15-05]

16.2.12.21 BREACH OF CONFIDENTIALITY: Pursuant to the Act, Section 61-14A-17.A (5) NMSA 1978, a doctor of oriental medicine, temporary licensee, extern, educational program or applicant for approval of an educational program shall be guilty of unprofessional conduct who reveals personally identifiable facts, data or information obtained in a professional capacity, without the prior consent of the patient or client, except as authorized or required by law.
[4-11-89...7-1-96; 16 NMAC 2.12.20, 4-1-97; 16.2.12.21 NMAC - Rn & A, 16 NMAC 2.12.21, 8-13-01]

16.2.12.22 DELEGATION OF RESPONSIBILITIES TO UNQUALIFIED PERSONS: Pursuant to the Act, Section 61-14A-17.A (3), NMSA 1978, a doctor of oriental medicine, a temporary licensee or an extern shall be guilty of incompetence who:

- A. delegates professional responsibilities to a person when the doctor of oriental medicine, temporary licensee or extern delegating such responsibilities knows or has reason to know that the person is not qualified by education, by experience or by licensure or certification to perform the responsibilities; or
- B. fails to exercise appropriate supervision over temporary licensees or students who are authorized to practice only under the supervision of the doctor of oriental medicine or temporary licensee.

[4-11-89...7-1-96; 16 NMAC 2.12.21, 4-1-97; 16.2.12.22 NMAC - Rn & A, 16 NMAC 2.12.22, 8-13-01]

16.2.12.23 ABANDONMENT OF PATIENTS: Pursuant to the Act, Section 61-14A-17.A (5) NMSA 1978, a doctor of oriental medicine, temporary licensee, extern, educational program or applicant for approval of an educational program shall be guilty of unprofessional conduct who abandons or neglects a patient or client under and in need of immediate professional care, without making reasonable arrangements for the continuation of such care, or abandons professional employment in a group practice, hospital, clinic or other health care facility, without reasonable notice and under circumstances which seriously impair the delivery of professional care to patients or clients.
[4-11-89...7-1-96; 16 NMAC 2.12.22, 4-1-97; 16.2.12.23 NMAC - Rn & A, 16 NMAC 2.12.23, 8-13-01]

16.2.12.24 SOLICITATION: Pursuant to the Act, Section 61-14A-17.A (14) NMSA 1978, a doctor of oriental medicine, temporary licensee, extern, educational program or applicant for approval of an educational program shall be guilty of attempting to attract patronage in an unethical manner who solicits patients, either personally or through an agent, through the use of fraud, intimidation, undue influence, or a form of overreaching or vexatious conduct. A solicitation is any communication which directly or implicitly requests an immediate oral or written response from the recipient.
[4-11-89...7-1-96; 16 NMAC 2.12.23, 4-1-97; 16.2.12.24 NMAC - Rn & A, 16 NMAC 2.12.24, 8-13-01]

16.2.12.25 FEE SPLITTING: Pursuant to the Act, Section 61-14A-17.A (14) NMSA 1978, a doctor of oriental medicine, temporary licensee, extern, educational program or applicant for approval of an educational program shall be guilty of attempting to attract patronage in an unethical manner who engages in fee splitting. “Fee splitting” means paying or offering to pay a business or professional person or receiving or offering to receive from a business or professional person a commission, rebate, or compensation for bringing or referring a patient or dividing or offering to divide fees received for service for bringing or referring a patient. A division of fees between or among practitioners in the same practice or fee arrangements to cover patients during temporary absences is not fee splitting and is not prohibited by this provision.
[4-11-89...7-1-96; 16 NMAC 2.12.24, 4-1-97, A, 5-15-99; 16.2.12.25 NMAC - Rn & A, 16 NMAC 2.12.25, 8-13-01]

16.2.12.26 FINANCIAL EXPLOITATION: Pursuant to the Act, Section 61-14A-17.A (5) NMSA 1978, a doctor of oriental medicine, temporary licensee, extern, educational program or applicant for approval of an educational program shall be guilty of unprofessional conduct who exercises undue influence on the patient or client in such manner as to exploit the patient or client for the financial gain of the doctor of oriental medicine, temporary licensee, extern, educational program or applicant for approval of an educational program or of a third party. [4-11-89...7-1-96; 16 NMAC 2.12.25, 4-1-97, 4-1-97; 16.2.12.26 NMAC - Rn & A, 16 NMAC 2.12.26, 8-13-01]

16.2.12.27 SEXUAL ABUSE, EXPLOITATION AND MISCONDUCT: Pursuant to the Act, Section 61-14A-17.A (5) NMSA 1978, a doctor of oriental medicine, an applicant, a temporary licensee, an applicant for temporary licensure or an extern shall be guilty of unprofessional conduct who commits an act of sexual abuse, exploitation or misconduct, by exercising influence within a doctor/patient or teacher/student relationship for purposes of engaging a patient or student in sexual activity or who engages in sexual contact or the suggestion of sexual contact with a patient or student during the doctor/patient or teacher/student relationship within an educational program, unless a sexual relationship with the patient or student preceded the professional relationship as doctor/patient or teacher/student. If the licensee, temporary licensee or extern and the patient mutually desire a personal/sexual relationship, the licensee, temporary licensee or extern shall immediately terminate the professional relationship with a written and signed termination of care agreement, make an appropriate referral to another health care practitioner, and wait before engaging in such a relationship for a time when it is reasonably certain based on the factors enumerated below that the professional relationship has no influence on the personal/sexual relationship. The licensee, temporary licensee or extern who engages in such a personal/sexual relationship, following the cessation or termination of treatment, bears the burden of providing proof that there has been no exploitation, in light of all relevant factors, including (1) the amount of time that has passed since care was terminated, (2) the nature and duration of the care, (3) the circumstances of termination, (4) the patient's personal history, (5) the patient's mental status, (6) the likelihood of adverse impact on the patient and others, and (7) any statements or actions made by the licensee, temporary licensee or extern during the course of care suggesting or inviting the possibility of a post termination relationship with the patient. Each of the following acts constitutes sexual abuse, exploitation or misconduct:

- A. physical or verbal sexual contact or intercourse during the course of the professional relationship, whether in or out of the practitioner's place of business;
- B. failure to maintain appropriate professional boundaries even if the patient is perceived as seductive;
- C. failure to provide the patient with an opportunity to undress and dress in private;
- D. failure to provide the patient with the opportunity to wear underwear or a smock during treatment;
- E. failure to obtain informed verbal consent before undraping or treating the patient's breasts, buttocks or genitals;
- F. use of inappropriate parts of the practitioner's body to brace the patient;
- G. palpation beyond that which is necessary to accomplish a competent examination or treatment;
- H. sexual repartee, innuendo, jokes or flirtation;
- I. sexual comments about the patient's person or clothing;
- J. inquiry into the patient's sexual history or behavior beyond that which is necessary for a competent examination, diagnosis or treatment; the practitioner shall not be unnecessarily intrusive; the practitioner shall not verbalize any unprofessional comments concerning the patient's sexual history or behavior; and
- K. attempting to diagnose or treat a sexual issue beyond the practitioner's scope of training or practice.

[4-11-89...7-1-96; 16 NMAC 2.12.26, 4-1-97, 4-1-97; 8-31-98; A, 2-17-00; 16.2.12.27 NMAC - Rn & A, 16 NMAC 2.12.27, 8-13-01]

16.2.12.28 CONVICTION OF CRIME: Pursuant to the Act, Section 61-14A-17.A (3) NMSA 1978, a doctor of oriental medicine, applicant, temporary licensee, applicant for temporary licensure or extern shall be guilty of incompetence if convicted of any misdemeanor or felony relating to the practice of acupuncture and oriental medicine. For the purpose of this Section, conviction includes any finding of guilt by a court or jury, any plea or judgment of conditional discharge, or any plea of guilty, or any plea of nolo contendere or no contest, or plea or disposition of conditional discharge, and including any such proceeding in which a sentence was imposed, suspended or deferred.

[4-11-89...7-1-96; 16 NMAC 2.12.27, 4-1-97; 16.2.12.28 NMAC - Rn & A, 16 NMAC 2.12.28, 8-13-01]

16.2.12.29 PERMITTING INSERTION OR REMOVAL OF ACUPUNCTURE NEEDLES: Pursuant to the Act, Section 61-14A-17.A (5) NMSA 1978, a doctor of oriental medicine, applicant, temporary licensee, applicant for temporary licensure or extern shall be guilty of unprofessional conduct who permits, directs or supervises the insertion or removal of acupuncture needles by an unlicensed agent or employee. This provision shall not apply to a patient carrying out the instructions of his or her doctor of oriental medicine, temporary licensee or extern when it is part of the patient's treatment providing that the instructions are simple and clear and there is no danger to the patient. This provision shall not apply to a student enrolled in an educational program practicing under the direct supervision of a teacher as part of the educational program in which he or she is enrolled.
[4-1-97; 16.2.12.29 NMAC - Rn & A, 16 NMAC 2.12.29, 8-13-01]

16.2.12.30 PERMITTING THE PRESCRIPTION OF SUBSTANCES AND PROCEDURES: Pursuant to the Act, Section 61-14A-17.A (5) NMSA 1978, a doctor of oriental medicine, applicant, temporary licensee, applicant for temporary licensure or extern shall be guilty of unprofessional conduct who permits, directs or supervises the prescription of substances or procedures within the scope of practice of a doctor of oriental medicine by an unlicensed agent or employee. This provision shall not apply to a patient carrying out the instructions of his or her doctor of oriental medicine, temporary licensee, or extern when it is part of the patient's treatment providing that the instructions are simple and clear and there is no danger to the patient. This provision shall not apply to a student enrolled in an educational program practicing under the direct supervision of a teacher as part of the educational program in which he is enrolled.
[4-1-97, 16.2.12.30 NMAC - Rn & A, 16 NMAC 2.12.30, A, 8-13-01; A, 11-28-09]

16.2.12.31 FAILURE TO OBTAIN INFORMED CONSENT: Pursuant to Section 61-14A-17.A (5) NMSA 1978, a doctor of oriental medicine, temporary licensee, extern, educational program or applicant for approval of an educational program shall be guilty of unprofessional conduct who fails to obtain, from the patient, a written informed consent for diagnosis and treatment that gives the patient at least a description of the types of diagnostic and treatment services used and any associated potential risks and sensations. The written informed consent shall also contain an explanation that the following will be discussed orally with the patient: (1) an estimate of the number of times the patient may need to return for treatment; (2) the frequency of treatment; and (3) the possible outcome of the diagnostic procedure or treatment service. The written informed consent shall also contain a statement that the patient shall have the choice to accept or reject the proposed diagnostic procedure or treatment, or any part of it, before or during the diagnosis or treatment.
[5-1-97, A, 8-31-98, A, 5-15-99; 16.2.12.31 NMAC - Rn & A, 16 NMAC 2.12.31, 8-13-01]

16.2.12.32 INCOMPETENCE AND UNPROFESSIONAL CONDUCT: The specifications of incompetence and unprofessional conduct defined in the act and 16.2.12 NMAC shall not be exclusive of the types of acts and omissions which may be found by the board to constitute incompetence or unprofessional conduct.
[4-11-89...7-1-96; 16 NMAC 2.12.28, 4-1-97; 16.2.12.32 NMAC - Rn, 16 NMAC 2.12.32, 8-13-01; A, 02-15-05; A, 11-28-09]

16.2.12.33 ACUPUNCTURE ON ANIMALS: A person who is not licensed under the Veterinary Practice Act, including a licensed doctor of oriental medicine, is prohibited from practicing veterinary medicine, including acupuncture on an animal, as defined by the Veterinary Practice Act, except under direct supervision of a licensed veterinarian pursuant to Rule 16.25.9.15 NMAC, or superseding rule. A licensed doctor of oriental medicine is guilty of unprofessional conduct who: (1) practices acupuncture on an animal or renders related services on an animal in violation of the Veterinary Practice Act, or (2) advertises or solicits clients for the practice of acupuncture on an animal except as permitted by rule promulgated by the board of veterinary medicine, or (3) accepts a fee directly from a client for services rendered on an animal.
[16.2.12.33 NMAC - N, 8-13-01]

16.2.12.34 DISCIPLINARY ACTION AND FINES: A licensee, temporary licensee, applicant, applicant for temporary licensure, extern, extern supervisor or educational program is subject to disciplinary proceedings, including fines, in accordance with the uniform Licensing Act, NMSA 1978, Sections 61-1-1 through 61-1-35, as amended, for violations of the act or for violations of 16.2.12 NMAC (Part 12 of the Rules). Fines may be assessed for each violation. Fines may be assessed in addition to other disciplinary action taken by the board for repeated or serious violations or for providing false or misleading information to the board.

A. Violations of specific rules applicable to educational programs may result in denial, suspension or revocation of the educational program approval or in assessment of fines as described below:

- (1) failure to provide the board complete, accurate transcripts pursuant to Paragraphs (1) & (2) of Subsection C of 16.2.3.13 NMAC of Part 3 of the Rules) - \$1000.00;
- (2) failure to furnish the board, its investigators, or agents with information requested by the board or failure to allow visits or inspections of the institute or facility pursuant to 16.2.7.8 NMAC (Section 8 of Part 7 of the Rules or Subsection M of 16.2.7.9 NMAC (Subsection M of Section 9 of Part 7 of the Rules) - \$1000.00;
- (3) failure to provide the board with the names and educational qualifications of all teaching supervisors, resident teachers and visiting teachers as required by Subsection G of 16.2.7.9 NMAC (Subsection G of Section 9 of Part 7 of the Rules) - \$500.00;
- (4) failure to provide at least 900 hours of Supervised Clinical Practice and observation with at least 400 of those hours as actual treatment hours with the student as the primary student practitioner pursuant to Subsection C of 16.2.7.9 NMAC (Subsection C of Section 9 of of Part 7 of the Rules) - \$ 500.00;
- (5) failure to notify board of ownership or program changes pursuant to 16.2.7.13 NMAC (Section 13 of Part 7 of the Rules) - \$200.00;
- (6) failure to maintain and enforce appropriate guidelines and procedures for termination and transfer of clinic patients pursuant to 16.2.12.23 NMAC (Section 23 of Part 12 of the Rules) - \$ 500.00; and
- (7) failure to comply with any other provisions required of an educational program, a fine not to exceed one thousand dollars (\$1,000.00) for each violation.

B. A licensee, temporary licensee, applicant, applicant for temporary licensure, extern or an extern Supervisor is subject to disciplinary proceedings in accordance with the Uniform Licensing Act, NMSA 1978, Sections 61-1-1 through 61-1-35, as amended, for violations of the act, Section 61-14A-17 NMSA 1978, or the Rules. The board has authority to take action that may result in denial of a license, failure to renew a license, suspension of a license, revocation of a license, restriction or limitation on the scope of practice, requirement to complete remedial education, monitoring of the practice by a supervisor approved by the board, censure or reprimand, compliance with conditions of probation or suspension for a specific period of time, corrective action as specified by the board, or payment of a fine not to exceed one thousand dollars (\$1,000.00) for each violation.

C. Violations of specific rules applicable to extern supervisors and externs as defined in 16.2.14 NMAC (Part 14 of the Rules) may result in suspension or revocation of the externship supervisor registration or the extern certification or in assessment of a fine not to exceed one thousand dollars (\$1000.00) for each violation. [16.2.12.34 NMAC - N, 8-13-01]

16.2.12.35 EXPANDED PRESCRIPTIVE AUTHORITY INCOMPETENCE: Pursuant to the Act, Section 61-14A-17.A (3) NMSA 1978, a doctor of oriental medicine certified for the expanded prescriptive authority shall be guilty of incompetence if he, when diagnosing and treating a patient, does not possess and apply the knowledge and use the skill and care ordinarily used by similarly certified doctors of oriental medicine. [16.2.12.35 NMAC - N, 02-15-05; A, 11-28-09]

16.2.12.36 INCOMPETENCE: Pursuant to the Act, Section 61-14A-17.A (3) NMSA 1978, a doctor of oriental medicine or a doctor of oriental medicine certified in expanded practice who injudiciously prescribes, administers, or dispenses a drug as defined in the New Mexico Drug, Device and Cosmetic Act shall be guilty of incompetence. [16.2.12.36 NMAC - N, 02-15-05; A, 11-28-09]

History of 16.2.12 NMAC:

Pre-NMAC History: Material in this part was derived from that previously filed with the commission of public records - state records center and archives as:

AB 81-1, Regulations Governing Acupuncture Practitioners, filed 10-5-81;
AB 82-1, Regulations Governing Acupuncture Practitioners, filed 6-16-82;
AB 84-1, Regulations Governing Acupuncture Practitioners, Tutors and Institutes, filed 3-13-84;
BCD 87-1, Emergency Regulations Governing Acupuncture Practitioners, Tutors and Institutes, filed 10-30-87;
ACU 88-1 Regulations Governing Acupuncture Practitioners, Tutors and Institutes, filed 3-13-89;
ACU Rule 91-9, Regulations Governing Acupuncture Practitioners, Tutors and Institutes- Sanitation, filed 2-18-91;
Rule 9, Regulations Governing Acupuncture Practitioners, Tutors and Institutes- Sanitation, filed 1-26-93;
ACU Rule 91-10, Regulations Governing Acupuncture Practitioners, Tutors and Institutes- Advertisement, filed 2-18-91;

Rule 10, Regulations Governing Acupuncture Practitioners, Tutors and Institutes- Titles, filed 1-27-93;
ACU Rule 91-14, Regulations Governing Acupuncture Practitioners, Tutors and Institutes- Grounds for Denial, Suspension or Revocation of License, filed 2-18-91;
Rule 14, Regulations Governing Acupuncture Practitioners, Tutors and Institutes- Grounds for Denial, Suspension or Revocation of License, filed 1-26-93;
ACU Rule 91-15, Regulations Governing Acupuncture Practitioners, Tutors and Institutes- Pertaining to Open Meetings, Public Records, and Confidentiality, filed 2-18-91;
Rule 15, Regulations Governing Acupuncture Practitioners, Tutors and Institutes- Pertaining to Open Meetings, Public Records, and Confidentiality, filed 8-28-92;
ACU Rule 91-16, Regulations Governing Acupuncture Practitioners, Tutors and Institutes- Guidelines for Sterilization or Reusable Acupuncture Needles, filed 5-11-92;
Rule 16, Regulations Governing Acupuncture Practitioners, Tutors and Institutes- Guidelines for Sterilization or Reusable Acupuncture Needles, filed 1-26-93.

History of Repealed Material: Rule 9, Regulations Governing Acupuncture Practitioners, Tutors and Institutes- Sanitation (filed 1-26-93) and Rule 10, Regulations Governing Acupuncture Practitioners, Tutors and Institutes- Titles (filed 1-27-93) both repealed effective 06-20-2001.

Other History:

Rule 14, Regulations Governing Acupuncture Practitioners, Tutors and Institutes- Grounds for Denial, Suspension or Revocation of License (filed 1-26-93) and Rule 16, Regulations Governing Acupuncture Practitioners, Tutors and Institutes- Guidelines for Sterilization or Reusable Acupuncture Needles (filed 1-26-93) both renumbered, reformatted, amended and replaced by 16 NMAC 2.12, Grounds For Denial, Suspension Or Revocation Of License, effective 07-01-96.

16 NMAC 2.12, Grounds For Denial, Suspension Or Revocation Of License (filed 06-14-96) renumbered, reformatted and amended to 16.2.12 NMAC, Grounds For Denial, Suspension Or Revocation Of License, effective 08-13-01.

TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING
CHAPTER 2 ACUPUNCTURE AND ORIENTAL MEDICINE PRACTITIONERS
PART 13 COMPLAINT AND DISCIPLINARY PROCEDURES

16.2.13.1 ISSUING AGENCY: New Mexico Board of Acupuncture and Oriental Medicine.
[7-1-96; 16.2.13.1 NMAC - Rn, 16 NMAC 2.13.1, 11-6-00]

16.2.13.2 SCOPE: All licensees, applicants, temporary licensees, applicants for temporary licensure, externs, educational programs and applicants for approval of educational programs.
[7-1-96; 16.2.13.2 NMAC - Rn & A, 16 NMAC 2.13.2, 11-6-00; A, 12-1-01]

16.2.13.3 STATUTORY AUTHORITY: This Part is promulgated pursuant to the Acupuncture and Oriental Medicine Practice Act, Sections 61-14A-8, 9 and 17, NMSA 1978.
[7-1-96; 16.2.13.3 NMAC - Rn, 16 NMAC 2.13.3, 11-6-00]

16.2.13.4 DURATION: Permanent.
[7-1-96; 16.2.13.4 NMAC - Rn, 16 NMAC 2.13.4, 11-6-00]

16.2.13.5 EFFECTIVE DATE: July 1, 1996, unless a later date is cited at the end of a section.
[7-1-96, A, 8-31-98; 16.2.13.5 NMAC - Rn & A, 16 NMAC 2.13.5, 11-6-00]

16.2.13.6 OBJECTIVE: This Part defines the creation of the complaint committee, the complaint committee chairperson and the complaint manager, and describes the procedures for the filing of a complaint, the receipt of a complaint at the board's office, the review of the complaint by the complaint committee, the review of the complaint, if necessary, by the board and disciplinary proceedings.
[7-1-96; 16.2.13.6 NMAC - Rn, 16 NMAC 2.13.6, 11-6-00]

16.2.13.7 DEFINITIONS: Refer to definitions in 16.2.1.7 NMAC (Section 7 of Part 1 of the rules).
[7-1-96; 16.2.13.7 NMAC - Rn, 16 NMAC 2.13.7, 11-6-00; A, 12-1-01; A, 02-15-05]

16.2.13.8 INITIATING A COMPLAINT:

- A. A complaint may be initiated by any person by a telephone call, a written complaint, or an in person complaint presented to any board member or the board's administrator. The board's administrator or complainant shall prepare a complaint form. This form shall be available at the office of the board's administrator.
- B. The provisions of Subsection A above notwithstanding, no formal disciplinary proceeding against any person may be instituted without a written, signed complaint.
- C. The board's administrator shall maintain a written log of all complaints received that records the following: the date of the complaint; the name, address and telephone number of the complaining party (complainant); the name of the subject of the complaint (respondent); the method by which the complaint was made (e.g., telephone, letter, etc.); and other pertinent data as the board may direct.
[7-1-96, A, 8-31-98; 16.2.13.8 NMAC - Rn & A, 16 NMAC 2.13.8, 11-6-00; A, 12-1-01]

16.2.13.9 PROCEDURES FOR PROCESSING A COMPLAINT:

- A. The board's administrator, or any member of the board who may be appointed by the board's chairperson, will act as the complaint manager for the procedures outlined below.
- B. Upon receipt of a written signed complaint, or upon the board's action initiated by a majority vote of the board which is reduced to a written statement based on reasonable ground to believe that the Act or Rules may have been or are being violated, the complaint manager shall:
 - (1) Log in the date of receipt of the initial complaint.
 - (2) Determine whether the respondent is a applicant, temporary licensee, applicant for temporary licensure, extern, extern applicant, educational program, or applicant for approval of an educational program.
 - (3) Assign a complaint number and create an individual file. Complaint numbering shall begin with the last two digits of the year in which the complaint is filed, and shall then continue sequentially (e.g., 95-001).
 - (4) Forward the complaint to the complaint committee chairperson.
 - (5) Within seven (7) working days of receipt of the written complaint, send written acknowledgment of receipt of the complaint to the complainant.

[7-1-96; 16.2.13.9 NMAC - Rn & A, 16 NMAC 2.13.9, 11-6-00; A, 12-1-01]

16.2.13.10 REVIEW BY THE COMPLAINT COMMITTEE:

A. The complaint committee chairperson and complaint manager will comprise the complaint committee, and will review all written, signed complaints filed against a respondent. The complaint committee shall provide the respondent with a copy of the complaint within thirty (30) days of receipt of the complaint, unless the complaint committee reasonably determines that disclosure of the complaint at that time will substantially and materially impair the integrity or efficacy of the investigation. Nondisclosure at the initial stage of the complaint process shall be the exception, rather than the rule.

B. The respondent shall file a written response to the complaint that shall be received in the board's office within thirty days of the postmarked date on which complaint notice was mailed to the respondent, and shall be advised that he or she is required to provide all documents and exhibits in support of his or her position, unless it has been determined that disclosure of the complaint will substantially and materially impair the integrity or efficacy of the investigation, pursuant to Subsection A of 16.2.13.10.A NMAC (Subsection 10.A.of Part 13 of the Rules), in which case the investigation shall proceed without notice to the respondent at the initial stage.

C. If the complaint committee has determined that it is in the best interest of the investigation to withhold disclosure of the complaint during the initial stage of the investigation, pursuant to Subsection A of 16.2.13.10.A NMAC (Subsection 10.A.of Part 13 of the Rules), a copy of the complaint shall be provided to the respondent no later than at the time of the issuance of an NCA, if any.

D. If the complaint committee determines that further information is needed, it may issue investigative subpoenas, or employ an investigator, expert, or other person whose services are determined to be necessary in order to assist in the processing and investigation of the complaint.

E. Upon completion of the investigation, the complaint committee will present a summary of the case to the board, and will make recommendations for action. The summary shall not identify any of the parties by name. [7-1-96, A, 8-31-98, A, 7-3-99; A, 2-17-00; 16.2.13.10 NMAC - Rn & A, 16 NMAC 2.13.10, 11-6-00; A, 12-1-01]

16.2.13.11 REVIEW BY THE BOARD:

A. The complaint committee shall present its report and recommendation(s) to the board. The matter shall be referred to only by the assigned case number, and the identities of the parties shall not be disclosed to the board until and unless an NCA is issued. The complaint committee's report shall address issues regarding the statute of limitations and the board's subject matter jurisdiction.

B. After the complaint committee's report has been considered by the board, if the board determines there is not sufficient evidence or cause to issue an NCA, the case will be closed. A letter from the board will be sent, postmarked within thirty (30) days of the date of the board's decision, to both the complainant and respondent. The letter will state the board's action and the reasons for its decision.

C. After the complaint committee's report has been considered by the board, the board may vote to issue an NCA if it determines there is sufficient evidence that, if not rebutted or explained, will justify the board taking disciplinary action.

D. If the board votes to issue an NCA, a complete copy of the complaint committee's file, including exhibits, shall be forwarded to the attorney general's office for assignment of a prosecuting attorney and the Attorney General's decision as to whether there is a sufficient basis to prosecute.

E. At any time the board may enter into a settlement agreement with the respondent as a means of resolving a complaint. Any proposed settlement agreement must be approved by the board and by the respondent upon a knowing and intentional waiver by the respondent of his or her right to a hearing as provided by the Uniform Licensing Act, NMSA 1978, Section 61-1-1, et seq.

[7-1-96, A, 8-31-98, A, 5-15-99; 16.2.13.11 NMAC - Rn & A, 16 NMAC 2.13.11, 11-6-00; A, 12-1-01]

16.2.13.12 DISCIPLINARY PROCEEDINGS:

A. The chairperson of the board, or his or her designee, shall serve as chief officer for the disciplinary proceedings for the purpose of administering pre-hearing procedural matters. The chief officer shall be fully authorized to rule on non-dispositive matters on behalf of the full board, including, but not limited to matters related to discovery, continuances, time extensions, amendments, pre-hearing conferences, issuance of subpoenas, uncontested motions to change venue, motions to excuse a member filed pursuant to Section 61-1-7(C)NMSA 1978, and discovery and briefing schedules.

B. No party shall engage in ex-parte communications with the chief officer or any member of the board in any pending matter under investigation or in which an NCA has been issued.

C. All disciplinary proceedings shall be conducted in accordance with the Uniform Licensing Act. [7-1-96; A, 8-31-98; A, 5-15-99; 16.2.13.12 NMAC - Rn, 16 NMAC 2.13.12, 11-6-00; A, 12-1-01]

History of 16.2.13 NMAC:

Pre-NMAC History: None

History of Repealed Material: [Reserved]

History: Material in this part was derived from the previously filed with the commission of public records - state records center and archives as:

16 NMAC 12.13, Complaint and Disciplinary Procedures, effective 07-01-96.

16 NMAC 12.13, Complaint and Disciplinary Procedures (filed 06-14-96) renumbered, reformatted, amended and replaced by 16.2.13 NMAC, Complaint and Disciplinary Procedures, effective 11-06-2000.

TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING
CHAPTER 2 ACUPUNCTURE AND ORIENTAL MEDICINE PRACTITIONERS
PART 14 EXTERNSHIPS

16.2.14.1 ISSUING AGENCY: New Mexico Board of Acupuncture and Oriental Medicine.
[16.2.14.1 NMAC - N, 1-1-01]

16.2.14.2 SCOPE: All licensed Doctors of Oriental Medicine, Applicants, Externship Supervisor applicants, Externship Supervisors, Extern applicants, and Externs.
[16.2.14.2 NMAC - N, 1-1-01]

16.2.14.3 STATUTORY AUTHORITY: This Part is promulgated pursuant to the Acupuncture and Oriental Medicine Practice Act, Sections 61-14A-8, 61-14A-9 and 61-14A-14.1.
[16.2.14.3 NMAC - N, 1-1-01]

16.2.14.4 DURATION: Permanent.
[16.2.14.4 NMAC - N, 1-1-01]

16.2.14.5 EFFECTIVE DATE: January 3, 2001 unless a later date is cited at the end of a section.
[16.2.14.5 NMAC - N, 1-1-01]

16.2.14.6 OBJECTIVE: The purpose of an Externship is to provide recent graduates the opportunity to practice under supervision while preparing for licensure. This part establishes the requirements regarding the education and certification for an Extern, scope of practice of an Extern, the requirements for an Externship Supervisor, issuance of an Externship Supervisor registration, fees, change of Externship Supervisor, the expiration on an Extern certification, the revocation of an Externship Supervisor registration or Extern certification, and the grounds for denial, suspension or revocation of the Externship Supervisor's license or Extern's potential license.
[16.2.14.6 NMAC - N, 1-1-01; A, 7-26-01]

16.2.14.7 DEFINITIONS: Refer to definitions in 16.2.1.7 NMAC (Section 7 of Part 1 of the rules).
[16.2.14.7 NMAC - N, 1-1-01; A, 7-26-01; A, 02-15-05]

16.2.14.8 GENERAL REQUIREMENTS FOR EXTERNS:

A. An Extern applicant who has been subject to any action or proceeding described in Subsection C of 16.2.14.10 NMAC (Part 14 of the Rules) or who has violated the Act or the Rules, may be subject to disciplinary action, including denial, suspension or revocation of licensure, pursuant to the provisions of Section 61-14A-17 NMSA 1978, and subject to the Uniform Licensing Act, NMSA 1978, Section 61-1-1, et seq., and subject to the Criminal Offender Employment Act, NMSA 1978, Section 28-2-1, et seq.

B. An applicant who provides the Board with false information or makes a false statement to the Board may be subject to disciplinary action, including denial, suspension or revocation of licensure, pursuant to the provisions of the Act, NMSA 1978, Section 61-14A-17, and the Uniform Licensing Act, NMSA 1978, Section 61-1-1, et seq.; and

C. An Extern applicant must be an Applicant for licensure.
[16.2.14.8 NMAC, 1-1-01; A, 7-26-01; A, 3-16-03]

16.2.14.9 EDUCATIONAL AND EXAMINATION REQUIREMENTS FOR EXTERNS:

A. An extern applicant shall provide satisfactory proof that he or she has completed a board approved educational program.

B. An extern applicant shall provide satisfactory proof from the national certification commission for acupuncture and oriental medicine that he or she has successfully passed the following:

(1) the national certification commission for acupuncture and oriental medicine foundations of oriental medicine module; and

(2) the national certification commission for acupuncture and oriental medicine approved clean needle technique course; and

(3) the national certification commission for acupuncture and oriental medicine point location module.

C. An extern applicant must have graduated from a board approved educational program within twelve (12) months of filing the application for extern certification.
[16.2.14.9 NMAC - N, 1-1-01; A, 7-26-01; A, 3-16-03; A, 02-15-05]

16.2.14.10 EXTERN CERTIFICATION APPLICATION: Upon approval of an application for extern certification that fulfills the requirements listed below, the board shall issue an extern certification. In the interim between regular board meetings, whenever a qualified applicant for extern certification has filed his or her application and complied with all other requirements of this section, the board's chairman or an authorized representative of the board may grant an interim temporary extern certification that will suffice until the next regular meeting of the board. In no event shall the applicant begin the practice of acupuncture and oriental medicine until the extern certification or interim temporary extern certification is issued by the board. The application requirements for extern certification shall be receipt of the following by the board:

- A. the fee for application for extern certification specified in 16.2.10 NMAC (Part 10 of the rules);
- B. a application for extern certification that is complete and in English on a form provided by the board that shall include the applicant's name, address, date of birth and social security number, if available;
- C. an affidavit as provided on the "extern certification application" as to whether the applicant:
 - (1) has been subject to any disciplinary action in any jurisdiction related to the practice of acupuncture and oriental medicine, or related to any other profession including other health care professions for which the applicant is licensed, certified, registered or legally recognized to practice including resignation from practice, withdrawal or surrender of applicants license, certificate or registration during the pendency of disciplinary proceedings or investigation for potential disciplinary proceedings; or
 - (2) has been a party to litigation in any jurisdiction related to the applicants practice of acupuncture and oriental medicine, or related to any other profession including other health care professions for which the applicant is licensed, certified, registered or legally recognized to practice; or
 - (3) has been convicted of a felony in any jurisdiction, including any finding of guilt by a court or jury, or any plea of guilty, or any plea of nolo contendere or no contest, or plea or disposition of conditional discharge, and including any such proceeding in which a sentence was imposed, suspended or deferred; or
 - (4) is in arrears on a court-ordered child support payment; or
 - (5) has violated any provision of the act or the rules; and
- D. an affidavit as provided on the "extern certification application" stating that the applicant is an applicant for licensure; and
- E. an affidavit as provided on the "extern certification application" stating that the applicant understands that:
 - (1) an applicant who has been subject to any action or proceeding comprehended by Subsection D of 16.2.3.10 NMAC (Part 3 of the rules) may be subject to disciplinary action at any time, including denial, suspension or revocation of licensure, pursuant to the provisions of the act, NMSA 1978, Section 61-14A-17; and subject to the Uniform Licensing Act, NMSA 1978, Section 61-1-1, et seq., and subject to the Criminal Offender Employment Act, NMSA 1978, Section 28-2-1, et seq.; and
 - (2) an applicant who provides the board with false information or makes a false statement to the board may be subject to disciplinary action, including denial, suspension or revocation of licensure, pursuant to the provisions of the act, NMSA 1978, Section 61-14A-17, and the Uniform Licensing Act, NMSA 1978, Section 61-1-1, et seq.; and
 - (3) the applicant is responsible for reading, understanding and complying with the state of New Mexico laws and rules regarding this application as well as the practice of acupuncture and oriental medicine; and
 - (4) the scope of practice of an extern shall be limited to the practice of acupuncture and oriental medicine as defined in the act and 16.2.2 NMAC (Part 2 of the rules), except that the extern shall not prescribe or administer any herbal, nutritional, homeopathic or any other medicines or substances; when diagnosing and treating a patient, the extern shall practice only within the limits of his or her education and training; the extern shall possess and apply the knowledge, and use the skill and care ordinarily used by reasonably well-qualified doctors of oriental medicine practicing under similar circumstances, giving due consideration to their limited clinical experience; and
 - (5) the extern certification shall expire automatically twelve (12) months after the date of issuance unless the certificate expires sooner for any of the following reasons:
 - (a) upon licensure;
 - (b) if the extern fails the board's clinical skills examination more than once; or
 - (c) if the extern is no longer under the supervision of the externship supervisor; and

(6) if the externship relationship terminates before the expiration of the extern certification, the extern may reapply to be supervised by another externship supervisor by filing the appropriate forms required by the board; the extern certification time limit of twelve (12) months shall remain the same and shall not be extended; and

(7) in no event shall an extern practice under extern certification(s) for more than a total of twelve (12) months or after failing the board's clinical skills examination more than once; the extern certification is not renewable; exceptions for good cause shall not apply to the extern certification; and

(8) the applicant must notify the board within ten (10) days if the applicant's address changes; and

(9) the board may refuse to issue, or may suspend, or revoke any license, extern certification or externship supervisor registration in accordance with the Uniform Licensing Act, 61-1-1 to 61-1-31 NMSA 1978, for reasons authorized in Section 61-14A-17 NMSA 1978 of the act and clarified in 16.2.12 NMAC (Part 12 of the rules).

F. an accurate translation in English of all documents submitted in a foreign language; each translated document shall bear the affidavit of the translator certifying that he or she is competent in both the language of the document and the English language and that the translation is a true and faithful translation of the foreign language original; each translated document shall also bear the affidavit of the applicant certifying that the translation is a true and faithful translation of the original; each affidavit shall be signed before a notary public; the translation of any document relevant to an application shall be at the expense of the applicant.

[16.2.14.10 NMAC - N, 1-1-01; A, 7-26-01; A, 3-16-03; A, 02-15-05]

16.2.14.11 REQUIREMENTS AND RESPONSIBILITIES OF EXTERNSHIP SUPERVISORS:

A. The externship supervisor shall:

(1) provide a clinical environment where the extern is able to further his or her knowledge and apply acupuncture and oriental medicine theory and techniques; and

(2) directly supervise the extern on the premises of the treating facility at all times and be available for consultation, intervention, and decisions about patient care; and

(3) supervise no more than two externs at any given time and have no more than a total of two externs in his or her overall externship program at a time; and

(4) inform patients with a written signed consent form outlining the responsibility of the extern and the scope and limits of practice; and

(5) prescribe all herbal, nutritional, homeopathic and any natural substances. Any recommendations of these substances by the extern must be signed by the externship supervisor; and

(6) approve the diagnosis and treatment plan and oversee the techniques of oriental medicine and delivery of patient care; and

(7) notify the board in writing, within five (5) days working days, when the extern enters into an extern supervisory contract with the externship supervisor or terminates the externship participation.

B. The externship supervisor shall be responsible for the delivery of competent professional services, obtaining patient consents, and maintaining patient records.

C. The externship supervisor shall document approval and oversight of diagnosis, treatment, and patient care in the patient's permanent file.

D. The externship supervisor shall terminate the externship relationship if the externship supervisor has the reasonable belief that the extern has violated the act or the rules. The externship supervisor shall notify the board, in writing, within five (5) working days that the externship relationship is terminated and give the reasons for the termination.

[16.2.14.11 NMAC - N, 1-1-01; A, 7-26-01; A, 3-16-03; A, 02-15-05]

16.2.14.12 ISSUANCE OF EXTERNSHIP SUPERVISOR REGISTRATION: Upon approval of an application for externship supervisor registration that fulfills the requirements listed below, the board shall issue an externship supervisor registration. In the interim between regular board meetings, whenever a qualified applicant for externship supervisor registration has filed his or her application and complied with all other requirements of this section, the board's chairman or an authorized representative of the board may grant an interim temporary externship supervisor registration that will suffice until the next regular meeting of the board. In no event shall the externship supervisor begin supervising an extern until the externship supervisor registration or interim temporary externship supervisor registration is issued by the board. The application requirements for an externship supervisor registration shall be receipt of the following by the board:

A. the fee for application for externship supervisor registration specified in 16.2.10 NMAC (Part 10 of the rules);

B. an application for externship supervisor registration that is complete and in English on a form provided by the board that shall include the applicant's name, address, date of birth and social security number, if available;

C. proof of five (5) years of clinical experience; and

D. proof of maintaining a clinical facility; and

E. proof of appropriate professional and facility insurance; and

F. an affidavit as provided on the "extern supervisor registration application" stating that the applicant understands that:

(1) the scope of practice of an extern shall be limited to the practice of acupuncture and oriental medicine as defined in the act and 16.2.2 NMAC (Part 2 of the rules), except that the extern shall not prescribe or administer any herbal, nutritional, homeopathic or any other medicines or substances; when diagnosing and treating a patient, the extern shall practice only within the limits of his or her education and training; the extern shall possess and apply the knowledge, and use the skill and care ordinarily used by reasonably well-qualified doctors of oriental medicine practicing under similar circumstances, giving due consideration to their limited clinical experience; and

(2) the extern certification shall expire automatically twelve (12) months after the date of issuance unless the certificate expires sooner for any of the following reasons:

(a) upon licensure;

(b) if the extern fails the board's clinical skills examination more than once; or

(c) if the extern is no longer under the supervision of the externship supervisor; and

(3) in no event shall an extern practice under extern certification(s) for more than a total of twelve (12) months or after failing the board's clinical skills examination more than once; the extern certification is not renewable; exceptions for good cause shall not apply to the extern certification; and

(4) the extern supervisor shall not be a member of the extern's family or a member of the extern's household or have a conflict of interest with the extern as defined in 16.2.14.19 NMAC (Section 19 of Part 14 of the rules); and

G. an affidavit as provided on the "extern supervisor registration application" stating that the applicant understands that the externship supervisor shall:

(1) provide a clinical environment where the extern is able to further his or her knowledge and apply acupuncture and oriental medicine theory and techniques; and

(2) directly supervise the extern on the premises of the treating facility at all times and be available for consultation, intervention, and decisions about patient care; and

(3) supervise no more than two externs at any given time and have no more than two externs in his or her externship program at a time; and

(4) inform patients with a written signed consent form outlining the responsibility of the extern and the scope and limits of practice; and

(5) prescribe all herbal, nutritional, homeopathic and any natural substances; any recommendations of these substances by the extern must be signed by the externship supervisor; and

(6) approve the diagnosis and treatment plan and oversee the techniques of oriental medicine and delivery of patient care; and

(7) notify the board in writing, within five (5) days working days, when the extern enters into an extern supervisory contract with the externship supervisor or terminates the externship participation; and

(8) be responsible for the delivery of competent professional services, obtaining patient consents, and maintaining patient records; and

(9) document approval and oversight of diagnosis, treatment, and patient care in the patient's permanent file; and

(10) terminate the externship relationship if the externship supervisor has the reasonable belief that the extern has violated the act or the rules or if a conflict of interest arises during the supervision; the externship supervisor shall notify the board, in writing, within five (5) working days that the externship relationship is terminated and give the reasons for the termination; and

(11) the extern supervisor must notify the board within ten (10) days if the extern supervisor's address changes; and

(12) the board may refuse to issue, or may suspend, or revoke any license, externship supervisor registration or externship supervisor registration in accordance with the Uniform Licensing Act, 61-1-1 to 61-1-31 NMSA 1978, for reasons authorized in section 61-14A-17 NMSA 1978 of the act and clarified in 16.2.12 NMAC (Part 12 of the rules).

[16.2.14.12 NMAC - N, 1-1-01; A, 7-26-01; A, 3-16-03; A, 02-15-05]

16.2.14.13 CHANGE OF EXTERNSHIP SUPERVISOR: If the externship relationship terminates before the expiration of the extern certification, the extern may reapply to be supervised by another externship supervisor by filing the appropriate forms required by the board. The extern certification time limit of twelve (12) months shall remain the same and shall not be extended.

[16.2.14.13 NMAC - N, 1-1-01-; A, 02-15-05]

16.2.14.14 SCOPE OF PRACTICE OF AN EXTERN: The scope of practice of an Extern shall be limited to the practice of acupuncture and oriental medicine as defined in the Act and 16.2.2 NMAC (Part 2 of the Rules), except that the Extern shall not prescribe or administer any herbal, nutritional, homeopathic or any other medicines or substances. When diagnosing and treating a patient, the Extern shall practice only within the limits of his or her education and training. The Extern shall possess and apply the knowledge, and use the skill and care ordinarily used by reasonably well-qualified Doctors of Oriental Medicine practicing under similar circumstances, giving due consideration to their limited clinical experience.

[16.2.14.14 NMAC - N, 1-1-01; A, 7-26-01]

16.2.14.15 COMPENSATION: Any compensation contract is solely between the Externship Supervisor and the Extern and is not the province of the Board.

[16.2.14.15 NMAC - N, 1-1-01]

16.2.14.16 EXTERN LIMITATIONS: In no event shall an extern practice under extern certification(s) for more than a total of twelve (12) months or after failing the board's clinical skills examination more than once. The extern certification is not renewable. Exceptions for good cause shall not apply to the extern certification.

[16.2.14.16 NMAC - N, 1-1-01; A, 7-26-01; A, 02-15-05]

16.2.14.17 EXPIRATION OF AN EXTERN CERTIFICATION: An Extern certification shall expire automatically twelve (12) months after the date of issuance unless the certificate expires sooner for any of the following reasons:

- A. Upon licensure;
- B. If the Extern fails the Board's Clinical Skills Examination more than once; or
- C. If the Extern is no longer under the supervision of the Externship Supervisor.

[16.2.14.17 NMAC - N, 1-1-01; A, 7-26-01]

16.2.14.18 GROUNDS FOR DENIAL, SUSPENSION OR REVOCATION OF LICENSE, CERTIFICATION OR REGISTRATION: The Board may refuse to issue, or may suspend, or revoke any license, Extern certification or Externship Supervisor registration in accordance with the Uniform Licensing Act, 61-1-1 to 61-1-31 NMSA 1978, for reasons authorized in section 61-14A-17 NMSA 1978 of the Act and clarified in 16.2.12 NMAC (Part 12 of the Rules).

[16.2.14.18 NMAC - N, 1-1-01; A, 7-26-01]

16.2.14.19 EXTERN SUPERVISOR CONFLICT OF INTEREST: The externship supervisor shall not be a member of the extern's family or a member of the extern's household. "Member of the extern's family" means a spouse, child, stepchild, grandchild, parent, grandparent, sibling, uncle, aunt, niece, or nephew, or other relative by blood, marriage, or legal process with whom the supervisor has or has had a close familial relationship. The supervisor shall not have a conflict of interest with the extern, such as a past or present familial, social, fiduciary, business, financial, or physician-patient relationship, that impairs or compromises or appears to impair or compromise the supervisor's neutrality, independence, or objectivity. If a conflict of interest arises during the supervision, the supervisor shall immediately report the conflict of interest to the board and shall cease supervision of the extern.

[16.2.14.19 NMAC - N, 02-15-05]

History of 16.2.14 NMAC:

Pre-NMAC History: None

History of Repealed Material: [Reserved]

TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING
CHAPTER 2 ACUPUNCTURE AND ORIENTAL MEDICINE PRACTITIONERS
PART 15 INACTIVE LICENSE

16.2.15.1 ISSUING AGENCY: New Mexico Board of Acupuncture and Oriental Medicine.
[16.2.15.1 NMAC - Rp, 16.2.15.1 NMAC, 02-15-05]

16.2.15.2 SCOPE: All licensed and inactive licensed doctors of oriental medicine.
[16.2.15.2 NMAC - Rp, 16.2.15.2 NMAC, 02-15-05]

16.2.15.3 STATUTORY AUTHORITY: This part is promulgated pursuant to the Acupuncture and Oriental Medicine Practice Act, Sections 61-14A-8, 9 and 15, NMSA 1978.
[16.2.15.3 NMAC - Rp, 16.2.15.3 NMAC, 02-15-05]

16.2.15.4 DURATION: Permanent.
[16.2.15.4 NMAC - Rp, 16.2.15.4 NMAC, 02-15-05]

16.2.15.5 EFFECTIVE DATE: February 15, 2005, unless a later date is cited at the end of a section.
[16.2.15.5 NMAC - Rp, 16.2.15.5 NMAC, 02-15-05]

16.2.15.6 OBJECTIVE: This part defines the requirements for renewal of licenses and the procedures to place an active license on inactive status or to reinstate the license to active status.
[16.2.15.6 NMAC - Rp, 16.2.15.6 NMAC, 02-15-05]

16.2.15.7 DEFINITIONS: Refer to definitions in 16.2.1.7 NMAC (Section 7 of Part 1 of the rules).
[16.2.15.7 NMAC - Rp, 16.2.15.7 NMAC, 02-15-05]

16.2.15.8 INACTIVE LICENSE GENERAL PROVISIONS: A licensee in good standing is eligible to have his or her license placed on inactive status. A licensee who failed to renew his or her license by July 31st shall renew the license in accordance with the provisions of 16.2.8.10 NMAC, 16.2.8.11 NMAC and 16.2.8.12 NMAC (Sections 10, 11 and 12 of Part 8 of the rules) before the licensee can apply for an inactive license.

A. The board will not accept an inactive license application from a licensee who is under investigation for violations of the act or who has an active complaint pending before the board with the exception of an impaired licensee who is participating in a rehabilitation plan approved by the board. Impaired means the inability to practice acupuncture and oriental medicine with reasonable skill and safety to patients as a result of mental illness or habitual or excessive use or abuse of alcohol or drugs as defined in the Controlled Substances Act, Sections 30-31-1, et seq., NMSA 1978.

B. An inactive licensee shall not practice acupuncture and oriental medicine, as defined in the act, in New Mexico. An inactive licensee shall not represent himself or herself as a doctor of oriental medicine in public statements that include, but are not limited to, paid or unpaid advertising, brochures, printed or copied materials, electronic or digital media, directory listings, personal resumes or curricula vitae, business cards, interviews or comments for use in media, statements in legal proceedings, lectures and public presentations. An inactive licensee shall not teach acupuncture and oriental medicine at an educational program.

C. Providing or offering to provide oriental medical services, engaging in the practice of acupuncture and oriental medicine or teaching acupuncture and oriental medicine at an educational program by an inactive licensee shall be grounds for disciplinary action by the board for unprofessional conduct and potentially for other appropriate reasons pursuant to Section 61-14A-17 of the act and 16.2.12 NMAC (Part 12 of the rules).

D. An inactive licensee shall comply with the disciplinary requirements of Section 61-14A-17 of the act and 16.2.12 NMAC (Part 12 of the rules).

[16.2.15.8 NMAC - Rp, 16.2.15.8 NMAC, 02-15-05]

16.2.15.9 INACTIVE LICENSE APPLICATION: A licensee in good standing may apply to have his or her license placed on inactive status. Upon approval of an application for an inactive license that fulfills the requirements listed below, the board shall place the license on inactive status. The application requirements for an inactive license shall be receipt of the following by the board:

- A. the administrative fee for inactive license application specified in 16.2.10 NMAC (Part 10 of the rules) paid by check or money order in U.S. funds; and
- B. an inactive license application that is complete and in English on a form provided by the board that shall include the applicant's name, address, date of birth and social security number;
- C. an affidavit provided on the inactive license application form as to whether the applicant since last renewing his or her license with the board:
- (1) has been subject to any disciplinary action in any jurisdiction related to the practice of acupuncture and oriental medicine, or related to any other profession including other health care professions for which the applicant is licensed, certified, registered or legally recognized to practice including resignation from practice, withdrawal or surrender of applicants license, certificate or registration during the pendency of disciplinary proceedings or investigation for potential disciplinary proceedings; or
 - (2) has been a party to litigation in any jurisdiction related to the applicants practice of acupuncture and oriental medicine, or related to any other profession including other health care professions for which the applicant is licensed, certified, registered or legally recognized to practice; or
 - (3) has been convicted of a felony in any jurisdiction, including any finding of guilt by a court or jury, or any plea of guilty, or any plea of nolo contendere or no contest, or plea or disposition of conditional discharge, and including any such proceeding in which a sentence was imposed, suspended or deferred; or
 - (4) is in arrears on a court-ordered child support payment; or
 - (5) has violated any provision of the act or the rules; and
- D. an official license history since last renewing his or her license with the board, which is a certificate from each jurisdiction stating the disciplinary record of the applicant, from each jurisdiction where the applicant has been licensed, certified, registered or legally recognized to practice acupuncture, oriental medicine or any other profession, including other health care professions, in any jurisdiction, pursuant to any authority other than the New Mexico Acupuncture and Oriental Medicine Practice Act; and
- E. an affidavit as provided on the inactive license application form stating that the applicant understands that:
- (1) an applicant who has been subject to any action or proceeding comprehended by Subsection C of 16.2.15.9 NMAC (Part 15 of the rules) may be subject to disciplinary action at any time, including denial, suspension or revocation of licensure, pursuant to the provisions of the act, NMSA 1978, Section 61-14A-17; and subject to the Uniform Licensing Act, NMSA 1978, Section 61-1-1, et seq., and subject to the Criminal Offender Employment Act, NMSA 1978, Section 28-2-1, et seq; and
 - (2) an applicant who provides the board with false information or makes a false statement to the board may be subject to disciplinary action, including denial, suspension or revocation of licensure, pursuant to the provisions of the act, NMSA 1978, Section 61-14A-17, and the Uniform Licensing Act, NMSA 1978, Section 61-1-1, et seq.; and
- F. an affidavit as provided on the inactive license application form stating that the applicant understands that:
- (1) the applicant is responsible for reading, understanding and complying with the state of New Mexico laws and rules regarding this application as well as the practice of acupuncture and oriental medicine; and
 - (2) the applicant must notify the board within ten (10) days if the applicant's address changes; and
 - (3) an inactive licensee shall comply with any continuing education requirements established by the board; and
 - (4) an inactive license shall expire after fifteen (15) years; and
 - (5) an inactive licensee shall not practice acupuncture and oriental medicine, as defined in the act, in New Mexico; an inactive licensee shall not represent himself or herself as a doctor of oriental medicine in public statements that include, but are not limited to, paid or unpaid advertising, brochures, printed or copied materials, electronic or digital media, directory listings, personal resumes or curricula vitae, business cards, interviews or comments for use in media, statements in legal proceedings, lectures and public presentations; an inactive licensee shall not teach acupuncture and oriental medicine at an educational program; and
 - (6) providing or offering to provide oriental medical services, engaging in the practice of acupuncture and oriental medicine or teaching acupuncture and oriental medicine at an educational program by an inactive licensee shall be grounds for disciplinary action by the board for unprofessional conduct and potentially for other appropriate reasons pursuant to Section 61-14A-17 of the act and 16.2.12 NMAC (Part 12 of the rules); and
 - (7) an inactive licensee shall comply with the appropriate requirements of Section 61-14A-17 of the act and 16.2.12 NMAC (Part 12 of the rules); and

(8) the board will not accept an inactive license application from a licensee who is under investigation for violations of the act or who has an active complaint pending before the board with the exception of an impaired licensee who is participating in a rehabilitation plan approved by the board; and

G. an accurate translation in English of all documents submitted in a foreign language; each translated document shall bear the affidavit of the translator certifying that he or she is competent in both the language of the document and the English language and that the translation is a true and faithful translation of the foreign language original; each translated document shall also bear the affidavit of the applicant certifying that the translation is a true and faithful translation of the original; each affidavit shall be signed before a notary public; the translation of any document relevant to an application shall be at the expense of the applicant.

[16.2.15.9 NMAC - Rp, 16.2.15.9 NMAC, 02-15-05]

16.2.15.10 INACTIVE LICENSE RENEWAL: An inactive license shall be renewed by July 31st of every year. Upon approval of an application for inactive license renewal that fulfills the requirements listed below, the board shall renew the inactive license. The application requirements for inactive license renewal shall be receipt of the following by the board:

A. the administrative fee for inactive license renewal specified in 16.2.10 NMAC (Part 10 of the rules) paid by check or money order in U.S. funds, or by credit card in U.S. funds if using the board's online renewal process; and

B. an inactive license application that is complete and in English on a form provided by the board that shall include the applicant's name, address, date of birth and social security number;

C. an affidavit as provided on the inactive license renewal form stating that the applicant understands that:

- (1) the applicant must notify the board within ten (10) days if the applicant's address changes; and
- (2) an inactive license shall expire after fifteen (15) years; and
- (3) an inactive license must be renewed annually.

[16.2.15.10 NMAC - Rp, 16.2.15.10 NMAC, 02-15-05]

16.2.15.11 INACTIVE LICENSE EXPIRATION: An inactive license that is not renewed by September 30 shall expire and the person shall reapply for licensure as a new applicant.

[16.2.15.11 NMAC - Rp, 16.2.15.11 NMAC, 02-15-05]

16.2.15.12 INACTIVE LICENSE REINSTATEMENT GENERAL PROVISIONS: An inactive licensee whose license has been inactive for varying periods up to 15 years may apply to have the inactive license reinstated. The following provisions apply:

A. applicants for inactive license reinstatement who has been subject to any action or proceeding comprehended by Subsection C of 16.2.15.13 NMAC may be subject to disciplinary action at any time, including denial, suspension or revocation of licensure, pursuant to the provisions of Section 61-14A-17 NMSA 1978, and subject to the Uniform Licensing Act, NMSA 1978, Section 61-1-1, et seq., and subject to the Criminal Offender Employment Act, NMSA 1978, Section 28-2-1, et seq;

B. applicants for inactive license reinstatement who provides the board with false information or makes a false statement to the board may be subject to disciplinary action at any time, including denial, suspension or revocation of licensure, pursuant to the provisions of Section 61-14A-17 NMSA 1978, and the Uniform Licensing Act, NMSA 1978, Section 61-1-1, et seq;

C. the board will not approve an inactive license reinstatement application from an inactive licensee who is under investigation for violations of the act or who has an active complaint pending before the board;

D. the board will not approve an inactive license reinstatement application from an impaired inactive licensee, or an impaired inactive licensee who is currently participating in a rehabilitation plan approved by the board until the rehabilitation plan is successfully completed. Impaired means the inability to practice acupuncture and oriental medicine with reasonable skill and safety to patients as a result of mental illness or habitual or excessive use or abuse of alcohol or drugs as defined in the Controlled Substances Act, Section 30-31-1, et seq., NMSA 1978; and

E. once an inactive license has been reinstated, the licensee may not apply for inactive license status again for five years.

[16.2.15.12 NMAC - Rp, 16.2.15.12 NMAC, 02-15-05; A, 02-08-13]

16.2.15.13 INACTIVE LICENSE REINSTATEMENT APPLICATION - 5 YEARS OR LESS: An inactive licensee whose license has been inactive for five years or less may apply to have their license reinstated. Upon approval of an application for inactive license reinstatement that fulfills the requirements listed below, the board shall reinstate the inactive license. The application requirements for inactive license reinstatement shall be receipt of the following by the board:

- A. the administrative fee for inactive license reinstatement application specified in 16.2.10 NMAC paid by check or money order in U.S. funds;
- B. an inactive license reinstatement application that is complete and in English on a form provided by the board that shall include the applicant's name, address, date of birth and social security number;
- C. an affidavit as provided on the inactive license reinstatement application form as to whether the applicant since last renewing his license with the board:
 - (1) has been subject to any disciplinary action in any jurisdiction related to the practice of acupuncture and oriental medicine, or related to any other profession including other health care professions for which the applicant is licensed, certified, registered or legally recognized to practice including resignation from practice, withdrawal or surrender of applicants license, certificate or registration during the pendency of disciplinary proceedings or investigation for potential disciplinary proceedings;
 - (2) has been a party to litigation in any jurisdiction related to the applicants practice of acupuncture and oriental medicine, or related to any other profession including other health care professions for which the applicant is licensed, certified, registered or legally recognized to practice;
 - (3) has been convicted of a felony in any jurisdiction, including any finding of guilt by a court or jury, or any plea of guilty, or any plea of nolo contendere or no contest, or plea or disposition of conditional discharge, and including any such proceeding in which a sentence was imposed, suspended or deferred;
 - (4) is in arrears on a court-ordered child support payment; or
 - (5) has violated any provision of the act or the rules;
- D. an official license history since last renewing his or her license with the board, which is a certificate from each jurisdiction stating the disciplinary record of the applicant, from each jurisdiction where the applicant has been licensed, certified, registered or legally recognized to practice acupuncture, oriental medicine or any other profession, including other health care professions, in any jurisdiction, pursuant to any authority other than the New Mexico Acupuncture and Oriental Medicine Practice Act;
- E. an affidavit as provided on the inactive license renewal application form stating that the applicant understands that:
 - (1) an applicant who has been subject to any action or proceeding comprehended by Subsection C of 16.2.15.13 NMAC may be subject to disciplinary action at any time, including denial, suspension or revocation of licensure, pursuant to the provisions of the act, NMSA 1978, Section 61-14A-17; and subject to the Uniform Licensing Act, NMSA 1978, Section 61-1-1, et seq., and subject to the Criminal Offender Employment Act, NMSA 1978, Section 28-2-1, et seq; and
 - (2) an applicant who provides the board with false information or makes a false statement to the board may be subject to disciplinary action, including denial, suspension or revocation of licensure, pursuant to the provisions of the act, NMSA 1978, Section 61-14A-17, and the Uniform Licensing Act, NMSA 1978, Section 61-1-1, et seq.;
- F. an affidavit as provided on the inactive license renewal application form stating that the applicant understands that:
 - (1) the applicant is responsible for reading, understanding and complying with the state of New Mexico laws and rules regarding this application as well as the practice of acupuncture and oriental medicine;
 - (2) the applicant must notify the board within 10 days if the applicant's address changes; and
 - (3) the applicant shall not practice acupuncture and oriental medicine in New Mexico until the applicant receives a new active license issued by the board except as provided in Paragraph (2) of Subsection B of 16.2.15.14 NMAC or Paragraph (2) of Subsection D of 16.2.15.15 NMAC;
- G. an accurate translation in English of all documents submitted in a foreign language; each translated document shall bear the affidavit of the translator certifying that he or she is competent in both the language of the document and the English language and that the translation is a true and faithful translation of the foreign language original; each translated document shall also bear the affidavit of the applicant certifying that the translation is a true and faithful translation of the original; each affidavit shall be signed before a notary public; the translation of any document relevant to an application shall be at the expense of the applicant; and
- H. satisfactory proof as determined by the board of completion of any continuing education requirements established by the board for all years the license was on inactive status.

[16.2.15.13 NMAC - Rp, 16.2.15.13 NMAC, 02-15-05; A, 02-08-13]

16.2.15.14 INACTIVE LICENSE REINSTATEMENT APPLICATION - 5 TO 10 YEARS: An inactive licensee whose license has been inactive for more than five years and less than 10 years may apply to have their inactive license reinstated. Upon approval of an application for inactive license reinstatement that fulfills the requirements listed below, the board shall reinstate the inactive license. The application requirements for inactive license reinstatement shall be receipt of the following by the board:

- A. fulfillment of the requirements of 16.2.15.13 NMAC; and
- B. either of the following:

(1) proof of clinical experience, as defined in 16.2.1.7 NMAC for at least two out of every three years in another jurisdiction where the inactive licensee was licensed, certified, registered or legally recognized to practice acupuncture and oriental medicine, while the license was on inactive status; or

(2) proof of completion of 300 hours of clinical experience as an extern supervised by an externship supervisor as part of an externship as provided in 16.2.14 NMAC.

[16.2.15.14 NMAC - Rp, 16.2.15.14 NMAC, 02-15-05; A, 02-08-13]

16.2.15.15 INACTIVE LICENSE REINSTATEMENT APPLICATION - MORE THAN 10 YEARS:

An inactive licensee whose license has been inactive for more than 10 years may apply to have their inactive license reinstated. Upon approval of an application for inactive license reinstatement that fulfills the requirements listed below, the board shall reinstate the inactive license. The application requirements for inactive license reinstatement shall be receipt of the following by the board:

- A. fulfillment of the requirements of 16.2.15.13 NMAC;
- B. passing the clinical skills examination;
- C. passing the board approved jurisprudence examination; and
- D. either of the following:

(1) proof of clinical experience, as defined in 16.2.1.7 NMAC for at least two out of every three years in another jurisdiction where the inactive licensee was licensed, certified, registered or legally recognized to practice acupuncture and oriental medicine, while the license was on inactive status; or

(2) proof of completion of 600 hours of clinical experience as an extern supervised by an externship supervisor as part of an externship as provided in 16.2.14 NMAC.

[16.2.15.15 NMAC - Rp, 16.2.15.15 NMAC, 02-15-05; A, 02-08-13]

16.2.15.16 INACTIVE LICENSE EXPIRATION: An inactive license that has been inactive for more than fifteen (15) years shall expire and the person who was previously licensed shall be required to apply as a new applicant.

[16.2.15.16 NMAC - Rp, 16.2.15.16 NMAC, 02-15-05]

History of 16.2.15 NMAC:

Pre-NMAC History: None

History of Repealed Material: 16.2.15 NMAC, Inactive License (filed 02-14-2003) repealed 02-15-05.

TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING
CHAPTER 2 ACUPUNCTURE AND ORIENTAL MEDICINE PRACTITIONERS
PART 16 AURICULAR DETOXIFICATION

16.2.16.1 ISSUING AGENCY: New Mexico Board of Acupuncture and Oriental Medicine.
[16.2.16.1 NMAC - N, 02-15-05]

16.2.16.2 SCOPE: Doctors of oriental medicine, certified auricular detoxification specialist applicants, certified auricular detoxification specialists, auricular detoxification specialist supervisor applicants, auricular detoxification specialist supervisors, auricular detoxification specialist training program applicants, auricular detoxification specialist training programs, treatment programs and treatment program applicants.
[16.2.16.2 NMAC - N, 02-15-05]

16.2.16.3 STATUTORY AUTHORITY: This part is promulgated pursuant to the Acupuncture and Oriental Medicine Practice Act, Sections 61-14A-4.1.
[16.2.16.3 NMAC - N, 02-15-05]

16.2.16.4 DURATION: Permanent.
[16.2.16.4 NMAC - N, 02-15-05]

16.2.16.5 EFFECTIVE DATE: February 15, 2005, unless a later date is cited at the end of a section.
[16.2.16.5 NMAC - N, 02-15-05]

16.2.16.6 OBJECTIVE: Part 16 establishes the requirements regarding the training and certification of a certified auricular detoxification specialist, the scope of practice of a certified auricular detoxification specialist, the requirements for registration of an auricular detoxification specialist supervisor, the responsibilities of an auricular detoxification specialist supervisor, the approval of an auricular detoxification specialist training program, and the approval of a treatment program. Part 16 establishes the provisions for the renewal or expiration of a certified auricular detoxification specialist certification, auricular detoxification specialist training program and a substance abuse treatment program. Part 16 establishes the grounds for denial, suspension or revocation of a certified auricular detoxification specialist certification, an auricular detoxification specialist supervisor registration, an auricular detoxification specialist training program approval and a treatment program approval.
[16.2.16.6 NMAC - N, 02-15-05; A, 12-26-08]

16.2.16.7 DEFINITIONS: Refer to definitions in 16.2.1.7 NMAC (Section 7 of Part 1 of the rules).
[16.2.16.7 NMAC - N, 02-15-05]

16.2.16.8 CERTIFIED AURICULAR DETOXIFICATION SPECIALISTS GENERAL REQUIREMENTS:

A. A certified auricular detoxification specialist applicant who has been subject to any action or proceeding described in Subsection H of 16.2.16.10 NMAC (Section 10 of Part 16 of the rules) or who has violated the act or the rules, may be subject to disciplinary action, including denial, suspension or revocation of certification, pursuant to the provisions of Section 61-14A-17 NMSA 1978, and subject to the Uniform Licensing Act, NMSA 1978, Section 61-1-1, et seq., and subject to the Criminal Offender Employment Act, NMSA 1978, Section 28-2-1, et seq.

B. A certified auricular detoxification specialist applicant who provides the board with false information or makes a false statement to the board may be subject to disciplinary action, including denial, suspension or revocation of certification, pursuant to the provisions of the act, NMSA 1978, Section 61-14A-17, and the Uniform Licensing Act, NMSA 1978, Section 61-1-1, et seq.
[16.2.16.8 NMAC - N, 02-15-05]

16.2.16.9 CERTIFIED AURICULAR DETOXIFICATION SPECIALISTS TRAINING AND EXAMINATION REQUIREMENTS: A certified auricular detoxification specialist applicant shall provide satisfactory proof that he or she has successfully completed a board approved auricular detoxification specialist

training program as defined in 16.2.16.26 NMAC (Section 26 of Part 16 of the rules) that specifies successful completion of:

- A. clean needle technique training; and
- B. a board approved clean needle technique examination; and
- C. the board approved jurisprudence examination covering the act and the rules with a score of not less than ninety percent (90%).

[16.2.16.9 NMAC - N, 02-15-05; A, 12-26-08]

16.2.16.10 CERTIFIED AURICULAR DETOXIFICATION SPECIALIST CERTIFICATION

APPLICATION: Upon approval of a certified auricular detoxification specialist application that fulfills the requirements listed below, the board shall issue a certified auricular detoxification specialist certification that will be valid until July 31 following the initial certification. In the interim between regular board meetings, whenever a qualified applicant for certified auricular detoxification specialist certification has filed his or her application and complied with all other requirements of this section, the board's chairman or an authorized representative of the board may grant an interim temporary certified auricular detoxification specialist certification that will suffice until the next regular meeting of the board. In no event shall the applicant begin the practice of auricular detoxification until the certified auricular detoxification specialist certification or interim temporary certified auricular detoxification specialist certification is issued by the board. The application requirements for certified auricular detoxification specialist certification shall be receipt of the following by the board:

- A. the auricular detoxification specialist certification application fee specified in 16.2.10 NMAC (Part 10 of the rules); and
- B. an application for certified auricular detoxification specialist certification that is complete and in English on a form provided by the board that shall include the applicant's name, address, date of birth and social security number if the applicant has one; and
- C. two (2) passport-type photographs of the applicant taken not more than six months prior to the submission of the application; and
- D. a copy of the applicant's high school diploma or high school general equivalency diploma (GED) or diploma of higher education; and
- E. a copy of the applicant's certificate of successful completion of a board approved auricular detoxification specialist training program; and
- F. the name of the auricular detoxification supervisor(s) registered with the board who will supervise the applicant if known; and
- G. an affidavit as provided on the certified auricular detoxification specialist application form as to whether the applicant:

(1) has been subject to any disciplinary action in any jurisdiction related to the practice of acupuncture and oriental medicine, the practice of auricular detoxification, the provision of medical or counseling services for disease prevention, harm reduction or the treatment or prevention of alcoholism, substance abuse or chemical dependency, or related to any other profession including other health care professions for which the applicant is licensed, certified, registered or legally recognized to practice including resignation from practice, withdrawal or surrender of applicants license, certificate or registration during the pendency of disciplinary proceedings or investigation for potential disciplinary proceedings; or

(2) has been a party to litigation in any jurisdiction related to the applicants practice of acupuncture and oriental medicine, the practice of auricular detoxification, the provision of medical or counseling services for disease prevention, harm reduction or the treatment or prevention of alcoholism, substance abuse or chemical dependency, or related to any other profession including other health care professions for which the applicant is licensed, certified, registered or legally recognized to practice; or

(3) has been convicted of a felony in any jurisdiction, including any finding of guilt by a court or jury, or any plea of guilty, or any plea of nolo contendere or no contest, or plea or disposition of conditional discharge, and including any such proceeding in which a sentence was imposed, suspended or deferred; or

(4) is in arrears on a court-ordered child support payment; or

(5) has violated any provision of the act or the rules; and

H. an affidavit as provided on the certified detoxification specialist application form attesting the disciplinary record of the applicant with regard to each jurisdiction where the applicant has been licensed, certified, registered or legally recognized to practice any profession, including health care professions, in any jurisdiction, under any authority other than the New Mexico Acupuncture and Oriental Medicine Practice Act; and

I. an affidavit as provided on the certified auricular detoxification specialist application form certifying that all documents submitted with the form are true and faithful copies of the original; and

J. an affidavit as provided on the certified auricular detoxification specialist application form certifying a record free of convictions for drug or alcohol related offenses for at least two consecutive years before the submission of the certified auricular detoxification specialist application; and

K. an affidavit as provided on the certified auricular detoxification specialist application form stating that the applicant understands that:

(1) an applicant who has been subject to any action or proceeding comprehended by Subsection G of 16.2.16.10 NMAC (Section 10 of Part 16 of the rules) may be subject to disciplinary action at any time, including denial, suspension or revocation of certification, pursuant to the provisions of the act, NMSA 1978, Section 61-14A-17; and subject to the Uniform Licensing Act, NMSA 1978, Section 61-1-1, et seq., and subject to the Criminal Offender Employment Act, NMSA 1978, Section 28-2-1, et seq.; and

(2) an applicant who provides the board with false information or makes a false statement to the board may be subject to disciplinary action, including denial, suspension or revocation of certification, pursuant to the provisions of the act, NMSA 1978, Section 61-14A-17, and the Uniform Licensing Act, NMSA 1978, Section 61-1-1, et seq.; and

(3) the applicant is responsible for reading, understanding and complying with the state of New Mexico laws and rules regarding this application as well as the practice of auricular detoxification; and

(4) the certified auricular detoxification specialist certification must be renewed annually by July 31; and

(5) if the relationship with an auricular detoxification specialist supervisor terminates for any reason, to continue working, the certified auricular detoxification specialist must arrange to be supervised by another auricular detoxification specialist supervisor and notify the board within five (5) working days; and

(6) the applicant must notify the board within ten (10) days if the applicant's address changes; and

(7) the board may refuse to issue, or may suspend, or revoke any license, certified auricular detoxification specialist certification or auricular detoxification specialist supervisor registration in accordance with the Uniform Licensing Act, 61-1-1 to 61-1-31 NMSA 1978, for reasons authorized in Section 61-14A-17 NMSA 1978 of the act and clarified in 16.2.12 NMAC (Part 12 of the rules); and

L. an affidavit as provided on the certified auricular detoxification specialist application form stating that the applicant understands that a certified auricular detoxification specialist is authorized to perform only the following, for the purpose of harm reduction or treating and preventing alcoholism, substance abuse or chemical dependency and only within a board approved treatment program that demonstrates experience in disease prevention, harm reduction, or the treatment or prevention of alcoholism, substance abuse or chemical dependency:

(1) auricular acupuncture detoxification using the five auricular point national acupuncture detoxification association (NADA) procedure or other board approved auricular procedures; and

(2) the application to the ear of simple board approved devices that do not penetrate the skin using the five auricular point national acupuncture detoxification association (NADA) procedure or other board approved auricular procedure and that the board approved devices that do not penetrate the skin are: seeds, grains, stones, metal balls, magnets and any small sterilized, spherical object that is non-reactive with the skin; and

M. a board approved clean needle technique examination and the board approved jurisprudence examination covering the act and the rules with passing scores of not less than ninety percent (90%);

N. an accurate translation in English of all documents submitted in a foreign language; each translated document shall bear the affidavit of the translator certifying that he or she is competent in both the language of the document and the English language and that the translation is a true and faithful translation of the foreign language original; each translated document shall also bear the affidavit of the translator certifying that the translation is a true and faithful translation of the original; each affidavit shall be signed before a notary public; the translation of any document relevant to an application shall be at the expense of the applicant.

[16.2.16.10 NMAC - N, 02-15-05; A, 9-25-06; A, 12-26-08]

16.2.16.11 CERTIFIED AURICULAR DETOXIFICATION SPECIALIST SCOPE OF PRACTICE AND TITLE:

A. A certified auricular detoxification specialist, or CADS is authorized to perform only the following, for the purpose of harm reduction or treating and preventing alcoholism, substance abuse or chemical dependency, only within a board approved treatment program that focuses on disease prevention, harm reduction, or the treatment or prevention of alcoholism, substance abuse or chemical dependency, and only under the supervision of one or more auricular detoxification specialist supervisor(s) registered with the board:

- (1) auricular acupuncture detoxification using the five auricular point national acupuncture detoxification association (NADA) procedure, or other board approved auricular procedure; and
 - (2) the application to the ear of simple board approved devices that do not penetrate the skin using the five auricular point national acupuncture detoxification association (NADA) procedure, or other board approved auricular procedure; and
 - B. the board approved devices that do not penetrate the skin of the ear are:
 - (1) seeds or grains;
 - (2) stones;
 - (3) metal balls;
 - (4) magnets; and
 - (5) any small sterilized, spherical object that is non reactive with the skin; and
 - C. a certified auricular detoxification specialist shall use the title certified auricular detoxification specialist or CADS.
- [16.2.16.11 NMAC - N, 02-15-05; A, 12-26-08; A, 03-02-14]

16.2.16.12 CERTIFIED AURICULAR DETOXIFICATION SPECIALIST RENEWAL GENERAL REQUIREMENTS:

- A. Except as provided otherwise in the act, or in these rules, or pursuant to other State law, including but not limited to the board's right to deny an application for renewal pursuant to Section 61-14A-17 NMSA 1978, and the Parental Responsibility Act, NMSA 1978, Section 40-5A-1, et seq., each certified auricular detoxification specialist shall be granted renewal of his or her certification for one year upon receipt and approval by the board or its designee, completion of the requirements specified in Section 13 of 16.2.16 NMAC (Part 16 of the rules).
 - B. Any applicant for renewal who is licensed, certified, registered or legally recognized to practice any profession, including health care professions, in any jurisdiction, pursuant to any authority other than the New Mexico Acupuncture and Oriental Medicine Practice Act, shall provide an affidavit regarding the disciplinary record of the applicant since last renewing his or her certification with the board.
 - C. Any applicant for renewal who has been subject to any action or proceeding comprehended by Subsection D of 16.2.16.13 NMAC (Section 13 of Part 16 of the rules), may be subject to disciplinary action at any time, including denial, suspension or revocation of certification, pursuant to the provisions of Section 61-14A-17 NMSA 1978, and subject to the Uniform Licensing Act, NMSA 1978, Section 61-1-1, et seq., and subject to the Criminal Offender Employment Act, NMSA 1978, Section 28-2-1, et seq.
 - D. Any applicant for renewal who provides the board with false information or makes a false statement to the board may be subject to disciplinary action at any time, including denial, suspension or revocation of certification, pursuant to the provisions of Section 61-14A-17 NMSA 1978, and the Uniform Licensing Act, NMSA 1978, Section 61-1-1, et seq.
- [16.2.16.12 NMAC - N, 02-15-05]

16.2.16.13 CERTIFIED AURICULAR DETOXIFICATION SPECIALIST RENEWAL: Upon approval of a certified auricular detoxification specialist renewal application that fulfills the requirements listed below, the board shall renew the certification, which shall be valid until July 31 of the next year. The application requirements for certification renewal shall be receipt of the following by the board:

- A. the auricular detoxification specialist certification renewal fee specified in 16.2.10 NMAC (Part 10 of the rules) paid by check or money order in U.S. funds, or by credit card in U.S. funds if using the board's online renewal process; and
- B. a certified auricular detoxification specialist renewal application that is complete and in English on a form provided by the board that shall include the applicant's name, address, date of birth and social security number; and
- C. the name of the auricular detoxification specialist supervisor(s) registered with the board who will supervise the applicant if known and notice of which of these is to be the primary supervisor; and
- D. an affidavit as provided on the certified auricular detoxification specialist renewal form as to whether the applicant since last receiving or renewing his or her certification with the board:
 - (1) has been subject to any disciplinary action in any jurisdiction related to the practice of auricular detoxification, or related to any other profession including other health care professions for which the applicant is licensed, certified, registered or legally recognized to practice including resignation from practice, withdrawal or surrender of applicants license, certificate or registration during the pendency of disciplinary proceedings or investigation for potential disciplinary proceedings; or

(2) has been a party to litigation in any jurisdiction related to the applicant's practice of auricular detoxification, or related to any other profession including other health care professions for which the applicant is licensed, certified, registered or legally recognized to practice; or

(3) has been convicted of a felony in any jurisdiction, including any finding of guilt by a court or jury, or any plea of guilty, or any plea of nolo contendere or no contest, or plea or disposition of conditional discharge, and including any such proceeding in which a sentence was imposed, suspended or deferred; or

(4) is in arrears on a court-ordered child support payment; or

(5) has violated any provision of the act or the rules; and

E. an affidavit as provided on the certified auricular detoxification specialist renewal form certifying a record free of convictions for drug or alcohol related offenses for a minimum of one (1) year prior to application for renewal; and

F. an affidavit as provided on the certified auricular detoxification specialist renewal form stating that the applicant understands that:

(1) an applicant who has been subject to any action or proceeding comprehended by Subsection C of 16.2.8.10 NMAC (Section 10 of Part 8 of the rules) may be subject to disciplinary action at any time, including denial, suspension or revocation of licensure, pursuant to the provisions of the act, NMSA 1978, Section 61-14A-17; and subject to the Uniform Licensing Act, NMSA 1978, Section 61-1-1, et seq., and subject to the Criminal Offender Employment Act, NMSA 1978, Section 28-2-1, et seq; and

(2) an applicant who provides the board with false information or makes a false statement to the board may be subject to disciplinary action, including denial, suspension or revocation of licensure, pursuant to the provisions of the act, NMSA 1978, Section 61-14A-17, and the Uniform Licensing Act, NMSA 1978, Section 61-1-1, et seq.; and

G. an affidavit as provided on the certified auricular detoxification specialist renewal form stating that the applicant understands that:

(1) the applicant is responsible for reading, understanding and complying with the state of New Mexico laws and rules regarding this application as well as the practice of auricular detoxification and supervision; and

(2) the certification must be renewed annually by July 31; and

(3) the applicant must notify the board within ten (10) days if the applicant's address changes; and

H. if the applicant renews using the board's online application process, the applicant shall check all appropriate affidavit check boxes in the online application and the applicant's agreement to pay by credit card shall be equivalent to the applicant's witnessed signature and notary's stamp and signature normally required by the above affidavits; and

I. an accurate translation in English of all documents submitted in a foreign language; each translated document shall bear the affidavit of the translator certifying that he or she is competent in both the language of the document and the English language and that the translation is a true and faithful translation of the foreign language original; each translated document shall also bear the affidavit of the translator certifying that the translation is a true and faithful translation of the original; each affidavit shall be signed before a notary public; the translation of any document relevant to an application shall be at the expense of the applicant; and

J. satisfactory proof as determined by the board of completion of any continuing education requirements established by the board.

[16.2.16.13 NMAC - N, 02-15-05; A, 12-26-08]

16.2.16.14 CERTIFIED AURICULAR DETOXIFICATION SPECIALIST LATE RENEWAL: A

certified auricular detoxification specialist whose application to renew his or her certification is received late at the board's office during the sixty (60) day period following the required date of renewal shall have his or her certification renewed if the applicant for late certification renewal completes the requirements of 16.2.16.13 NMAC (Section 13 of Part 16 of the rules) and pays the auricular detoxification specialist certification late renewal fee specified in 16.2.10 NMAC (Part 10 of the rules).

[16.2.16.14 NMAC - N, 02-15-05]

16.2.16.15 CERTIFIED AURICULAR DETOXIFICATION SPECIALIST EXPIRED

CERTIFICATION: The certification of a certified auricular detoxification specialist who has not renewed his or her certification, including any required continuing education requirements, within the sixty (60) day period following the required date of renewal is expired and that certified auricular detoxification specialist shall not

practice auricular detoxification. Such an applicant seeking valid certification shall apply with the board as a new applicant.

[16.2.16.15 NMAC - N, 02-15-05]

16.2.16.16 CERTIFIED AURICULAR DETOXIFICATION SPECIALIST INACTIVE STATUS: A certified auricular detoxification specialist in good standing may place his or her certification on inactive status for up to three (3) years by notifying the board of his or her intention to do so. Renewal fees will not be due during the period of inactivity. The certified auricular detoxification specialist shall not engage in the practice of auricular detoxification while the certification is inactive. If certification has not been reactivated within three years of its being placed on inactive status, the certification shall be considered expired. Should the certified auricular detoxification specialist wish to reactivate an inactive certification, he or she may do so by notifying the board, and with board approval, performing eight complete auricular detoxification treatments directly supervised by a registered auricular detoxification supervisor within a board-approved training or treatment program within three (3) months prior to reactivation; satisfying any additional requirements for certification imposed by the board at the time of recertification; paying a single auricular detoxification specialist certification renewal fee specified in 16.2.10 NMAC (Part 10 of the rules); and complying with all other requirements of 16.2.16.13 NMAC (Section 13 of Part 16 of the rules).

[16.2.16.16 NMAC - N, 02-15-05; A, 12-26-08]

16.2.16.17 AURICULAR DETOXIFICATION SPECIALIST SUPERVISOR REQUIREMENTS AND RESPONSIBILITIES:

- A. The auricular detoxification specialist supervisor shall:
- (1) be a licensed doctor of oriental medicine;
 - (2) be registered with the board as an auricular detoxification specialist supervisor;
 - (3) supervise no more than thirty (30) certified auricular detoxification specialists;
 - (4) be accessible for consultation directly or by telephone to a certified auricular detoxification specialist under his or her supervision;
 - (5) directly visit each certified auricular detoxification specialist under his supervision at the treatment program site at intervals of not more than six weeks with the first visit occurring not more than two weeks after supervision has begun for the first year, then at least once per year thereafter at the supervisor's discretion with regular meetings by electronic methods (telephone, email, teleconferencing as examples) at intervals to be determined by the supervisor;
 - (6) be responsible for having each certified auricular detoxification specialist under their supervision require each patient to complete a written, signed consent form outlining the responsibilities of the certified auricular detoxification specialist, the nature of the treatment, expected outcomes, and the scope and limits of practice;
 - (7) ensure that the certified auricular detoxification specialist is following a board approved treatment protocol; and
 - (8) notify the board in writing, within five working days, when a certified auricular detoxification specialist enters into a supervisory relationship with the auricular detoxification specialist supervisor or the supervisory relationship is terminated; and
- B. an auricular detoxification specialist supervisor shall be responsible for the delivery of competent, professional services and ensuring that patient consents are obtained; and
- C. the auricular detoxification specialist supervisor shall terminate the supervisory relationship if the auricular detoxification specialist supervisor has the reasonable belief that the certified auricular detoxification specialist has violated the act or the rules; in such case the auricular detoxification specialist supervisor shall notify the board and the certified auricular detoxification specialist's employer, in writing, within five (5) working days that the supervisory relationship is terminated and give in writing the reasons for the termination.

[16.2.16.17 NMAC - N, 02-15-05; A, 9-25-06; A, 12-26-08; A, 02-08-13]

16.2.16.18 AURICULAR DETOXIFICATION SPECIALIST SUPERVISOR REGISTRATION APPLICATION: Upon approval of an auricular detoxification specialist supervisor registration application that fulfills the requirements listed below, the board shall issue an auricular detoxification specialist supervisor registration that will be valid until July 31 following the initial registration. In the interim between regular board meetings, whenever a qualified applicant for auricular detoxification specialist supervisor registration has filed their application and complied with all other requirements of this section, the board's chair or an authorized representative of the board may grant an interim temporary auricular detoxification specialist supervisor registration

that will suffice until the next regular meeting of the board. In no event shall the auricular detoxification specialist supervisor begin supervising a certified auricular detoxification specialist until the auricular detoxification specialist supervisor registration or interim temporary auricular detoxification specialist supervisor registration is issued by the board. The application requirements for an auricular detoxification specialist supervisor registration shall be receipt of the following by the board:

- A. the auricular detoxification specialist supervisor registration application fee specified in 16.2.10 NMAC;
- B. proof of successful completion of an official national acupuncture detoxification association (NADA) course, or another board-approved training program, or a CV demonstrating experience, or education in the field of harm reduction and alcoholism, substance abuse and chemical dependency at least equivalent to that provided in a NADA training, and three letters of reference attesting to the applicant's competence and experience in the field of auricular treatment for harm reduction, auricular treatment of alcoholism, substance abuse or chemical dependency;
- C. an application for auricular detoxification specialist supervisor registration that is complete and in English on a form provided by the board that shall include the applicant's name, address, date of birth and social security number;
- D. the names of all certified auricular detoxification specialists certified with the board who are under the supervision of the applicant;
- E. an affidavit as provided on the auricular detoxification specialist supervisor registration application form stating that the applicant understands that:
 - (1) a certified auricular detoxification specialist is authorized to perform only the following, for the purpose of harm reduction or treating and preventing alcoholism, substance abuse or chemical dependency and only within a board approved substance abuse treatment program that demonstrates experience in disease prevention, harm reduction, or the treatment or prevention of alcoholism, substance abuse or chemical dependency:
 - (a) auricular acupuncture detoxification using the five auricular point national acupuncture detoxification association (NADA) procedure or other board approved procedure; and
 - (b) the application to the ear of simple board approved devices that do not penetrate the skin using the five auricular point national acupuncture detoxification association (NADA) procedure and that the board approved devices that do not penetrate the skin are: seeds, grains, stones, metal balls, magnets and any small sterilized, spherical object that in non-reactive with the skin; and
 - (2) the auricular detoxification specialist supervisor shall not be a member of the certified auricular detoxification specialist's family or a member of the certified auricular detoxification specialist's household or have a conflict of interest with the certified auricular detoxification specialist as defined in 16.2.16.21 NMAC; exceptions may be made by the board on an individual basis due to limited availability of certified auricular detoxification specialists or supervisors; and
 - (3) the applicant is responsible for reading, understanding and complying with the state of New Mexico laws and rules regarding this application as well as the practice of auricular detoxification and supervision; and
 - (4) the board may refuse to issue, or may suspend, or revoke any license or auricular detoxification specialist supervisor registration in accordance with the Uniform Licensing Act, 61-1-1 to 61-1-31 NMSA 1978, for reasons authorized in Section 61-14A-17 NMSA 1978 of the act and clarified in 16.2.12 NMAC; and
- F. an affidavit as provided on the auricular detoxification specialist supervisor registration application form stating that the applicant understands that the auricular detoxification specialist supervisor shall:
 - (1) be registered with the board as an auricular detoxification specialist supervisor;
 - (2) supervise no more than thirty (30) certified auricular detoxification specialists;
 - (3) be accessible for consultation directly or by telephone to a certified auricular detoxification specialist under his or her supervision;
 - (4) directly visit each certified auricular detoxification specialist under his supervision at the treatment program site at intervals of not more than six weeks for the first year, then at least once per year thereafter at the supervisor's discretion with regular meetings by electronic methods (telephone, email, teleconferencing as examples) at intervals to be determined by the supervisor;
 - (5) verify that each certified auricular detoxification specialist under his or her supervision has had each patient sign a consent form outlining the responsibilities of the certified auricular detoxification specialist, the nature of the treatment, expected outcomes, and the scope and limits of practice;
 - (6) ensure that the certified auricular detoxification specialist is using a board approved treatment protocol;

(7) notify the board in writing, within five (5) days working days, when a certified auricular detoxification specialist enters into a supervisory relationship with the auricular detoxification specialist supervisor or the supervisory relationship is terminated;

(8) be responsible for the delivery of competent professional services and ensuring that patient consents have been obtained;

(9) terminate the supervisory relationship if the auricular detoxification specialist supervisor has the reasonable belief that the certified auricular detoxification specialist has violated the act or the rules or if a conflict of interest arises during the supervision; the auricular detoxification specialist supervisor shall notify the board and the CADS's employer, in writing, within five working days that the supervisory relationship is terminated and give in writing the reasons for the termination; and

(10) notify the board within 10 days if the auricular detoxification supervisor's address changes or phone number changes.

[16.2.16.18 NMAC - N, 02-15-05; A, 12-26-08; A, 02-08-13]

16.2.16.19 CHANGE OF SUPERVISOR: If the auricular detoxification specialist supervisor relationship terminates for any reason, each party must notify the board in writing within five (5) working days of this fact.

[16.2.16.19 NMAC - N, 02-15-05]

16.2.16.20 COMPENSATION: Any compensation contract is solely between the auricular detoxification specialist supervisor and the certified auricular detoxification specialist's employing program or agency and is not the province of the board.

[16.2.16.20 NMAC - N, 02-15-05; A, 12-26-08]

16.2.16.21 AURICULAR DETOXIFICATION SPECIALIST SUPERVISOR CONFLICT OF INTEREST:

An auricular detoxification specialist supervisor shall not be a member of the certified auricular detoxification specialist's family or a member of the certified auricular detoxification specialist's household. "Member of the certified auricular detoxification specialist's family" means a spouse, child, stepchild, grandchild, parent, grandparent, sibling, uncle, aunt, niece, or nephew, or other relative by blood, marriage, or legal process with whom the supervisor has or has had a close familial relationship. The supervisor shall not have a conflict of interest with the certified auricular detoxification specialist, such as a past or present familial, social, fiduciary, business, financial, or physician-patient relationship, that impairs or compromises or appears to impair or compromise the supervisor's neutrality, independence, or objectivity. If a conflict of interest arises during the supervision, the supervisor shall immediately report the conflict of interest to the board and shall cease supervision of the certified auricular detoxification specialist. Exceptions may be made by the board on an individual basis due to limited availability of certified auricular detoxification specialists or supervisors.

[16.2.16.21 NMAC - N, 02-15-05]

16.2.16.22 [RESERVED]

[16.2.16.22 NMAC - N, 02-15-05; Repealed, 12-26-08]

16.2.16.23 [RESERVED]

[16.2.16.23 NMAC - N, 02-15-05; Repealed, 12-26-08]

16.2.16.24 [RESERVED]

[16.2.16.24 NMAC - N, 02-15-05; Repealed, 12-26-08]

16.2.16.25 [RESERVED]

[16.2.16.25 NMAC - N, 02-15-05; Repealed, 12-26-08]

16.2.16.26 AURICULAR DETOXIFICATION SPECIALIST TRAINING PROGRAM APPROVAL:

Upon approval of an auricular detoxification specialist training program approval application that fulfills the requirements listed below, the board shall issue an auricular detoxification specialist training program approval that will be valid until July 31 following the initial registration. In the interim between regular board meetings, whenever a qualified applicant for auricular detoxification specialist training program approval has filed an application and complied with all other requirements of this section, the board's chairman or an authorized representative of the board may grant an interim temporary auricular detoxification specialist training program

approval that will suffice until the next regular meeting of the board. The application requirements for an auricular detoxification specialist training program approval shall be receipt of the following by the board:

A. the auricular detoxification specialist training program approval application fee specified in 16.2.10 NMAC (Part 10 of the rules); and

B. an application for auricular detoxification specialist training program approval that is complete and in English on a form provided by the board that shall include the applicant's name, address, phone number, fax number and email address, if available; and

C. a curriculum that shall include at least:

(1) 30 hours of classroom didactic education covering the following subjects related to auricular detoxification: history and overview of the auricular detoxification profession; point descriptions, and locations and use of the NADA five auricular point national acupuncture detoxification association (NADA) procedure or other board approved procedures; acupuncture needle description, insertion and removal techniques, the use of devices that do not penetrate the skin of the ear; trial treatment (explanation of what happens during a treatment and practice on class members); public health and laws and regulations; exposure control; clean needle technique training; occupational health and safety administration (OSHA) requirements; integration of auricular detoxification within the treatment program; concepts of acupuncture and oriental medicine as related to addiction and recovery (the concept of "empty fire", etc.); client management issues and strategies (special populations); ethical and legal issues (confidentiality, HIPAA, the pertinent laws and rules of the state of New Mexico, etc.); and the nature of addiction and recovery; and

(2) 40 client hours (40 successfully completed treatments) under direct supervision by a board approved CADS supervisor at a site and with a supervisor pre-approved in writing by the training program, documented by a HIPAA-compliant form in which the privacy of clients is respected; and

D. an affidavit as provided on the auricular detoxification specialist training program approval application form stating that the applicant understands that:

(1) the auricular detoxification specialist training program must provide each person who successfully completes the approved program with a certification of completion; and

(2) the auricular detoxification specialist training program registration must be renewed annually by July 31; and

(3) the auricular detoxification specialist training program must notify the board within ten (10) days if the program's address or phone number changes; and

(4) the board may refuse to issue, or may suspend, or revoke any auricular detoxification specialist training program approval in accordance with the Uniform Licensing Act, 61-1-1 to 61-1-31 NMSA 1978, for reasons authorized in Section 61-14A-17 NMSA 1978 of the act and clarified in 16.2.12 NMAC (Part 12 of the rules); and

E. the name or names of the trainer(s) who shall be teaching in the program and copies of their qualifications as trainers from NADA or other oriental medicine and auricular acupuncture drug detoxification, harm reduction, substance abuse or relapse-prevention-related education and experience approved by the board to train auricular detoxification specialist trainers; and

F. approval of a training program shall entail recognition that its trainers have the status of certified auricular detoxification specialists and CADS supervisors within and for the purpose of and for the duration of a training course.

[16.2.16.26 NMAC - N, 02-15-05; A, 12-26-08]

16.2.16.27 AURICULAR DETOXIFICATION SPECIALIST TRAINING PROGRAM RENEWAL:

Upon approval of an auricular detoxification specialist training program renewal application that fulfills the requirements listed below, the board shall renew the approval, which shall be valid until July 31 of the next year. The application requirements for approval renewal shall be receipt of the following by the board:

A. the auricular detoxification specialist training program approval renewal fee specified in 16.2.10 NMAC (Part 10 of the rules) paid by check or money order in U.S. funds, or by credit card in U.S. funds if using the board's online renewal process; and

B. an application for auricular detoxification specialist training program renewal that is complete and in English on a form provided by the board that shall include the applicant's name, address, phone number, fax number and email address, if available; and

C. an affidavit as provided on the auricular detoxification specialist training program renewal of approval application form stating that the program continues to provide at a minimum the curriculum required by the board in 16.2.16.26 NMAC (Section 26 of Part 16 of the rules); and

D. an affidavit as provided on the auricular detoxification specialist training program renewal of approval application form stating that the applicant understands that:

- (1) the auricular detoxification specialist training program must provide each person who successfully completes the approved program with a certificate of completion; and
- (2) the auricular detoxification specialist training program registration must be renewed annually by July 31; and
- (3) the auricular detoxification specialist training program must notify the board within ten (10) days if the program's address or phone number changes; and
- (4) the board may refuse to issue, or may suspend, or revoke any auricular detoxification specialist training program approval in accordance with the Uniform Licensing Act, 61-1-1 to 61-1-31 NMSA 1978, for reasons authorized in Section 61-14A-17 NMSA 1978 of the act and clarified in 16.2.12 NMAC (Part 12 of the rules); and

E. if the applicant renews using the board's online application process, the applicant shall check all appropriate affidavit check boxes in the online application and the applicant's agreement to pay by credit card shall be equivalent to the applicant's witnessed signature and notary's stamp and signature normally required by the above affidavits.

[16.2.16.27 NMAC - N, 02-15-05; A, 12-26-08]

16.2.16.28 TREATMENT PROGRAM APPROVAL: All treatment programs focused on disease prevention, harm reduction or the treatment or prevention of alcoholism, substance abuse or chemical dependency that are officially recognized by a federal, state or local government agency shall automatically be approved by the board. Upon approval of a treatment program application for approval that fulfills the requirements listed below, the board shall issue a treatment program approval. In the interim between regular board meetings, whenever a qualified applicant for a treatment program approval has filed an application and complied with all other requirements of this section, the board's chairman or an authorized representative of the board may grant an interim temporary treatment program approval that will suffice until the next regular meeting of the board. The application requirements for a treatment program approval shall be receipt of the following by the board:

- A. the treatment program approval application fee specified in 16.2.10 NMAC;
- B. an application for treatment program approval that is complete and in English on a form provided by the board that shall include the applicant's name, address, phone number, fax number and email address, if available, and:

- (1) affidavit that the treatment program is for disease prevention, harm reduction or the treatment or prevention of alcoholism, substance abuse or chemical dependency;
- (2) whether the facility is at a fixed address or is mobile;
- (3) the name of the director of the program;
- (4) the number and qualifications of the treatment staff; and
- (5) the name of the auricular detoxification supervisor and the certified auricular detoxification specialist, if known; and

C. an affidavit as provided on the treatment program approval application form stating that the facility has access to a toilet and a sink; and

D. an affidavit as provided on the treatment program approval application form stating that the applicant understands that:

- (1) the treatment program must notify the board within ten (10) days if the program's address or phone number changes; and

- (2) the board may refuse to issue, or may suspend, or revoke any treatment program approval in accordance with the Uniform Licensing Act, 61-1-1 to 61-1-31 NMSA 1978, for reasons authorized in Section 61-14A-17 NMSA 1978 of the act and clarified in 16.2.12 NMAC.

[16.2.16.28 NMAC - N, 02-15-05; A, 12-26-08; A, 03-02-14]

16.2.16.29 GROUNDS FOR DENIAL, SUSPENSION OR REVOCATION OF LICENSE, CERTIFICATION, REGISTRATION OR APPROVAL: The board may refuse to issue, or may suspend, or revoke any license, certification, registration or approval in accordance with the Uniform Licensing Act, 61-1-1 to 61-1-31 NMSA 1978, for reasons authorized in Section 61-14A-17 NMSA 1978 of the act and clarified in 16.2.12 NMAC (Part 12 of the rules).

[16.2.16.29 NMAC - N, 02-15-05]

History of 16.2.16 NMAC:
Pre-NMAC History: None.

History of Repealed Material: [Reserved]

TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING
CHAPTER 2 ACUPUNCTURE AND ORIENTAL MEDICINE PRACTITIONERS
PART 17 LICENSURE BY ENDORSEMENT

16.2.17.1 ISSUING AGENCY: New Mexico Board of Acupuncture and Oriental Medicine.
[16.2.17.1 NMAC - N, 2/15/2005]

16.2.17.2 SCOPE: All applicants for licensure by endorsement as doctors of oriental medicine.
[16.2.17.2 NMAC - N, 2/15/2005]

16.2.17.3 STATUTORY AUTHORITY: This part is promulgated pursuant to the Acupuncture and Oriental Medicine Practice Act, Sections 61-14A-4, 6, 8, 9 and 10, NMSA 1978.
[16.2.17.3 NMAC - N, 2/15/2005]

16.2.17.4 DURATION: Permanent.
[16.2.17.4 NMAC - N, 2/15/2005]

16.2.17.5 EFFECTIVE DATE: February 15, 2005, unless a later date is cited at the end of a section.
[16.2.17.5 NMAC - N, 2/15/2005]

16.2.17.6 OBJECTIVE: Part 17 lists the requirements that an applicant for licensure by endorsement must fulfill in order to apply for licensure as a doctor of oriental medicine.
[16.2.17.6 NMAC - N, 2/15/2005]

16.2.17.7 DEFINITIONS: Refer to definitions in 16.2.1.7 NMAC (Section 7 of Part 1 of the rules).
[16.2.17.7 NMAC - N, 2/15/2005]

16.2.17.8 GENERAL REQUIREMENTS:

A. An applicant for licensure by endorsement shall have five years of clinical experience, within the last six years as defined in 16.2.1.7 NMAC immediately preceding application.

B. An applicant for licensure by endorsement must be licensed, certified, registered or legally recognized to practice acupuncture or oriental medicine in another state or jurisdiction of the United States.

C. Any applicant for licensure by endorsement who has been subject to any action or proceeding comprehended by Subsection D of 16.2.17.10 NMAC may be subject to disciplinary action, including denial, suspension or revocation of licensure, pursuant to the provisions of Section 61-14A-17, NMSA 1978; and subject to the Uniform Licensing Act, Section 61-1-1, et seq., NMSA 1978, and subject to the Criminal Offender Employment Act, Section 28-2-1, et seq., NMSA 1978.

D. Any applicant for licensure by endorsement who provides the board with false information or makes a false statement to the board may be subject to disciplinary action, including denial, suspension or revocation of licensure, pursuant to the provisions of Section 61-14A-17, NMSA 1978, and to the Uniform Licensing Act, Section 61-1-1, et seq., NMSA 1978.

[16.2.17.8 NMAC - N, 2/15/2005; A, 11/28/2009; A, 3/2/2014]

16.2.17.9 EDUCATIONAL PROGRAM REQUIREMENTS:

A. An applicant for licensure by endorsement shall provide proof that he completed an educational program in acupuncture that fulfilled the requirements of the national certification commission for acupuncture and oriental medicine in place in 1992 or if graduated after 1992 is in compliance with the educational program requirements in 16.2.7 NMAC or that was accredited by the accreditation commission for acupuncture and oriental medicine, ACAOM, formerly the national accreditation commission for schools and colleges of acupuncture and oriental medicine and ACSCAOM.

B. If the educational program is no longer in existence, or if the applicant's records are not available for good cause, the applicant for licensure by endorsement shall submit an affidavit so stating and shall identify the educational program, and shall provide the address, dates of enrollment, and curriculum completed, along with such other information and documents as the board shall deem necessary. The board, in its sole and sound discretion, may accept as adequate and sufficient or reject such evidence presented in lieu of the records otherwise required.

C. If an applicant graduated before 1992 from an educational program lacking annual approval status from the board for the year of graduation, as defined in 16.2.7.10 NMAC, then the applicant shall apply for a single instance review. The applicant must obtain an approval of the educational program for use by a single applicant and will need to submit the following to the board:

(1) the required application fee as specified in 16.2.10 NMAC, paid by check or money order in U.S. funds; and

(2) an application on a form prescribed by the board, completed and in English, that contains the matriculation date for the educational program, the information necessary to verify that the standards of professional education required by 16.2.17.9 NMAC and an official copy of the curriculum.

[16.2.17.9 NMAC - N, 2/15/2005; A, 11/28/2009; A, 3/2/2014]

16.2.17.10 INITIAL LICENSURE BY ENDORSEMENT APPLICATION: Upon approval of a licensure by endorsement application that fulfills the requirements listed below, the board shall issue a license that will be valid until July 31 following the initial licensure. The application requirements for licensure by endorsement shall be receipt of the following by the board:

A. the fee for application for licensure by endorsement specified in 16.2.10 NMAC;

B. a licensure by endorsement application that is complete and in English on a form provided by the board that shall include the applicant's name, address, date of birth and social security number, if available;

C. two passport-type photographs of the applicant taken not more than six months prior to the submission of the application;

D. an affidavit as provided on the initial licensure by endorsement application form as to whether the applicant:

(1) has been subject to any disciplinary action in any jurisdiction related to the practice of acupuncture or oriental medicine, or related to any other profession including other health care professions for which the applicant is licensed, certified, registered or legally recognized to practice including resignation from practice, withdrawal or surrender of applicants license, certificate or registration during the pendency of disciplinary proceedings or investigation for potential disciplinary proceedings;

(2) has been a party to litigation in any jurisdiction related to the applicants practice of acupuncture and oriental medicine, or related to any other profession including other health care professions for which the applicant is licensed, certified, registered or legally recognized to practice;

(3) has been convicted of a felony in any jurisdiction, including any finding of guilt by a court or jury, or any plea of guilty, or any plea of nolo contendere or no contest, or plea or disposition of conditional discharge, and including any such proceeding in which a sentence was imposed, suspended or deferred;

(4) is in arrears on a court-ordered child support payment; or

(5) has violated any provision of the act or the rules; and

E. an official license history, which is a certificate from each jurisdiction stating the disciplinary record of the applicant, from each jurisdiction where the applicant has been licensed, certified, registered or legally recognized to practice any other profession, including other health care professions, in any jurisdiction, pursuant to any authority other than the New Mexico Acupuncture and Oriental Medicine Practice Act; and

F. an affidavit as provided on the initial licensure by endorsement application form stating that the applicant understands that:

(1) an applicant who has been subject to any action or proceeding comprehended by Subsection D of 16.2.17.10 NMAC may be subject to disciplinary action at any time, including denial, suspension or revocation of licensure, pursuant to the provisions of the act, Section 61-14A-17, NMSA 1978; and subject to the Uniform Licensing Act, Section 61-1-1, et seq., NMSA 1978, and subject to the Criminal Offender Employment Act, Section 28-2-1, et seq., NMSA 1978: and

(2) an applicant who provides the board with false information or makes a false statement to the board may be subject to disciplinary action, including denial, suspension or revocation of licensure, pursuant to the provisions of the act, Section 61-14A-17, NMSA 1978, and the Uniform Licensing Act, Section 61-1-1, et seq., NMSA 1978; and

G. an affidavit as provided on the initial licensure by endorsement application form stating that the applicant understands that:

(1) the applicant is responsible for reading, understanding and complying with the state of New Mexico laws and rules regarding this application as well as the practice of acupuncture and oriental medicine;

(2) the license must be renewed annually by July 31; and

(3) the applicant must notify the board within ten (10) days if the applicant's address changes; and

H. a copy of the applicant's certificate or diploma from an educational program evidencing completion of the educational program in acupuncture as defined above in 16.2.17.9 NMAC; this copy shall include on it an affidavit certifying that it is a true copy of the original;

I. a copy of the applicant's transcript from the educational program in acupuncture or oriental medicine evidencing completion of the educational program in acupuncture as defined above in 16.2.17.9 NMAC; this copy shall include on it an affidavit certifying that it is a true copy of the original;

J. a copy of the applicant's license, certificate, registration or legal authority to practice acupuncture or oriental medicine in another state or jurisdiction of the United States;

K. proof of clinical experience as required in Subsection A of 16.2.17.8 NMAC;

L. proof of successful completion of the examinations required below in 16.2.17.11 NMAC; and

M. an accurate translation in English of all documents submitted in a foreign language; each translated document shall bear the affidavit of the translator certifying that he or she is competent in both the language of the document and the English language and that the translation is a true and faithful translation of the foreign language original; each translated document shall also bear the affidavit of the applicant certifying that the translation is a true and faithful translation of the original; each affidavit shall be signed before a notary public; the translation of any document relevant to an application shall be at the expense of the applicant.

N. proof of current Basic Life Support, BLS, and CPR with proof of having completed an American heart association or American red cross approved course; hands-on supervised practice of clinical skills is required; the didactic portion may be completed on-line; a current copy of this card shall be submitted to the board at the time of application.

[16.2.17.10 NMAC - N, 2/15/2005; A, 11/28/2009; A, 1/4/2020]

16.2.17.11 EXAMINATION REQUIREMENTS: The following requirements shall be received at the board's office within 24 months of the receipt of the initial licensure by endorsement application:

A. proof of successful completion of one of the following examination options:

(1) the national certification commission for acupuncture and oriental medicine (NCCAOM) comprehensive written exam (acupuncture portion);

(2) the NCCAOM foundations of oriental medicine module and the acupuncture module if completed after June 2004;

(3) the NCCAOM comprehensive written exam (Chinese herbology portion); or

(4) the NCCAOM foundations of oriental medicine module and the Chinese herbology module if completed after June 2004; and

B. proof of successful completion of the NCCAOM approved clean needle technique course;

C. proof of successful completion of the New Mexico clinical skills examination specified in 16.2.4.10 NMAC; and

D. proof of successful completion of the board approved and board administered jurisprudence examination specified in 16.2.4.10 NMAC.

[16.2.17.11 NMAC - N, 2/15/2005; A, 11/28/2009; A, 3/2/2014]

16.2.17.12 DOCUMENTS IN A FOREIGN LANGUAGE: All documents submitted in a foreign language must be accompanied by an accurate translation in English. Each translated document shall bear the affidavit of the translator certifying that he or she is competent in both the language of the document and the English language and that the translation is a true and faithful translation of the foreign language original. Each translated document shall also bear the affidavit of the applicant certifying that the translation is a true and faithful translation of the original. Each affidavit shall be signed before a notary public. The translation of any document relevant to an applicant's application shall be at the expense of the applicant.

[16.2.17.12 NMAC - N, 2/15/2005]

16.2.17.13 SUFFICIENCY OF DOCUMENT: The board shall determine the sufficiency of the documentation that supports the application for licensure by endorsement. The board may, at its discretion, request further proof of qualifications or require a personal interview with any applicant to establish his or her qualifications. If requested by the board, all further proof of qualifications shall be received at the board office at least thirty five (35) days before the clinical skills examination date. Any required personal interview will be scheduled as determined by the board.

[16.2.17.13 NMAC - N, 2/15/2005]

16.2.17.14 DEADLINE FOR COMPLETING ALL REQUIREMENTS FOR LICENSURE: All documentation required for licensure by endorsement shall be received at the board office no later than 24 months after the initial application for licensure by endorsement is received at the board office.

[16.2.17.14 NMAC - N, 2/15/2005; A, 11/28/2009; A, 3/2/2014]

16.2.17.15 NOTIFICATION OF LICENSURE: The applicant for licensure by endorsement shall be notified of approval or denial of his or her completed application requirements including examination requirements by mail postmarked no more than 21 days from the board's receipt of all required documentation. The board shall issue a license to all applicants who have met the requirements of 16.2.17 NMAC.

[16.2.17.15 NMAC - N, 2/15/2005; A, 11/28/2009]

16.2.17.16 EXPIRATION AND ABANDONMENT OF APPLICATION: If all licensure by endorsement application requirements have not been met within 24 months of the initial licensure by endorsement application, the application will expire and will be deemed abandoned. Exceptions may be made, at the board's discretion, for good cause. If the licensure by endorsement application is abandoned and the applicant for licensure by endorsement wants to reapply, the applicant for licensure by endorsement shall be required to submit the completed current licensure by endorsement application form, pay the current application fee and satisfy the requirements for licensure by endorsement in effect at the time of the new licensure by endorsement application. The board shall notify the applicant for licensure by endorsement of pending abandonment of the licensure by endorsement application by mail postmarked at least 60 days before the date of abandonment which is the expiration of the 24 month deadline for completing all requirements for licensure by endorsement. The board shall notify the applicant for licensure by endorsement of abandonment of the application by mail postmarked no more than 21 days after the date of abandonment.

[16.2.17.16 NMAC - N, 2/15/2005; A, 11/28/2009; A, 3/2/2014]

History of 16.2.17 NMAC:

Pre-NMAC History: None.

History of Repealed Material: [RESERVED]

TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING
CHAPTER 2 ACUPUNCTURE AND ORIENTAL MEDICINE PRACTITIONERS
PART 18 EDUCATIONAL COURSES FOR EXPANDED PRACTICE CERTIFICATION

16.2.18.1 ISSUING AGENCY: New Mexico Board of Acupuncture and Oriental Medicine.
[16.2.18.1 NMAC - Rp, 16.2.18.1 NMAC, 6/16/2015]

16.2.18.2 SCOPE: All doctors of oriental medicine who are certified for expanded practice or who are applicants for certification for expanded practice, as well as all educational courses and applicants for approval of educational courses.
[16.2.18.2 NMAC - Rp, 16.2.18.2 NMAC, 6/16/2015]

16.2.18.3 STATUTORY AUTHORITY: This part is promulgated pursuant to the Acupuncture and Oriental Medicine Practice Act, Section 61-14A-8.1.
[16.2.18.3 NMAC - Rp, 16.2.18.3 NMAC, 6/16/2015]

16.2.18.4 DURATION: Permanent.
[16.2.18.4 NMAC - Rp, 16.2.18.4 NMAC, 6/16/2015]

16.2.18.5 EFFECTIVE DATE: June 16, 2015, unless a later date is cited at the end of a section.
[16.2.18.5 NMAC - Rp, 16.2.18.5 NMAC, 6/16/2015]

16.2.18.6 OBJECTIVE: Part 18 lists the prerequisites, educational course approval requirements, class hours, curriculum knowledge and skills for certification in each of the four following expanded practice categories: basic injection therapy, injection therapy, intravenous therapy and bioidentical hormone therapy.
[16.2.18.6 NMAC - Rp, 16.2.18.6 NMAC, 6/16/2015]

16.2.18.7 DEFINITIONS: Refer to definitions in Section 7 of 16.2.1 NMAC.
[16.2.18.7 NMAC - N, 6/16/2015]

16.2.18.8 GENERAL REQUIREMENTS FOR EDUCATIONAL COURSE APPROVAL: The board shall approve an educational course for a specific category of expanded practice upon completion of the following general requirements and the specific requirements listed for the specific category of expanded practice educational course approval. All courses shall adhere to ICE credentialing standards. All references to application in this section refer to the educational course application.

A. The educational course shall provide at least the minimum number of hours of education in the areas listed for the specific category of educational course hours. One hour of education shall be equal to that defined by the accreditation commission for acupuncture and oriental medicine (ACAOM). The education shall be in addition to the education required to meet the minimum educational program requirements for licensure as a doctor of oriental medicine.

B. The educational course application shall include a description of the education being provided as required by the educational course general curriculum defined in Section 11 of 16.2.18 NMAC and the educational course curriculum defined for the specific category of expanded practice for which the educational course is applying for approval.

C. The educational course application shall include the curriculum vitae for all teachers, and proposed substitute teachers all classes shall be taught by qualified teachers approved by the board, provided the following conditions are met:

(1) the education in the pharmacology of the authorized substances shall be taught by a licensed pharmacist, Pharm D or a Ph.D. in pharmacology; and

(2) the education in the clinical therapeutic use of the authorized substances shall be taught by a licensed health care practitioner with appropriate training and a minimum of five years experience using the authorized substances.

D. The educational course application shall include documentation that all required clinical practice hours shall have a teacher to student ratio of at least one teacher to no more than eight students.

E. The educational course application shall include examples of the test questions that students enrolled in the course are required to successfully pass in order to ensure competence in all required areas. Testing

methodology shall be approved by the board and testing shall be administered, subject to approval by a credentialed PhD psychometrician, as described in the ICE credentialing standards and as approved by the board. The educational course shall send all student test scores and evaluation scores directly to the board.

F. The educational course application shall include an example of the certificate that shall be given for successful completion of the educational course.

G. Each educational course shall be completed within two years of commencement of that course.

H. A student who is allergic or hypersensitive to an authorized substance may be excused from participating in clinical practice when such an authorized substance is being used.

I. A board member or an agent of the board has the authority to observe, audit and evaluate educational courses at any time after an application has been filed. A course audit or evaluation may result in denial, suspension or revocation of the course's approval by the board in accordance with law.

J. The educational course provider shall specify whether the organization offering the educational course is a sole proprietorship, partnership, LLC, corporation or non-profit corporation and shall provide proof of such legal business status.

K. An educational course shall submit a new application on the form approved by the board, pay the appropriate fee defined in 16.2.10 NMAC and comply with all other new application requirements if any of the following changes:

- (1) ownership;
- (2) faculty; and
- (3) curriculum.

L. An educational course shall inform the board in writing, provided that the educational course certifies that all factors defined in Subsection J of 16.2.18.8 NMAC remain unchanged, if any of the following changes:

- (1) name;
- (2) address; and
- (3) phone number.

[16.2.18.8 NMAC - Rp, 16.2.18.7 NMAC, 6/16/2015]

16.2.18.9 EDUCATIONAL COURSE APPROVAL BOARD REQUIREMENTS:

A. The board shall have final authority for approval of all educational courses including classes and teachers.

B. The board shall notify the applicant in writing by mail postmarked no more than 75 days after the receipt of the initial application as to whether the application is complete or if not complete, what documentation is needed to complete the application.

C. If the requested information is not received at the board office within 75 days after notification the board shall notify the applicant in writing by mail that the application has expired.

D. Teaching must commence for an approved course within six months of approval.

E. In the interim between regular board meetings the expanded practice Rx committee or an authorized representative of the board shall issue an interim temporary educational course approval to a qualified applicant who has filed, with the board, a complete application and complied with all requirements for educational course approval. The interim temporary educational course approval shall automatically expire on the date of the next regular board meeting and final educational course approval shall only be granted by the board. If the application is denied, the notice of denial shall state the reason the application was denied.

F. If the application is expired or is denied, the applicant will have to reapply as a new applicant.
[16.2.18.9 NMAC - Rp, 16.2.18.8 NMAC, 6/16/2015]

16.2.18.10 EDUCATIONAL COURSE PREREQUISITES:

A. An applicant for an educational course in expanded practice leading to certification must be a NM licensed doctor of oriental medicine in good standing.

B. The basic injection course is a prerequisite to injection therapy certification and intravenous therapy certification.

C. Prior to enrolling in any expanded practice educational course, the applicant shall submit proof of completion of at least three college or university credit hours (30-45) contact hours in a course in pharmacology from an accredited institution. A board approved on-line course is acceptable or the applicant may sit for a pharmacology final exam at an accredited institution to satisfy this requirement.

D. If applying for basic injection therapy, injection therapy or intravenous therapy, the applicant shall submit proof of completion of a four hour American heart association approved CPR or basic life support (BLS) course; a current card that shall remain current until the next July 31 annual renewal cycle will serve as proof. [16.2.18.10 NMAC - Rp, 16.2.18.9 NMAC, 6/16/2015]

16.2.18.11 EDUCATIONAL COURSE GENERAL CURRICULUM: Each educational course shall provide the doctor of oriental medicine, who successfully completes the course, with the following entry level general knowledge and skills, as well as the specific knowledge and skills, at the current professional standard of care within the context of an integrative healthcare system, defined for each specific category of expanded practice education.

A. Expanded practice and prescriptive authority and oriental medicine: knowledge of how the principles of the developmental system of oriental medicine such as yin, yang, qi and xue apply to the expanded practice certifications.

B. Biomedical knowledge: anatomy, physiology, pathology, endocrinology, biochemistry, pharmacology and diagnostic options sufficient to provide a foundation required for the specific category of expanded practice.

C. Pharmacology knowledge:

- (1) of the biochemistry, pharmacology, clinical application, safety and handling, side effects, interactions, contraindications, safeguards and emergency procedures for all authorized substances in the formulary defined for the relevant specific category of expanded practice;
- (2) of how to make a differential diagnosis relative to the prescription or administration of authorized substances in the formulary defined for the relevant specific category of expanded practice;
- (3) of the potency and appropriate dosage of single and combined authorized substances in the formulary defined for the relevant specific category of expanded practice;
- (4) and skill in utilizing appropriate clinic based aseptic technique; and
- (5) of the compounding requirements of the USP 797 with regard to the authorized substances in the formulary defined for the relevant specific category of expanded practice.

D. Referral:

- (1) knowledge and understanding of the limits of their training, and skill and when it is appropriate to refer; and
- (2) knowledge of the options available regarding referral including an understanding of the potential benefit or contraindications of all categories of expanded practice.

E. Emergency care (previous CPR/BLS certification):

- (1) knowledge of how to recognize a medical emergency situation arising in the clinic and what emergency outcomes may arise relative to performing the authorized diagnostic and therapeutic procedures and the prescription or administration of the specifically authorized substances, what procedures and substances are best for managing each emergency situation and whom to contact for emergency support and care;
- (2) skill in providing first aid and basic life support until the medical emergency team arrives;

- (3) appropriate initial screening for potential allergic or adverse reactions;
- (4) skill in identifying and responding to adverse or allergic reactions or mild to severe; vasovagal reactions with knowledge of appropriate support measures depending on the type of reaction:

- (a) patient reassurance;
- (b) patient positioning;
- (c) oral OTC diphenhydramine (benadryl) if appropriate;
- (d) inhaled oxygen;
- (e) inhaled OTC epinephrine (primatine mist) or IM injected epinephrine if appropriate; and

- (f) emergency ambulance transport;
- (5) the immediate and longer term indications of inadvertent pneumothorax and the appropriate procedure for patient care and guidance in such situations.

F. Record keeping, storage and dispensing of dangerous drugs and controlled substances and knowledge of:

- (1) the proper storage requirements in the clinic for the drugs, dangerous drugs and controlled substances in the specifically authorized formulary;

- (2) how to keep accurate records of all authorized drugs, dangerous drugs and controlled substances obtained, stored, compounded, administered or dispensed; and
- (3) skill in handling and using appropriate clean or aseptic technique for all drugs, dangerous drugs and controlled substances in the specifically authorized formulary.

G. Pharmaceutical law knowledge of:

- (1) the appropriate areas of New Mexico pharmaceutical law;
- (2) USP 797 that relates to compounding of the authorized substances in the formulary defined for the relevant specific category of expanded practice; and
- (3) drugs, dangerous drugs, and controlled substances and what dangerous drugs or controlled substances are or are not authorized under the provisions of the specific category or categories of expanded practice for which he is certified.

H. Scope of practice knowledge:

- (1) of the areas of the New Mexico Acupuncture and Oriental Medicine Practice Act and rules that are appropriate to the scope of practice of a doctor or oriental medicine certified for the specific category of expanded practice;
- (2) understanding of what diagnostic or therapeutic procedures are authorized by the specific category of expanded practice; and
- (3) understanding what substances in a specific formulary are authorized for use by doctors of oriental medicine certified for the specific category of expanded practice.

[16.2.18.11 NMAC - Rp, 16.2.18.10 NMAC, 6/16/2015]

16.2.18.12 BASIC INJECTION THERAPY EDUCATIONAL COURSE APPROVAL: The board shall approve a basic injection therapy educational course after the educational course provider submits to the board:

- A.** the completed application form provided by the board;
- B.** the payment of the application fee for expanded practice educational course approval specified in 16.2.10 NMAC;
- C.** documentation of having complied with all educational course approval general requirements defined in Section 8 of 16.2.18 NMAC;
- D.** documentation demonstrating that it will provide the educational course general curriculum defined in Section 11 of 16.2.18 NMAC;
- E.** documentation demonstrating that it will provide the basic injection therapy educational course hours defined in Section 13 of 16.2.18 NMAC; and
- F.** documentation demonstrating that it will provide the basic injection therapy educational course curriculum defined in Section 14 of 16.2.18 NMAC; and
- G.** documentation demonstrating that proposed test instruments have been reviewed and approved by a credentialed PhD psychometrician, as described in the ICE credentialing standards. A passing grade of 70 percent is required for certification to demonstrate learned knowledge.

[16.2.18.12 NMAC - Rp, 16.2.18.11 NMAC, 6/16/2015]

16.2.18.13 BASIC INJECTION THERAPY EDUCATIONAL COURSE HOURS: The education offered shall consist of a minimum total of 58 contact hours with at least the minimum number of hours of education in the areas listed below:

- A.** eight hours in pharmacology and biomedical differential diagnosis relative to the prescription, administration, compounding and dispensing of the authorized substances in the basic injection therapy formulary including homeopathic medicines;
- B.** two hours in the drawing and compounding of the authorized substances intended for injection in compliance with USP 797, utilizing approved aseptic technique and proper record keeping for storage and dispensing of substances; at least half of the required hours shall be clinical practice;
- C.** 14 hours in orthopedic and neurological evaluation; at least half of these required hours shall be clinical practice;
- D.** two hours in the theory and practice of vapocoolant spray and stretch techniques using the authorized vapocoolants; at least half of these required hours shall be clinical practice;
- E.** 28 hours in the theory and practice of injection therapy including: 11 hours of trigger point therapy and injection of acupuncture points; 11 hours of basic mesotherapy; six hours of basic neural therapy, and therapeutic injections (vitamins), using the authorized substances in the basic injection therapy formulary; at least half of these required hours shall be clinical practice;

- F. one hour in pharmaceutical law as provided by the New Mexico board of pharmacy;
 - G. one in oriental medicine scope of practice relative to the authorized substances and techniques;
- and
- H. a minimum of two hours in the use of inhaled oxygen O₂ and IM epinephrine for emergency use.
- [16.2.18.13 NMAC - Rp, 16.2.18.12 NMAC, 6/16/2015; A, 1/4/2020]

16.2.18.14 BASIC INJECTION THERAPY EDUCATIONAL COURSE CURRICULUM: The basic injection therapy educational course curriculum shall provide the doctor of oriental medicine, who successfully completes the course, with the educational course general curriculum knowledge and skills defined in Section 11 of 16.2.18 NMAC and the following specific skills and knowledge of:

- A. orthopedic and neurological physical exam and differential diagnosis:
 - (1) anatomy regions to be examined and treated;
 - (2) the most common orthopedic pain differential diagnoses for these areas as well as other medical differential diagnoses that should be ruled out;
 - (3) skill in interpreting physical exam signs in context as evidence for or against the differential diagnoses;
 - (4) the most important treatment options for these differential diagnoses including but not limited to injection therapy, spray and stretch therapy, exercise, physical medicine, manipulation, manual medicine, acupuncture, moxibustion, medical therapy with herbal medicine, supplements, homeopathic medicines and diet therapy;
 - (5) which basic imaging methods, if any, are useful in the examination of the above differential diagnoses; and
 - (6) and skill in selecting and performing the most appropriate basic orthopedic and neurologic physical examination methods including but not limited to the most basic forms of reflex testing, motor power testing, sensory exam, common orthopedic provocations, ligament stretch testing, accurate palpation and marking of anatomic landmarks, ligament and tendon compression testing and myofascial trigger point compression;
- B. general injection therapy knowledge of:
 - (1) the needles, syringes and other equipment used to perform the various types of injection therapy;
 - (2) appropriate aseptic techniques and clean needle procedures and techniques, and necessity of compliance with USP 797;
 - (3) the various solutions used in the various styles of injection therapy and skill in properly drawing and compounding into syringes the authorized substances intended for injection, using approved aseptic technique; in compliance with USP 797;
 - (4) how to generate and carry out a comprehensive treatment plan that addresses the causative factors leading to pain and dysfunction from the perspective of the understanding of each style of injection therapy, offers post treatment palliation and provides post therapy recommendations to support rehabilitation and prevent recurrence;
 - (5) how to explain to the patient the purpose of the therapy, the expected outcome and possible complications of the therapy that could occur;
 - (6) understanding that injection therapy techniques authorized for the basic injection therapy certification are limited to intradermal, subcutaneous and intramuscular, injections; and
 - (7) the anatomical locations that are relatively safe for injection therapy, as well as those locations that should be avoided for injection therapy;
- C. acupuncture point injection therapy knowledge of:
 - (1) how acupuncture point injections can complement traditional acupuncture;
 - (2) the conditions that can be treated with acupuncture point injections; and
 - (3) skill in injecting acupuncture points;
- D. trigger point therapy knowledge of:
 - (1) what a trigger point is, what the causative factors leading to trigger points are, what the most common perpetuating factors are and how to recognize and identify the most common pain referral patterns in the head, back, hip and extremities;
 - (2) how to locate and palpate trigger points; and
 - (3) skill in locating, injecting and spraying and stretching the most commonly treated trigger points and muscles;
- E. neural therapy knowledge of:

- (1) the relationship between interference fields, the autonomic nervous system, pain and disease;
 - (2) skill in identifying common interference fields in the body; and
 - (3) skill in injecting common neural therapy injection sites such as peripheral nerves, scars, tonsils, intercutaneous and subcutaneous sites;
 - F. mesotherapy knowledge of:
 - (1) the mechanism of action of mesotherapy injections for pain and sports medicine and cosmetic treatment; and
 - (2) skill in injecting using mesotherapy methodology;
 - G. therapeutic injections knowledge of:
 - (1) how to evaluate the patient and determine a treatment plan with appropriate dosage, using appropriate authorized substances; and
 - (2) skill in performing therapeutic injections at appropriate anatomical locations and depths.
- [16.2.18.14 NMAC - Rp, 16.2.18.13 NMAC, 6/16/2015]

16.2.18.15 INJECTION THERAPY EDUCATIONAL COURSE APPROVAL: The board shall approve an injection therapy educational program requirements:

- A. the completed application form provided by the board;
 - B. payment of the application fee for expanded practice educational course approval specified in 16.2.10 NMAC;
 - C. documentation that it will comply with all educational course approval general requirements defined in 16.2.18.8 NMAC;
 - D. documentation demonstrating that it will provide the educational course general curriculum defined in 16.2.18.11 NMAC;
 - E. documentation demonstrating that it will provide the injection therapy educational course hours defined in 16.2.18.17 NMAC;
 - F. documentation demonstrating that it will provide the injection therapy educational course curriculum defined in 16.2.18.18 NMAC; and
 - G. documentation demonstrating that proposed test instruments have been reviewed and approved by a credentialed PhD psychometrician as described in the ICE credentialing standards. A passing grade of seventy (70) percent is required for certification to demonstrate learned knowledge.
- [16.2.18.15 NMAC - Rp, 16.2.18.14 NMAC, 6/16/2015]

16.2.18.16 INJECTION THERAPY COURSE PREREQUISITES: only a New Mexico licensed DOM, in good standing, and board certified in basic injection therapy, may apply for an injection therapy educational course.

[16.2.18.16 NMAC - Rp, 16.2.18.15 NMAC, 6/16/2015]

16.2.18.17 INJECTION THERAPY EDUCATIONAL COURSE HOURS: The education shall be completed within two (2) years of commencement of the course as specified in Subsection G of 16.2.18.7 NMAC and consists of a minimum total of 115 hours and with at least the minimum number of hours of education in the areas listed below:

- A. eight hours in pharmacology and relevant pharmaceutical law, including compliance with USP 797 differential diagnosis relative to the selection, prescription, compounding and administration, of the authorized substances in the injection therapy formulary listed in Paragraph (2) of Subsection F of 16.2.20.8 NMAC, and the use of some of these substances as pain medicine: upon completion and certification in injection therapy some of these substances can be used with previously learned basic injection techniques including trigger point, mesotherapy, and neural therapy techniques;
- B. four hours in the art and practice of phlebotomy in order to safely perform injection of ozone or platelet rich plasma when considered as appropriate therapeutic intervention and at least half of the required hours shall be in clinical practice; a certificate of completion of a board approved course in phlebotomy is acceptable;
- C. 15 hours in a board approved course in oxidative medicine;
- D. 52 hours to include:
 - (1) the scientific principles of prolotherapy;
 - (2) aseptic technique as it relates to injecting a joint;
 - (3) detailed anatomy of joints, supporting soft tissue structures, and specific injection sites;
 - (4) orthopedic and neurological functional evaluation;

(5) the use of platelet rich plasma and prolozone;
(6) theory and practice of advanced neural therapy techniques;
(7) differentiation and selection of authorized substances in the injection therapy formulary as defined in Paragraph (2) of Subsection F of 16.2.20.8 NMAC; and

(8) at least half of these required hours shall be clinical practice;
E. 30 hours of diagnostic musculoskeletal ultrasound and ultrasound guided musculoskeletal procedures from a board approved course; and

F. six hours in the theory and practice of advanced injection therapy techniques including: mesotherapy for cellulite reduction, refer to Subsection F of 16.2.18.14 NMAC and apitherapy: at least half of these hours shall be in clinical practice; a certificate of completion from a board approved course in advanced mesotherapy or apitherapy will be considered to meet these hours.
[16.2.18.17 NMAC - Rp, 16.2.18.16 NMAC, 6/16/2015]

16.2.18.18 INJECTION THERAPY EDUCATIONAL COURSE CURRICULUM: The injection therapy educational course curriculum shall provide the doctor of oriental medicine, who successfully completes the course, with the educational course general curriculum knowledge and skills defined in Sections 11 and 14 of 16.2.18 NMAC and the following specific knowledge and skills in:

A. regenerative injection therapy (RIT or prolotherapy):
(1) understanding of the scientific principles of prolotherapy, its application, alternatives, risks and consequences;
(2) recognizing the most common pain patterns generated from injured and lax ligaments of the joints of the extremities, lumbar and sacral regions;
(3) the concept of tissue regeneration and proliferation and how it can be promoted in the body;

(4) injecting some of the most commonly treated ligamentous, tendonous, and cartilaginous and intra-articular structures of the joints of the extremities, lumbar and sacral regions;
(5) how to perform regional anesthesia or a nerve block for pain relief; and
(6) the use of diagnostic musculoskeletal ultrasound and ultrasound guided procedures;

B. orthopedic and neurological physical exam and differential diagnosis:
(1) anatomy of the regions to be examined and treated;
(2) selecting and performing orthopedic and neurologic physical examination methods including but not limited to reflex testing, motor power testing, sensory exam, common orthopedic provocations, ligament stretch testing, accurate palpation and marking of anatomic landmarks, ligament and tendon compression testing;
(3) interpreting physical exam signs in context as evidence for or against the differential diagnoses;

(4) most common orthopedic pain differential diagnoses for these areas as well as other medical differential diagnoses that should be ruled out; and
(5) the most important treatment options for these differential diagnoses;

C. how to generate and carry out a comprehensive treatment plan that addresses the causative factors leading to pain and dysfunction from the perspective of the understanding of each style of injection therapy, offers post treatment palliation and provides post therapy recommendations to support rehabilitation and prevent recurrence:

(1) how to explain to the patient the purpose of the therapy, the expected outcome and possible complications of the therapy that could occur; and

(2) anatomical locations that are relatively safe for injection therapy, as well as those locations that should be avoided for injection therapy;

D. perform phlebotomy and collect and centrifuge blood to be used for platelet rich plasma injection; knowledge of diagnostic and physical exam findings which indicate the need for platelet rich plasma as a treatment modality;

E. advanced neural therapy techniques; knowledge and skills as described in Section 14 of 16.2.18 NMAC of basic injection;

F. advanced mesotherapy;
(1) how to evaluate and treat the patient with cellulite including determination of a treatment plan, utilizing appropriate substance(s) and dosing to accomplish treatment goals;

(2) how to evaluate and treat fat;

- (3) technique of injections to reduce fat or cellulite; and
- (4) mechanisms of action of substances used for cellulite and fat reduction;
- G. apitherapy;
 - (1) knowledge of and skill in performing apitherapy; and
 - (2) understanding theory and application of apitherapy, expected outcomes, benefits and

potential risks and complications.

[16.2.18.18 NMAC - Rp, 16.2.18.17 NMAC, 6/16/2015]

16.2.18.19 INTRAVENOUS THERAPY EDUCATIONAL COURSE APPROVAL REQUIREMENTS

FOR CERTIFICATION: The board will approve an intravenous therapy educational course for certification after the educational course provider submits to the board:

- A. the completed application form provided by the board;
- B. the payment of the application fee for expanded practice educational course approval specified in 16.2.10 NMAC;
- C. documentation of having complied with all educational course approval general requirements defined in Section 8 of 16.2.18 NMAC;
- D. documentation demonstrating that it will provide the educational course general curriculum defined in Section 10 of 16.2.18 NMAC;
- E. documentation demonstrating that it will provide the intravenous therapy educational course hours defined in Section 20 of 16.2.18 NMAC;
- F. documentation demonstrating that it will provide the intravenous therapy educational course curriculum defined in Section 21 of 16.2.18 NMAC; and
- G. documentation that proposed test instruments have been reviewed and approved by a credentialed PhD psychometrician, as described in the ICE credentialing standards.

[16.2.18.19 NMAC - N, 6/16/2015]

16.2.18.20 INTRAVENOUS THERAPY COURSE PREREQUISITES: Only a New Mexico licensed DOM, in good standing, and board certified in basic injection therapy, may apply for an intravenous therapy educational course in expanded practice.

- A. Proof of current BLS/CPR certification that will be current for two years from an American heart association provider.
- B. Proof of completion of at least three semester hours of college level biochemistry from an accredited institution that provides evaluation of competencies by examination. A board approved college level on line course is acceptable.

[16.2.18.20 NMAC - N, 6/16/2015]

16.2.18.21 INTRAVENOUS THERAPY EDUCATIONAL COURSE HOURS: The intravenous therapy educational coursework shall be completed within two years of commencement of the course, Subsection G of 16.2.18.8 NMAC, and shall consist of a minimum of 137 total hours and with the minimum number of hours of education in the areas listed below:

- A. eight hours in the pharmacology, biochemistry, relevant pharmaceutical law, including 16.19.36 NMAC, differential diagnosis and clinical application relative to the selection, prescription, compounding and administration of the authorized substances in the intravenous therapy formulary;
- B. ten hours in the studying, drawing and sterile compounding, (in compliance with USP 797) of the authorized substances intended for infusion and injection utilizing approved aseptic technique and proper record keeping, and storage of substances. At least half of these required hours shall be clinical practice;
- C. 24 hours in all aspects of safely performing phlebotomy, intravenous infusions and intravenous pushes including calculation of osmolarity. At least half of these required hours shall be clinical practice with documented evidence of having prepared and started at least 10 IV's. Proof of completion of a board approved phlebotomy course may be applied toward a portion of these hours;
- D. 24 hours in oxidative medicine as defined in Paragraph (39) of Subsection B of 16.2.1.7 NMAC, including; ozone therapy, ultraviolet blood irradiation (photoluminescence), hyperbaric oxygen therapy and the use of oxygen therapeutically. At least half of these required hours shall be in clinical practice;
- E. 24 hours in nutritional IV's; vitamin C, meyers cocktails, vitamins, minerals, and amino acids;

F. 24 hours in detoxification, utilizing glutathione, phosphatidylcholine and calcium EDTA including practice standards that meet the requirement guidelines from the College of Physician and Surgeons of Alberta, on file in the board office;

G. 16 hours in blood chemistry analysis: including instruction of normal value ranges, critical values, clinical implications of abnormal values, and whether these values warrant reconsideration of proceeding with any intravenous therapy;

H. five hours in urine analysis: including evaluation of unprovoked and provoked nutrient and toxic element testing;

I. one hour in pharmaceutical law as provided by the New Mexico board of pharmacy; and

J. one hour in oriental medicine scope of practice relative to the authorized substances and techniques.

[16.2.18.21 NMAC - N, 6/16/2015]

16.2.18.22 INTRAVENOUS THERAPY EDUCATIONAL COURSE CURRICULUM: The intravenous therapy educational course curriculum shall provide the doctor of oriental medicine, who successfully completes the course, with the knowledge and skills defined in Section 10 of 16.2.18 NMAC and the following specific knowledge and skills.

A. Pharmaceutical law: knowledge of compatibility and sterile compounding procedures of authorized substances in the intravenous therapy formulary in compliance with the compounding requirements of the USP-797.

B. Diagnostic phlebotomy knowledge of:

(1) and skill in drawing blood for diagnostic purposes using appropriate aseptic procedure;

(2) needles, lancets, winged sets, syringes, vacutainer tubes, and other equipment used to

draw blood for diagnostic purposes; and

(3) the various blood tests most relevant to the protocols being taught.

C. Intravenous therapy knowledge of:

(1) and skill in the use of the equipment used for intravenous infusions;

(2) equipment used for an intravenous push;

(3) equipment used for injecting a bolus into an infusion;

(4) local anatomy of common infusion sites and skill in selecting an appropriate infusion site;

(5) authorized substances that are appropriate or not appropriate for intravenous infusion or

injection from the intravenous therapy formulary;

(6) concept and importance of osmolarity, pH and skill in determining pH and calculating a given solution's osmolarity using an osmolarity chart simple algebraic equation or computer software;

(7) prerequisite lab tests that should be evaluated prior to initiating intravenous therapy of

any kind;

(8) and skill in preparing and administering an intravenous push, intravenous infusion and injecting a bolus into an IV infusion; and

(9) possible complications that could occur during an intravenous infusion or push and how to identify, treat and manage these complications.

D. Oxidative medicine, photo-oxidation and the use of oxygen therapeutically knowledge of:

(1) biochemistry of oxidative medicine including the biological electron transfer sequence (BETS) oxidation and reduction (redox) reactions;

(2) and skill in the relevant clinical application and use of the authorized substances in the intravenous therapy formulary;

(3) history, physics, equipment and therapeutic use of ultraviolet blood irradiation (photoluminescence);

(4) history, physics, physiology and therapeutic use, contraindications and safety considerations of hyperbaric oxygen chamber therapy; and

(5) blood borne pathogen training.

E. Detoxification and chelation therapy knowledge of:

(1) diagnostic tools available for determining and tracking the therapeutic elimination of body burden of toxic elements including hair analysis, blood analysis and urinalysis with provocation agents;

(2) how to determine that the kidneys, colon and liver are functioning appropriately prior to commencement of detoxification or chelation diagnostic and therapeutic procedures;

(3) critical importance of, and methods for, optimizing kidney and bowel function, and phase 1/phase 2 liver detox pathways, prior to and during detoxification or chelation therapy, how to recognize when these systems are overburdened and what to do if they are overburdened;

(4) biochemistry, clinical use, and safety concerns relevant to all modes of administration of the authorized substances used in detoxification or chelation therapy; and

(5) how to explain to the patient the purpose of the therapy, the expected outcome, alternatives and possible complications of the therapy that could occur.

[16.2.18.22 NMAC- N, 6/16/2015]

16.2.18.23 INTRAVENOUS THERAPY EXPANDED PRACTICE CERTIFICATION: The board shall only issue certification to applicants after successful completion of the Intravenous Therapy Expanded Practice Course, and successful completion and documentation of a practicum to include 150 hours under the supervision of a board approved physician and three hundred (300) individual patients to be completed within two years of completion of the coursework.

[16.2.18.23 NMAC - N, 6/16/2015]

16.2.18.24 BIOIDENTICAL HORMONE THERAPY EDUCATIONAL COURSE APPROVAL: The board shall have final authority for approval of a bioidentical hormone educational program upon completion of the following requirements. The educational course shall submit to the board:

A. the completed application form provided by the board;
B. payment of the application fee for expanded practice educational course approval specified in 16.2.10 NMAC;

C. documentation that it will comply with all educational course approval general requirements defined in Section 8 of 16.2.18 NMAC;

D. documentation demonstrating that it will provide the educational course general curriculum defined in Section 11 of 16.2.18 NMAC;

E. documentation demonstrating that it will provide the bioidentical hormone therapy educational course hours defined in Section 25 of 16.2.18 NMAC;

F. documentation demonstrating that it will provide the bioidentical hormone therapy educational course curriculum defined in Section 26 of 16.2.18 NMAC; and

G. documentation demonstrating that proposed test instruments have been reviewed and approved by a credentialed PhD psychometrician, as described in the ICE credentialing standards. A passing grade of 70 percent is required for certification to demonstrate learned knowledge.

[16.2.18.24 NMAC - Rp, 16.2.18.19 NMAC, 6/16/2015]

16.2.18.25 BIOIDENTICAL HORMONE THERAPY EDUCATIONAL COURSE HOURS: The bioidentical hormone educational course shall consist of a minimum total of 80 hours of education, with at least 27 hours of practical experience defined in Subsections B, C, D, E, and F below:

A. eight hours in the pharmacology of bioidentical hormones;

B. 18 hours in an overview of the endocrine system, including the anatomy and interactive physiology of the hypothalamic-pituitary-adrenal-thyroid (HPAT) and gonadal axis, the stress response and normal adrenal and thyroid function; also to include normal male and female sex hormone physiology; at least half of these hours shall be in practice or review of case studies;

C. 20 hours in theory and practice of endocrinology including evaluation and treatment of the patient with hormonal dysfunction and imbalances including but not limited to; adrenal fatigue, auto-immune endocrine disorders, hypothyroid, hyperthyroid, men's hormone imbalances and women's hormonal imbalances pre, peri and post menopause and consideration and assessment for treatment with bio-identical hormone replacement therapy, BHRT; at least half of these hours will be in practice or review of case studies;

D. 14 hours in blood chemistry analysis including but not limited to; CBC, CMP, LFT, lipids, ferritin, homocysteine, vitamin D, iodine, hs CRP, fibrinogen, ANA, ESR, HgBAIC, insulin antibodies;

E. two hours in urine analysis;

F. 16 hours in the assessment and treatment of hormone and neurotransmitter imbalances through blood, urine and saliva hormone testing and evaluation; appropriate treatment options for the biomedical differential diagnoses including, but not limited to; adrenal fatigue, thyroid imbalances, andropause, menopausal syndrome, and other male and female hormone imbalances; at least half of these hours shall be in practice or case study review;

G. one hour in pharmaceutical law as provided by the New Mexico board of pharmacy; and

H. one hour in oriental medicine scope of practice relative to the prescription or administration of the authorized substances.
[16.2.18.25 NMAC - Rp, 16.2.18.20 NMAC, 6/16/2015; A, 1/4/2020]

16.2.18.26 BIOIDENTICAL HORMONE THERAPY EDUCATIONAL COURSE CURRICULUM:

The bioidentical hormone therapy educational course curriculum shall provide the doctor of oriental medicine, who successfully completes the course, with the educational course general curriculum knowledge and skills defined in Section 11 of 16.2.18 NMAC and the following specific knowledge and skills:

- A.** bioidentical hormone therapy;
- (1) anatomy, physiology, endocrinology, pathology, biochemistry, pharmacology, diagnostic and referral options including imaging, and clinical strategies with a focus on hormone pathways, neurotransmitter imbalances, precursors and intermediaries relevant to bioidentical hormone therapy;
 - (2) how to perform a diagnosis of the various aspects of the endocrine and neurotransmitter system using blood, urine, and saliva testing;
 - (3) the application, clinical use, dosage, dosage adjustment or discontinuation consequences and safety concerns relevant to all modes of administration of the authorized substances; and
 - (4) how to explain to the patient the purpose, expected outcome, risks and possible complications of bioidentical hormone therapy as well as the advantages of bioidentical hormone therapy, relative to non-bioidentical hormone therapy;
- B.** non-hormone therapy:
- (1) how to optimize hormone balance using authorized substances that are not hormones or are hormone precursors, and the benefits and limits of such therapy; and
 - (2) how to explain to the patient the purpose, expected outcome, risks and possible complications of non-hormone therapy as well as the advantages of non-hormone therapy relative to bioidentical hormone therapy.

[16.2.18.26 NMAC - Rp, 16.2.18.21 NMAC, 6/16/2015]

HISTORY OF 16.2.18 NMAC:

History of Repealed Material:

16.2.18 NMAC, Expanded Practice Educational Courses, filed 1/9/2013, repealed, 6/16/2015.

TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING
CHAPTER 2 ACUPUNCTURE AND ORIENTAL MEDICINE PRACTITIONERS
PART 19 EXPANDED PRACTICE CERTIFICATIONS

16.2.19.1 ISSUING AGENCY: New Mexico Board of Acupuncture and Oriental Medicine.
[16.2.19.1 NMAC - Rp, 16.2.19.1 NMAC, 6/16/2015]

16.2.19.2 SCOPE: All doctors of oriental medicine who are certified for expanded practice or who are applicants for certification for expanded practice, as well as all educational programs and students enrolled in an educational program.
[16.2.19.2 NMAC - Rp, 16.2.19.2 NMAC, 6/16/2015]

16.2.19.3 STATUTORY AUTHORITY: This part is promulgated pursuant to the Acupuncture and Oriental Medicine Practice Act, Section 61-14A-8.1.
[16.2.19.3 NMAC - Rp, 16.2.19.3 NMAC, 6/16/2015]

16.2.19.4 DURATION: Permanent.
[16.2.19.4 NMAC - Rp, 16.2.19.4 NMAC, 6/16/2015]

16.2.19.5 EFFECTIVE DATE: June 16, 2015, unless a later date is cited at the end of a section.
[16.2.19.5 NMAC - Rp, 16.2.19.5 NMAC, 6/16/2015]

16.2.19.6 OBJECTIVE: This part lists the certification requirements for each of the following expanded practice categories: basic injection therapy, injection therapy, intravenous therapy and bioidentical hormone therapy.
[16.2.19.6 NMAC - Rp, 16.2.19.6 NMAC, 6/16/2015]

16.2.19.7 DEFINITIONS:

- A.** The definitions in this section are in addition to those in the act and Section 7 of 16.2.1 NMAC.
- B.** The following definition applies to the rules and the act: “educational course” is a comprehensive foundation of studies, approved by the board leading to demonstration of entry level competence in the specified knowledge and skills required for the four respective certifications in expanded practice; an educational course is not an educational program as this term is used in the act and the rules and as defined in 16.2.1 NMAC.
- C.** The following definitions are from 16.19.36 NMAC for clarification of regulations for doctors of oriental medicine, certified in expanded practice;
 - (1)** “**Air changes per hour**” (ACPH) means the number of times a volume of air equivalent to the room passes through the room each hour.
 - (2)** “**Ante-area**” means an ISO Class 8 or better area where personnel hand hygiene and garbing procedures, staging of components, order entry, CSP labeling, and other high-particulate generating activities are performed. It is also a transition area that:
 - (a)** provides assurance that pressure relationships are constantly maintained so that air flows from clean to dirty areas; and
 - (b)** reduces the need for the heating, ventilating, and air-conditioning (HVAC) control system to respond to large disturbances.
 - (3)** “**Aseptic Technique**” means proper manipulation of preparations to maintain sterility
 - (4)** “**ASHP**” American Society of Health-Systems Pharmacists.
 - (5)** “**Beyond-use date**” (**BUD**) means the date, or as appropriate, date and time, after which a compounded preparation is not to be used and is determined from the date and time the preparation is compounded.
 - (6)** “**Biological safety cabinet**” (**BSC**) means a ventilated cabinet that provides ISO Class 5 environment for CSP’s, provides personnel, preparation, and environmental protection having an open front with inward airflow for personnel protection, downward high-efficiency particulate air (HEPA)-filtered laminar airflow for preparation protection, and HEPA-filtered exhausted air for environmental protection.
 - (7)** “**Buffer area**” means an area where the primary engineering control (PEC) is physically located. Activities that occur in this area include the staging of components and supplies used when compounding CSP’s.

(8) **“Certification”** means independent third party documentation declaring that the specific requirements have been met.

(9) **“Cleanroom”** means a room in which the concentration of airborne particles is controlled to meet a specified airborne particulate cleanliness class. Microorganisms in the environment are monitored so that a microbial level for air, surface, and personnel gear are not exceeded for a specified cleanliness class.

(10) **“Closed system vial-transfer device”** means a vial-transfer system that allows no venting or exposure of substances to the environment.

(11) **“Compounded sterile preparations”** (CSP’s) include, but are not limited, to the following dosage forms which must be sterile when administered to patients:

- (a) parenteral preparations;
- (b) aqueous bronchial and nasal inhalations;
- (c) injections (e.g. colloidal dispersions, emulsions, solutions, suspensions);
- (d) irrigations for wounds and body cavities;
- (e) ophthalmic drops and ointments; and

(12) **“Compounding aseptic isolator”** (CAI) means an enclosed ISO Class 5 environments for compounding pharmaceutical ingredients or preparations. It is designed to maintain an aseptic compounding environment within the isolator throughout the compounding and material transfer processes. Air exchange into the isolator from the surrounding environment should not occur unless the air has first passed through a microbial retentive filter (HEPA minimum).

(13) **“Critical area”** means an ISO Class 5 environment.

(14) **“Critical site”** means a location that includes any component or fluid pathway surfaces (e.g., vial septa, injection ports, beakers) or openings (e.g., opened ampules, needle hubs) exposed and at risk of direct contact with air (e.g., ambient room or HEPA filtered), moisture (e.g., oral and mucosal secretions), or touch contamination. Risk of microbial particulate contamination of the critical site increases with the size of the openings and exposure time.

(15) **“Direct compounding area”** (DCA) means a critical area within the ISO Class 5 primary engineering control (PEC) where critical sites are exposed to unidirectional HEPA-filtered air, also known as first air.

(16) **“Disinfectant”** means an agent that frees from infection and destroys disease-causing pathogens or other harmful microorganisms, but may not kill bacterial and fungal spores. It refers to substances applied to inanimate agents, usually a chemical agent, but sometimes a physical one.

(17) **“Home care”** means health care provided in the patient’s home (not a hospital or skilled nursing facility) by either licensed health professionals or trained caregivers. May include hospice care.

(18) **“Immediate use”** means administration begins not later than one hour following the start of the compounding procedure. Use of Immediate use products is reserved to those events in which delay in preparation would subject the patient to additional risk due to delay in therapy and meeting USP/NF 797 (Immediate-Use CSP Provision) criteria.

(19) **“ISO 5”** means air containing no more than 100 particles per cubic foot of air of a size at least 0.5 micron or larger in diameter (3520 particles per cubic meter).

(20) **“ISO 7”** means air containing no more than 10,000 particles per cubic foot of air of a size at least 0.5 micron or larger in diameter (352,000 particles per cubic meter).

(21) **“ISO 8”** means air containing no more than 100,000 particles per cubic foot of air of a size at least 0.5 micron or larger in diameter (3,520,000 particles per cubic meter).

(22) **“Laminar airflow”** means a non-turbulent, non-mixing streamline flow of air in parallel layers.

(23) **“Laminar airflow workbench”** (LAFW) means a ventilated cabinet for compounding of sterile preparations. Provides preparation protection with high-efficiency particulate air (HEPA) filtered laminar airflow, ISO Class 5. Airflow may be horizontal (back to front) or vertical (top to bottom) in direction.

(24) **“Media-fill test”** means a test used to qualify aseptic technique of compounding personnel or processes and to ensure that the processes used are able to produce sterile preparation without microbial contamination. During this test, a microbiological growth medium such as soybean-casein digest medium is substituted for the actual drug product to simulate admixture compounding. The issues to consider in the development of a media-fill test are media-fill procedures, media selection, fill volume, incubation, time, and temperature, inspection of filled units, documentation, interpretation of results, and possible corrective actions required.

(25) **“Multiple-dose container”** means a multiple-unit container for articles or preparations intended for parenteral administration only and usually containing antimicrobial preservatives. Once opened or entered, a multiple dose container with antimicrobial preservative has a BUD of 28 days unless otherwise specified by the manufacturer.

(26) **“Negative pressure room”** means a room that is at a lower pressure than the adjacent spaces and therefore, the net flow of air is into the room.

(27) **“Parenteral product”** means any preparation administered by injection through one or more layers of skin tissue.

(28) **“Personal protective equipment” (PPE)** means items such as gloves, gowns, respirators, goggles, face shields, and others that protect individual workers from hazardous physical or chemical exposures.

(29) **“Plan of care”** means an individualized care plan for each patient receiving parenteral products in a home setting to include the following:

(a) description of actual or potential drug therapy problems and their proposed solutions;

(b) a description of desired outcomes of drug therapy provided;

(c) a proposal for patient education and counseling; and

(d) a plan specifying proactive objective and subjective monitoring (e.g. vital signs, laboratory test, physical findings, patient response, toxicity, adverse reactions, and noncompliance) and the frequency with which monitoring is to occur.

(30) **“Positive pressure room”** means a room that is at a higher pressure than the adjacent spaces and, therefore, the net airflow is out of the room.

(31) **“Preparation”** means a CSP that is a sterile drug or nutrient compounded in a licensed pharmacy or other healthcare-related facility pursuant to the order of a licensed prescriber; the article may or may not contain sterile products.

(32) **“Product”** means a commercially manufactured drug or nutrient that has been evaluated for safety and efficacy by the FDA. Products are accompanied by full prescribing information, which is commonly known as the FDA-approved manufacturer’s labeling or product package insert.

(33) **“Quality assurance”** means a program for the systematic monitoring and evaluation of the various aspects of a service or facility to ensure that standards of quality are being met.

(34) **“Quality control”** means a system for verifying and maintaining a desired level of quality in a preparations or process, as by planning, continued inspection, and corrective action as required.

(35) **“Single-dose container”** means a single-dose, or a single-unit, container for articles or preparations intended for parenteral administration only. It is intended for a single use. Examples of single-dose containers include prefilled syringes, cartridges, fusion-sealed containers, and closure-sealed containers when so labeled.

(36) **“Secondary engineering control”** means the ante area and buffer area or cleanroom in which primary engineering controls are placed.

(37) **“Segregated compounding area”** means a designated space, either a demarcated area or room, that is restricted to preparing low-risk level CSP’s with 12-hour or less BUD. Such area shall contain a device that provides unidirectional airflow of ISO Class 5 air quality for preparation of CSP’s and shall be void of activities and materials that are extraneous to sterile compounding.

(38) **“Standard operating procedure” (SOP)** means a written protocol detailing the required standards for performance of tasks and operations within a facility.

(39) **“Sterile”** means free from bacteria or other living microorganisms.

(40) **“Sterilization by filtration”** means passage of a fluid or solution through a sterilizing grade membrane to produce a sterile effluent.

(41) **“Sterilizing grade membranes”** means membranes that are documented to retain 100 percent of a culture of 10⁷ microorganisms of a strain of *Brevundimonas* (*Pseudomonas*) *diminuta* per square centimeter of membrane surface under a pressure of not less than 30 psi. Such filter membranes are nominally at 0.22 µm or 0.2 µm porosity, depending on the manufacturer’s practice.

(42) **“Unidirectional flow”** means airflow moving in a single direction in a robust and uniform manner and at sufficient speed to reproducibly sweep particles away from the critical processing or testing area.

(43) **“USP 797”** United States Pharmacopeia Chapter 797 Pharmaceutical Compounding.

(44) **“Sterile Preparations”** - This general Chapter provides procedures and requirements for compounding sterile preparations. General Chapter 797 describes conditions and practices to prevent harm to patients that could result from microbial contamination, excessive bacterial endotoxins, variability in intended strength, unintended chemical and physical contaminants, and ingredients of inappropriate quality in compounded sterile preparations.

(45) **“USP/NF standards”** means United States pharmacopeia/national formulary.
[16.2.19.7 NMAC - Rp, 16.2.19.7 NMAC, 6/16/2015]

16.2.19.8 EXPANDED PRACTICE CERTIFICATION GENERAL PROVISIONS: The four categories of expanded practice certification authorized by 61-14A-8.1, NMSA 1978 and defined in 16.2.19 NMAC that include, basic injection therapy, injection therapy, intravenous therapy and bioidentical hormone therapy shall all include the following provisions:

A. a doctor of oriental medicine or enrolled in an educational course shall be authorized to perform the techniques and shall have the prescriptive authority, for the duration of the course, to administer and compound the substances that are authorized in the expanded practice formulary for which he is studying under the supervision of the board approved teacher for that educational course; under other circumstances the student shall not be authorized to obtain, prescribe or dispense such substances;

B. upon receipt of a current copy of CPR/BLS card the board shall annually renew the expanded practice certifications of a doctor of oriental medicine in good standing if the licensee has completed all continuing education required by 16.2.9 NMAC;

C. all expanded practice and prescriptive authority certifications shall automatically terminate when licensure as a doctor of oriental medicine:

(1) is placed on inactive status as specified in 16.2.15 NMAC;

(2) expires as specified in 16.2.8 NMAC; or

(3) is suspended, revoked or terminated for any reason as defined in 16.2.12 NMAC;

D. Proof of completion of an ASHP course relative to USP 797 is required for the first time renewal of basic injection therapy.

E. an expanded practice certification that is revoked or terminated shall not be reinstated; the doctor of oriental medicine must reapply for expanded practice certification as a new applicant;

F. all expanded practice certifications that were automatically terminated due to inactive status, expiration or suspension as specified in Subsection E of 16.2.19.8 NMAC, shall be automatically reinstated when licensure as a doctor of oriental medicine is reinstated, provided that:

(1) all fees required by 16.2.10 NMAC have been paid;

(2) all continuing education requirements specified in 16.2.9 NMAC have been completed;

and

(3) all other relevant, reinstatement provisions, required by board rule, have been completed;

G. each year the board may review the expanded practice formularies for necessary amendments; when new substances are added to a formulary, appropriate education in the use of the new substances shall be approved and required by the board and the board of pharmacy for doctors of oriental medicine applying for new certification or as continuing education for renewal of the applicable expanded practice certification or certifications;

H. a doctor of oriental medicine certified for a category of expanded practice under 16.2.19 NMAC that authorizes the use of testosterone, a controlled substance, and any other drug that is classified as a controlled substance, shall register with the federal DEA (drug enforcement agency) prior to obtaining, prescribing, administering, compounding or dispensing the controlled substance;

I. a doctor of oriental medicine certified for expanded practice, when prescribing, shall use prescription pads printed with his or her name, address, telephone number, license number and his or her specific expanded practice certifications; if a doctor of oriental medicine is using a prescription pad printed with the names of more than one doctor of oriental medicine, the above information for each doctor of oriental medicine shall be on the pad and the pad shall have a separate signature line for each doctor of oriental medicine; each specific prescription shall indicate the name of the doctor of oriental medicine for that prescription and shall be signed by the prescribing doctor of oriental medicine;

J. a doctor of oriental medicine certified for expanded practice shall always, when diagnosing and treating a patient, use the skill and care ordinarily used by reasonably well-qualified doctors of oriental medicine similarly certified and practicing under similar circumstances, giving due consideration to the locality involved; failure to comply with this fundamental requirement may result in denial, suspension or revocation of licensure or

certification, or other disciplinary measures, pursuant to the provisions of the act, Section 61-14A-17, NMSA 1978, and the Uniform Licensing Act, Section 61-1-1, et seq., NMSA 1978;

K. when a doctor of oriental medicine is certified for injection therapy, this certification automatically supersedes his certification for basic injection therapy; and

L. the provisions for certification transition from extended prescriptive authority (Rx1) and expanded prescriptive authority (Rx2) to the expanded practice categories specified in 16.2.19 NMAC.
[16.2.19.8 NMAC - Rp, 16.2.19.8 NMAC, 6/16/2015]

16.2.19.9 EXPANDED PRACTICE CERTIFICATION BOARD REQUIREMENTS:

A. The board shall have final authority for certification of all applicants.

B. The board shall notify the applicant in writing by mail postmarked no more than 30 days after the receipt of the initial application as to whether the application is complete or incomplete and missing specified application documentation.

C. The board shall notify the applicant in writing by mail postmarked no more than 30 days after the notice of receipt of the complete application sent out by the board, whether the application is approved or denied.

D. If the application is denied, the notice of denial shall state the reason the application was denied.

E. In the interim between regular board meetings the board's chairman or an authorized designee of the board shall approve an expanded practice certification to a qualified applicant who has filed, with the board, a complete application and complied with all requirements for expanded practice certification. The temporary expanded practice certification will be ratified by the board on the date of the next regular board meeting. Final expanded practice certification shall only be granted by the board.

F. the board shall maintain a list of each doctor of oriental medicine who is certified for each expanded practice category and shall notify the New Mexico board of pharmacy of all such certified licensees;

G. The board shall have the authority to deny, suspend, revoke or otherwise discipline an expanded practice certification, in accordance with the Uniform Licensing Act, 61-1-1 to 61-1-31, NMSA 1978, for reasons authorized in the act and clarified in 16.2.12 NMAC.

[16.2.19.9 NMAC - Rp, 16.2.19.9 NMAC, 6/16/2015]

16.2.19.10 EXPANDED PRACTICE SCOPE OF PRACTICE: (from 16.2.2.10 NMAC):

A. In addition to the scope of practice outlined in section 16.2.2 NMAC for a doctor of oriental medicine in New Mexico, the scope of practice for those certified in expanded practice shall include certification in any or all of the following modules: (61-14A-8.1B, NMSA 1978) basic injection therapy, injection therapy, intravenous therapy and bio-identical hormone therapy as specified in 16.2.19 NMAC.

B. The scope of practice for those doctors of oriental medicine certified in expanded practice shall also include the expanded practice and prescriptive authority defined in 61-14A-8.1C, NMSA 1978.

[16.2.19.10 NMAC - Rp, 16.2.19.10 NMAC, 6/16/2015]

16.2.19.11 BASIC INJECTION THERAPY CERTIFICATION: The board shall issue, to a doctor of oriental medicine, certification for basic injection therapy upon completion of the course prerequisites including 30 hours of Pharmacology as specified in Section 9 of 16.2.18 NMAC and the following requirements.

A. The doctor of oriental medicine shall be a doctor of oriental medicine in good standing.

B. The doctor of oriental medicine shall submit to the board the completed application form provided by the board.

C. The doctor of oriental medicine shall pay the application fee for expanded practice certification specified in 16.2.10 NMAC.

D. The doctor of oriental medicine shall submit, with the application, proof of successful completion of the basic injection therapy educational course specified in 16.2.18 NMAC.

[16.2.19.11 NMAC - Rp, 16.2.19.11 NMAC, 6/16/2015]

16.2.19.12 INJECTION THERAPY CERTIFICATION: The board shall issue to a doctor of oriental medicine, certification for injection therapy, upon completion of the following requirements.

A. The doctor of oriental medicine shall be a doctor of oriental medicine in good standing.

B. The doctor of oriental medicine shall submit to the board the completed application form provided by the board.

C. The doctor of oriental medicine shall pay the application fee for expanded practice certification specified in 16.2.10 NMAC.

D. The doctor of oriental medicine shall submit, with the application, proof of:
(1) current certification by the board for basic injection therapy; or
(2) any course combining basic injection therapy and injection therapy, as they are specified in the board's rules, or otherwise in accordance with law, must be completed within two years of the start of the course.

E. The doctor of oriental medicine shall submit, with the application, proof of successful completion of the injection therapy educational course approved by the board.
[16.2.19.12 NMAC - Rp, 16.2.19.12 NMAC, 6/16/2015]

16.2.19.13 INTRAVENOUS THERAPY CERTIFICATION: The board shall issue to a doctor of oriental medicine, certification for intravenous therapy, upon completion of the course prerequisites including board certification in basic injection therapy, and three hours of college level biochemistry, and the following requirements.

A. The doctor of oriental medicine shall be a doctor of oriental medicine in good standing.
B. The doctor of oriental medicine shall submit to the board the completed application form provided by the board.

C. The doctor of oriental medicine shall pay the application fee for expanded practice certification specified in 16.2.10 NMAC.

D. The doctor of oriental medicine shall submit, with the application, proof of successful completion of an intravenous therapy educational course approved by the board.
[16.2.19.13 NMAC - Rp, 16.2.19.13 NMAC, 6/16/2015]

16.2.19.14 INTRAVENOUS THERAPY EXPANDED PRACTICE CERTIFICATION: The board shall only issue certification to applicants after successful completion of the Intravenous Therapy Expanded Practice Course, and successful completion and documentation of a practicum to include 300 hours under the supervision of a board approved physician and 150 individual patients to be completed within two years of completion of the coursework.

[16.2.19.14 NMAC - N, 6/16/2015]

16.2.19.15 BIOIDENTICAL HORMONE THERAPY CERTIFICATION: The board shall issue to a doctor of oriental medicine, certification for bioidentical hormone therapy, upon completion of the following requirements:

A. the doctor of oriental medicine shall be a doctor of oriental medicine in good standing;
B. the doctor of oriental medicine shall submit to the board the completed application form provided by the board;

C. the doctor of oriental medicine shall pay the application fee for expanded practice certification specified in 16.2.10 NMAC; and

D. the doctor of oriental medicine shall submit, with the application, proof of successful completion of the bioidentical hormone therapy educational course approved by the board.

[16.2.19.15 NMAC - Rp, 16.2.19.14 NMAC, 6/16/2015]

16.2.19.16 EXPANDED PRACTICE CERTIFICATION RENEWAL: If a doctor of oriental medicine certified for expanded prescriptive authority does not complete all expanded prescriptive authority continuing education requirements specified in Section 9 of 16.2.9 NMAC before the end of the 60-day grace period, the expanded prescriptive authority certification is expired and that licensee shall not be certified for expanded prescriptive authority until the continuing education is completed. Provided that all other renewal requirements have been received by the board, such a licensee shall continue to be licensed as a doctor of oriental medicine and is authorized for that scope of practice but shall not be authorized for the relevant expanded prescriptive authority scope of practice. For an expired expanded prescriptive authority certification, if a properly completed application for certification renewal, including proof of completion of the required expanded prescriptive authority continuing education, is received at the board office within one year of the last regular renewal date, the expanded prescriptive authority certification shall be renewed if all the requirements of late certification renewal during the 60-day grace period provided by 61-14A-15, NMSA 1978 are completed, in addition to the requirements of Section 11 of 16.2.8 NMAC, and the licensee also pays the fee for expired certification renewal specified in 16.2.10 NMAC. The licensee must notify the board of the correct current mailing address and of any address changes within ten days of the change. A doctor of oriental medicine who fails to renew an expired license by the next July 31 annual license

renewal date or who fails to complete any required continuing education specific to his prescriptive authority certification shall be required to reapply as a new applicant for expanded practice, certification the expired license number of any doctor of oriental medicine certified in expanded practice who fails to renew in a timely manner in accordance with board rules. The Board will promptly report to the board of Pharmacy when the expired license is renewed or reinstated.

[16.2.19.16 NMAC - Rp, 16.2.19.15 NMAC, 6/16/2015]

16.2.19.17 TRANSITION PROVISIONS:

A. A doctor of oriental medicine, previously certified for extended prescriptive authority including prolotherapy, (Rx1) as of the effective date of this section, shall be automatically certified for basic injection therapy and prolotherapy using previously taught and appropriate injection routes and only substances listed in Paragraph (1) of Subsection F of 16.2.20.8 NMAC under the provisions of Section of 16.2.19.11 NMAC.

B. A doctor of oriental medicine, previously certified for the expanded prescriptive authority (Rx2) as of the effective date of this section, shall be automatically certified for:

(1) injection therapy under the provisions of Section 16.2.19.12 NMAC basic injection therapy certification is automatically superseded by injection therapy certification;

(2) intravenous therapy under the provisions of Section of 16.2.19.13 NMAC; and

(3) bioidentical hormone therapy under the provisions of Section of 16.2.19.15 NMAC.

[16.2.19.17 NMAC - Rp, 16.2.19.16 NMAC, 6/16/2015; A, 1/4/2020]

16.2.19.18 LICENSE DESIGNATION: The designation for expanded practice shall follow the license number on the license and shall reflect the respective modules of certification: Rx basic injection, Rx injection, Rx intravenous, Rx hormones.

[16.2.19.18 NMAC - Rp, 16.2.19.17 NMAC, 6/16/2015]

16.2.19.19 ULTRASOUND CREDENTIALING: A licensed doctor of oriental medicine may utilize musculoskeletal diagnostic ultrasound and ultrasound guidance of procedures with the RMSK credential from the Alliance for Physician Certification & Advancement or APCA, or the Registered Musculoskeletal Sonographer credential from ARDMS, the American Registry of Diagnostic Sonography. A licensed doctor of oriental medicine (DOM) who wishes to practice diagnostic musculoskeletal ultrasound and ultrasound guidance of procedures shall register with the board of acupuncture and oriental medicine (BAOM) to be provisionally credentialed to practice diagnostic musculoskeletal ultrasound and ultrasound guided procedures upon completion of a minimum of 30 hours in BAOM approved courses. Within 36 months of provisional credentialing, the doctor of oriental medicine shall submit to the BAOM proof of scheduling for RMSK testing with APCA or Registered Musculoskeletal Sonographer testing with ARDMS. If the provisional credentialing period is continued to 36 months without ARDMS RMSK or APCA RMSK credentialing, the provisionally credentialed DOM shall submit proof of 30 hours of continuing education in courses approved by the BAOM. Provisional credentialing shall lapse within 48 months of initial provisional credentialing. Ultrasound credentialing does not require certification in expanded practice.

[16.2.19.19 NMAC - Rp, 16.2.19.18 NMAC, 6/16/2015; A, 1/4/2020]

History of repealed material.

16.2.19 NMAC, Expanded Practice Certifications, filed 10/29/2009, repealed 6/16/2015.

TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING
CHAPTER 2 ACUPUNCTURE AND ORIENTAL MEDICINE PRACTITIONERS
PART 20 EXPANDED PRACTICE FORMULARY

16.2.20.1 ISSUING AGENCY: New Mexico Board of Acupuncture and Oriental Medicine.
[16.2.20.1 NMAC - Rp/E, 16.2.20.1 NMAC, 06/15/2010; Re-pr, 11/28/10]

16.2.20.2 SCOPE: All doctors of oriental medicine who are certified for expanded practice, or who are enrolled in an educational course, or who are applicants for certification for expanded practice, as well as all educational courses.
[16.2.20.2 NMAC - Rp/E, 16.2.20.2 NMAC, 06/15/2010; Re-pr, 11/28/10]

16.2.20.3 STATUTORY AUTHORITY: This part is promulgated pursuant to the Acupuncture and Oriental Medicine Practice Act, Section 61-14A-8.1 NMSA 1978.
[16.2.20.3 NMAC - Rp/E, 16.2.20.3 NMAC, 06/15/2010; Re-pr, 11/28/10]

16.2.20.4 DURATION: Permanent.
[16.2.20.4 NMAC - Rp/E, 16.2.20.4 NMAC, 06/15/2010; Re-pr, 11/28/10]

16.2.20.5 EFFECTIVE DATE: June 15, 2010 unless a later date is cited at the end of a section.
[16.2.20.5 NMAC - Rp/E, 16.2.20.5 NMAC, 06/15/2010; Re-pr, 11/28/10]

16.2.20.6 OBJECTIVE: This part lists the formulary for each of the following expanded practice certification categories: basic injection therapy, injection therapy, intravenous therapy and bioidentical hormone therapy.
[16.2.20.6 NMAC - Rp/E, 16.2.20.6 NMAC, 06/15/2010; Re-pr, 11/28/10]

16.2.20.7 DEFINITIONS: [RESERVED]

16.2.20.8 EXPANDED PRACTICE FORMULARIES GENERAL PROVISIONS: The following general provisions shall apply to the expanded practice general formulary and each specific formulary for each specific expanded practice category that follows in this rule:

A. drugs, dangerous drugs and controlled substances are defined in the New Mexico Drug, Device and Cosmetic Act and the New Mexico Controlled Substances Act;

B. all substances from threatened or endangered species, as determined by the convention on the international trade in endangered species of wild fauna and flora and the U.S. fish and wildlife service (<http://endangered.fws.gov/>), shall be automatically eliminated from expanded practice formularies;

C. definitions from the New Mexico Drug, Device and Cosmetic Act and the New Mexico Controlled Substances Act apply to the appropriate terms in the expanded practice formularies;

D. a doctor of oriental medicine shall comply with all federal and state laws that pertain to obtaining, possessing, prescribing, compounding, administering and dispensing any drug;

E. a substance shall only be approved for use if procured in compliance with all federal and state laws; the various expanded practice formularies do not supersede such laws; and

F. the following drugs, dangerous drugs and controlled substances are authorized in the modes of administration that are specified except as limited or restricted by federal or state law:

(1) **basic injection certification and prescriptive authority:** shall include topical vapocoolants the intradermal intramuscular, and subcutaneous injection of: homeopathic medicines; dextrose; enzymes except urokinase; hyaluronic acid; minerals; sarapin; sodium chloride; sterile water; and vitamins;

(2) **injection certification and prescriptive authority:**
(a) all substances from basic injection module; and
(b) all non-epidural, non-intrathecal injection of: alcohol, amino acids, autologous blood and blood products and appropriate anticoagulant, live cell products, ozone, bee venom, beta glucans, caffeine collagenase, dextrose, dimethyl sulfoxide, gammaglobulin, glucose, glucosamine, glycerin, hyaluronidase, methylsulfonylmethane, phenol, phosphatidylcholine, procaine, sodium hyaluronate, sodium morrhuate, therapeutic serum;

(3) **intravenous certification and prescriptive authority:** amino acids, calcium ethylenediaminetetraacetic acid, dextrose, glutathione, homeopathic medicines, lactated ringers, minerals, phosphatidylcholine, sodium bicarbonate sodium chloride, sodium morrhuate, sterile water, water soluble vitamins, autologous blood and blood products with appropriate anticoagulant, live cell products, ozone, and ultraviolet radiation of blood with appropriate anticoagulant except that authority is not provided for total parenteral nutrition;

(4) **non-injectable bioidentical hormone certification and prescriptive authority:** 7-keto dehydroepiandrosterone (7 keto DHEA), cortisone, dehydroepiandrosterone (DHEA), dihydrotestosterone, estradiol (E2), estriol (E3), estrone (E1), hydrocortisone, pregnenolone, progesterone, testosterone, tetraiodothyronine (T4), levothyroxine, thyroxine (T4), & triiodothyronine (T3) combination, triiodothyronine, liothyronine (T3), desiccated thyroid;

G. applicable to any of the four certifications above: subcutaneous or intramuscular injection of epinephrine, inhaled oxygen, and additives necessary to stabilize, preserve or balance pH of approved substances. [16.2.20.8 NMAC - Rp/E, 16.2.20.8 NMAC, 06/15/2010; Re-pr & A, 11/28/10; A, 02/08/13]

History of 16.2.20 NMAC:

History of Repealed Material:

16.2.20 NMAC, Expanded Practice Formulary (filed 10/29/2009) repealed 06/15/2010.

Other History:

16.2.20 NMAC, Expanded Practice Formulary (filed 10/29/2009) was replaced by 16.2.20 NMAC, Expanded Practice Formulary, effective 06/15/2010. This was an emergency filing that was necessary due to the courts reversing and setting aside the language effective on 11/28/2009.

TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING
CHAPTER 2 ACUPUNCTURE AND ORIENTAL MEDICINE PRACTITIONERS
PART 21 LICENSURE FOR MILITARY SERVICE MEMBERS, SPOUSES AND VETERANS

16.2.21.1 ISSUING AGENCY: New Mexico Board of Acupuncture and Oriental Medicine.
[16.2.21.1 NMAC - N, 03-02-14]

16.2.21.2 SCOPE: This part sets forth application procedures to expedite licensure for military service members, spouses and veterans.
[16.2.21.2 NMAC - N, 03-02-14]

16.2.21.3 STATUTORY AUTHORITY: These rules are promulgated pursuant to and in accordance with the Acupuncture and Oriental Medicine Practice Act, NMSA 1978, Sections 61-14A-1 to -22 (specific authority to promulgate rules is 61-14A-8(B) and NMSA 1978, Section 61-1- (HB 180).
[16.2.21.3 NMAC - N, 03-02-14]

16.2.21.4 DURATION: Permanent.
[16.2.21.4 NMAC - N, 03-02-14]

16.2.21.5 EFFECTIVE DATE: March 2, 2014, unless a later date is cited at the end of a section.
[16.2.21.5 NMAC - N, 03-02-14]

16.2.21.6 OBJECTIVE: The purpose of this part is to expedite licensure for military service members, their spouses and veterans pursuant to NMSA 1978, Section 61-1-34.
[16.2.21.6 NMAC - N, 03-02-14]

16.2.21.7 DEFINITIONS:
A. "Military service member" means a person who is serving in the armed forces of the United States or in an active reserve component of the armed forces of the United States, including the national guard.
B. "Recent veteran" means a person who has received an honorable discharge or separation from military service within the two years immediately preceding the date the person applied for an occupational or professional license pursuant to this section.
[16.2.21.7 NMAC - N, 03-02-14]

16.2.21.8 APPLICATION REQUIREMENTS:
A. Applications for licensure shall be completed on a form provided by the board.
B. The applicant shall provide:
(1) a completed application and corresponding fee pursuant to 16.2.10.9 NMAC;
(2) satisfactory evidence that the applicant is currently licensed in another jurisdiction, including a branch of the United States armed forces, and holds a current license in good standing; the applicant further must provide satisfactory evidence that he has met the minimal licensing requirements in that jurisdiction and that they are substantially equivalent to the licensing requirements for New Mexico licensees in acupuncture and oriental medicine; and
(3) proof of honorable discharge (DD214) or military ID card or accepted proof of military spouse status.
C. Electronic signatures will be acceptable for applications submitted pursuant to section 14-16-1 through section 14-16-19 NMSA 1978.
[16.2.21.8 NMAC - N, 03-02-14]

16.2.21.9 RENEWAL REQUIREMENTS:
A. A license issued pursuant to this section shall not be renewed unless the license holder satisfies the requirements for the issuance specified in 16.2.3 NMAC, application for licensure or 16.2.17 NMAC licensure by endorsement and for the renewal of a license specified in 16.2.8 NMAC pursuant to Chapter 61, Articles 2 through 22 NMSA 1978.

B. A license issued pursuant to this section shall be valid for one year or until JULY 31 unless renewed.

C. The board office mails license renewal notifications to licensees before the license expiration date. Failure to receive the renewal notification shall not relieve the licensee of the responsibility of renewing the license by the expiration date.

D. The renewal application will be available online at the board's website and in paper copy if requested from the board office and must be received at the board office on or before July 31, except that licenses initially issued after May 1 shall not expire until July 31 of the next renewal period.

E. To renew a license, the licensee must submit the following documentation on or before July 31: a completed license renewal application, verification of continuing education, and the applicable renewal fee at the time of renewal.

[16.2.21.9 NMAC - N, 03-02-14]

History of 16.2.21 NMAC: [RESERVED]

**ARTICLE 14A – ACUPUNCTURE AND ORIENTAL MEDICINE PRACTICE ACT
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ARTICLE 14A

ACUPUNCTURE AND ORIENTAL MEDICINE PRACTICE ACT

61-14A-1. Short title. (Repealed effective July 1, 2024.)

Chapter [61](#), Article [14A](#) NMSA 1978 may be cited as the "Acupuncture and Oriental Medicine Practice Act".

History: 1978 Comp., § 61-14A-1, enacted by [Laws 1993, ch. 158, § 9](#); [1997, ch. 240, § 2](#).

ANNOTATIONS

Repeals and reenactments. — [Laws 1993, ch. 158, § 9](#) repeals former [61-14A-1](#) NMSA 1978, as enacted by Laws 1981, ch. 62, § 1, and enacted the above section, effective June 18, 1993.

Delayed repeals. — For delayed repeal of this section, *see* [61-14A-22](#) NMSA 1978.

Cross references. — For the Parental Responsibility Act, *see* [40-5A-1](#) NMSA 1978 et seq.

For freedom of choice in selection of doctor of oriental medicine, *see* [59A-32-22](#) NMSA 1978.

For prohibition of discrimination against oriental medical doctors, *see* [59A-47-28.2](#) NMSA 1978.

The 1997 amendment, effective June 20, 1997, substituted "Chapter 61, Article 14A" for "Sections 61-14A-1 through 61-14A-21".

Am. Jur. 2d, A.L.R. and C.J.S. references. — Regulation of practice of acupuncture, 17 A.L.R.4th 964.

61-14A-2. Purpose. (Repealed effective July 1, 2024.)

In the interest of the public health, safety and welfare and to protect the public from the unprofessional, improper, incompetent and unlawful practice of acupuncture and oriental medicine, it is necessary to provide laws and regulations to govern the practice of acupuncture and oriental medicine. The primary responsibility and obligation of the board of acupuncture and oriental medicine is to protect the public.

History: 1978 Comp., § 61-14A-2, enacted by [Laws 1993, ch. 158, § 10](#).

ANNOTATIONS

Repeals and reenactments. — [Laws 1993, ch. 158, § 10](#) repealed former [61-14A-2](#) NMSA 1978, as amended by Laws 1989, ch. 96, § 4, defining certain terms, and enacted the above section, effective June 18, 1993.

Delayed repeals. — For delayed repeal of this section, *see* [61-14A-22](#) NMSA 1978.

61-14A-3. Definitions. (Repealed effective July 1, 2024.)

As used in the Acupuncture and Oriental Medicine Practice Act:

A. "acupuncture" means the surgical use of needles inserted into and removed from the body and the use of other devices, modalities and procedures at specific locations on the body for the prevention, cure or correction of any disease, illness, injury, pain or other condition by controlling and regulating the flow and balance of energy and function to restore and maintain health;

B. "board" means the board of acupuncture and oriental medicine;

C. "doctor of oriental medicine" means a person licensed as a physician to practice acupuncture and oriental medicine with the ability to practice independently, serve as a primary care provider and as necessary collaborate with other health care providers;

D. "moxibustion" means the use of heat on or above specific locations or on acupuncture needles at specific locations on the body for the prevention, cure or correction of any disease, illness, injury, pain or other condition;

E. "oriental medicine" means the distinct system of primary health care that uses all allied techniques of oriental medicine, both traditional and modern, to diagnose, treat and prescribe for the prevention, cure or correction of disease, illness, injury, pain or other physical or mental condition by controlling and regulating the flow and balance of energy, form and function to restore and maintain health;

F. "primary care provider" means a health care practitioner acting within the scope of the health care practitioner's license who provides the first level of basic or general health care for a person's health needs, including diagnostic and treatment services, initiates referrals to other health care practitioners and maintains the continuity of care when appropriate;

G. "techniques of oriental medicine" means:

(1) the diagnostic and treatment techniques used in oriental medicine that include diagnostic procedures; acupuncture; moxibustion; manual therapy, also known as tui na; other physical medicine modalities and therapeutic procedures; breathing and exercise techniques; and dietary, nutritional and lifestyle counseling;

(2) the prescribing, administering, combining and providing of herbal medicines, homeopathic medicines, vitamins, minerals, enzymes, glandular products, natural substances, natural medicines, protomorphogens, live cell products, gerovital, amino acids, dietary and nutritional supplements, cosmetics as they are defined in the New Mexico Drug, Device and Cosmetic Act [Chapter [26](#), Article [1](#) NMSA 1978] and nonprescription drugs as they are defined in the Pharmacy Act [Chapter [61](#), Article [11](#) NMSA 1978]; and

(3) the prescribing, administering and providing of devices, restricted devices and prescription devices, as those devices are defined in the New Mexico Drug, Device and Cosmetic Act, if the board determines by rule that the devices are necessary in the practice of oriental medicine and if the prescribing doctor of oriental medicine has fulfilled requirements for prescriptive authority in accordance with rules promulgated by the board for the devices enumerated in this paragraph; and

H. "tutor" means a doctor of oriental medicine with at least ten years of clinical experience who is a teacher of acupuncture and oriental medicine.

History: 1978 Comp., § 61-14A-3, enacted by [Laws 1993, ch. 158, § 11](#); [1997, ch. 240, § 3](#); [2000, ch. 53, § 2](#); [2001, ch. 266, § 1](#); [2007, ch. 276, § 1](#).

ANNOTATIONS

Repeals and reenactments. — [Laws 1993, ch. 158, § 11](#) repealed former [61-14A-3](#) NMSA 1978, as enacted by Laws 1981, ch. 62, § 3, relating to the requirement of a license, and enacted the above section, effective June 18, 1993.

Delayed repeals. — For delayed repeal of this section, *see* [61-14B-25](#) NMSA 1978.

The 2007 amendment, effective June 15, 2007, defined "techniques of oriental medicine" to include prescribing, administering, combining or providing medicines, including natural medicines and cosmetics as defined in the New Mexico Drug, Device and Cosmetic Act and nonprescription drugs as defined in the Pharmacy Act and the prescribing, administering and providing devices as defined in the New Mexico Drug, Device and Cosmetic Act.

The 2001 amendment, effective July 1, 2001, in Subsection F, substituted "health care practitioner" for "health care professional"; and inserted "initiates referrals to other health care practitioners and maintains the continuity of care when appropriate" at the end of the subsection.

The 2000 amendment, effective May 17, 2000, in Subsection A, inserted "surgical" and deleted "human" preceding "body"; substituted "function" for "functioning of the person" in Subsections A and E; deleted Subsection C, which read "'department' means the regulation and licensing department" and redesignated the remaining subsections accordingly; substituted "a person's health" for "an individual's health" in Subsection F; inserted "natural substances, protomorphogens, live cell products, gerovital" in Subsection G(2); inserted "biological products, including" in the beginning of Subsection G(4); in Subsection G(5), inserted "or controlled substances", "or the Controlled Substances Act", and "extended or expanded" in the introductory paragraph; added Subsection G(5)(d) through (g) and (i), deleted former G(5)(e) which read "topical application of naturally occurring hormones" and redesignated the remaining subsections accordingly; added "or controlled substances; and" to the end of Subsection G(5)(j); and added Subsection H.

The 1997 amendment, effective June 20, 1997, in Subsection A, inserted "and removed from" following "inserted into" and "devices" following "other" near the beginning, rewrote Subsection D, deleted "as defined in Subsection G of this section" following "prescribe" in Subsection F, added Subsection G and redesignated the following subsection accordingly, in Subsection H designated the existing language as Paragraphs H(1) and H(2), in Paragraph H(1), deleted "but are not limited to" following "include" near the beginning, and inserted "other physical medicine

modalities and therapeutic procedures" following the first semicolon, rewrote the language in Paragraph H(2), and added Paragraphs H(3) through H(5), and made minor stylistic changes.

Am. Jur. 2d, A.L.R. and C.J.S. references. — 61 Am. Jur. 2d Physicians, Surgeons and Other Healers, §§ 3, 42.

61-14A-4. License required. (Repealed effective July 1, 2024.)

Unless licensed as a doctor of oriental medicine pursuant to the Acupuncture and Oriental Medicine Practice Act, no person shall:

- A. practice acupuncture or oriental medicine;
- B. use the title or represent himself as a licensed doctor of oriental medicine or use any other title, abbreviation, letters, figures, signs or devices that indicate the person is licensed to practice as a doctor of oriental medicine; or
- C. advertise, hold out to the public or represent in any manner that he is authorized to practice acupuncture and oriental medicine.

History: 1978 Comp., § 61-14A-4, enacted by [Laws 1993, ch. 158, § 12](#).

ANNOTATIONS

Repeals and reenactments. — [Laws 1993, ch. 158, § 12](#) repealed former [61-14A-4](#) NMSA 1978, as enacted by Laws 1981, ch. 62, § 4, relating to exemptions, and enacted the above section, effective June 18, 1993.

Delayed repeals. — For delayed repeal of this section, *see* [61-14A-22](#) NMSA 1978.

Am. Jur. 2d, A.L.R. and C.J.S. references. — 61 Am. Jur. 2d Physicians, Surgeons and Other Healers, §§ 26 to 31, 132.

61-14A-4.1. Certified auricular detoxification specialists, supervisors and training programs; fees. (Repealed effective July 1, 2024.)

A. A person who is not a doctor of oriental medicine or who is not a person certified as an auricular detoxification specialist pursuant to the Acupuncture and Oriental Medicine Practice Act shall not:

- (1) practice auricular acupuncture for the treatment of alcoholism, substance abuse or chemical dependency;
- (2) use the title of or represent as a certified auricular detoxification specialist or use any other title, abbreviation, letters, figures, signs or devices that indicate that the person is certified to practice as an auricular detoxification specialist; or
- (3) advertise, hold out to the public or represent in any manner that the person is authorized to practice auricular detoxification.

B. The board shall issue an auricular detoxification specialist certification to a person who has paid an application fee to the board and has successfully completed all board requirements. The board shall adopt rules that require an applicant to:

- (1) successfully complete the national acupuncture detoxification association training or equivalent training approved by the board that shall include clean needle technique training;
- (2) demonstrate experience in treatment, disease prevention, harm reduction and counseling of people suffering from alcoholism, substance abuse or chemical dependency or become employed by a substance abuse treatment program;
- (3) complete a board-approved training program that will include examinations on clean needle technique, jurisprudence and other skills required by the board; and
- (4) demonstrate a record free of convictions for drug- or alcohol-related offenses for at least two consecutive years before the person applied to the board for certification.

C. A certified auricular detoxification specialist is authorized to perform auricular acupuncture and the application to the ear of simple board-approved devices that do not penetrate the skin for the purpose of treating and preventing alcoholism, substance abuse or chemical dependency. The specialist shall use the five auricular point national acupuncture detoxification procedure or auricular procedures approved or established by rule of the board and shall only treat or prevent alcoholism, substance abuse or chemical dependency within a board-approved program that demonstrates experience in disease prevention, harm reduction or the treatment or prevention of alcoholism, substance abuse or chemical dependency.

D. A person certified pursuant to this section shall use the title "certified auricular detoxification specialist" or "C.A.D.S." for the purpose of advertising auricular acupuncture services to the public.

E. A certified auricular detoxification specialist shall apply with the board to renew the certification. The board shall for one year renew the certification of an applicant who pays a renewal fee and completes the requirements established by rule of the board. An applicant who does not apply for renewal before the last date that the certification is valid may be required to pay a late fee pursuant to a rule of the board. The board shall deem a certification for which a renewal has not been applied within sixty days of that date as expired and an applicant that seeks valid certification shall apply with the board for new certification. The board shall by rule require an applicant for renewal of the certification to demonstrate a record free of convictions for drug- or alcohol-related offenses for a minimum of one year prior to application for renewal with the board.

F. A certified auricular detoxification specialist shall practice under the supervision of a licensed doctor of oriental medicine registered with the board as an auricular detoxification specialist supervisor. A supervising doctor of oriental medicine shall be accessible for consultation directly or by telephone to a practicing auricular detoxification specialist. The supervising doctor of oriental medicine shall not supervise more specialists than permitted by board rule. Supervision requirements shall be provided by rule of the board.

G. A doctor of oriental medicine who supervises a certified auricular detoxification specialist shall apply for registration with the board. The board shall issue an auricular detoxification specialist supervisor registration to a doctor of oriental medicine who fulfills board requirements. The board shall by rule require an applicant for registration to list the certified auricular detoxification specialists that will be supervised, pay an application fee for registration and demonstrate clinical experience in treating or counseling people suffering from alcoholism, substance abuse or chemical dependency.

H. A training program that educates auricular detoxification specialists for certification shall apply for approval by the board. The board shall approve a training program that fulfills the board requirements established by rule and that pays an application fee. The approval shall be valid until July 31 following the initial approval.

I. A training program that is approved by the board to provide training for certification of auricular detoxification specialists shall apply to renew the approval with the board. The board shall renew the approval of a program that fulfills board requirements established by rule, and the renewal shall be valid for one year. An applicant who does not renew before the last date that the renewed approval is valid shall pay a late fee. The board shall deem a program approval that is not renewed within sixty days of that date as expired and a program that seeks board approval shall apply with the board for new approval.

J. The board shall impose the following fees:

(1) an application fee not to exceed one hundred fifty dollars (\$150) for auricular detoxification specialist certification;

(2) a fee not to exceed seventy-five dollars (\$75.00) for renewal of an auricular detoxification specialist certification;

(3) an application fee not to exceed two hundred dollars (\$200) for registration of a certified auricular detoxification specialist supervisor;

(4) an application fee not to exceed two hundred dollars (\$200) for the approval of an auricular detoxification specialist training program;

(5) a fee not to exceed one hundred fifty dollars (\$150) for the renewal of the approval of an auricular detoxification training specialist training program; and

(6) a late fee not to exceed fifty dollars (\$50.00) for applications for renewal filed after the last valid date of a registration, certification, approval or renewal issued pursuant to this section.

K. In accordance with the procedures set forth in the Uniform Licensing Act [61-1-1 through [61-1-31](#) NMSA 1978], the board may deny, revoke or suspend any certification, registration, approval or renewal that a person holds or applies for pursuant to this section upon findings by the board that the person violated any rule established by the board.

History: [Laws 2003, ch. 193, § 1](#); [2007, ch. 276, § 2](#).

ANNOTATIONS

Delayed repeals. — For delayed repeal of this section, *see* [61-14A-22](#) NMSA 1978.

The 2007 amendment, effective June 15, 2007, deleted Subsection H to eliminate the provision for renewal of registration of doctors of oriental medicine who are registered to supervise certified auricular detoxification specialists and eliminates the fee for renewal of the registration.

61-14A-5. Title. (Repealed effective July 1, 2024.)

Any person licensed pursuant to provisions of the Acupuncture and Oriental Medicine Practice Act, in advertising his services to the public, shall use the title "doctor of oriental medicine" or "D.O.M.". The title "doctor of oriental medicine" or "D.O.M." shall supersede the use of all other titles that include the words "medical doctor" or the initials "M.D." unless the person is a medical doctor licensed pursuant to provisions of the Medical Practice Act [Chapter [61](#), Article [6](#) NMSA 1978].

History: 1978 Comp., § 61-14A-5, enacted by [Laws 1993, ch. 158, § 13](#); [1997, ch. 240, § 4](#).

ANNOTATIONS

Repeals and reenactments. — [Laws 1993, ch. 158, § 13](#) repealed former [61-14A-5](#) NMSA 1978, as enacted by Laws 1981, ch. 62, § 5, relating to criminal offender's character evaluation, and enacted the above section, effective June 18, 1993.

Delayed repeals. — For delayed repeal of this section, *see* [61-14A-22](#) NMSA 1978.

The 1997 amendment, effective June 20, 1997, substituted "pursuant to provisions" for "under" in the first sentence, and in the last sentence, deleted "Effective July 1, 1994" at the beginning, and inserted "other" following "of all" and "provisions of" following "pursuant to".

61-14A-6. Exemptions. (Repealed effective July 1, 2024.)

A. Nothing in the Acupuncture and Oriental Medicine Practice Act is intended to limit, interfere with or prevent any other class of licensed health care professionals from practicing within the scope of their licenses, but they shall not hold themselves out to the public or any private group or business by using any title or description of services that includes the term acupuncture, acupuncturist or oriental medicine unless they are licensed under the Acupuncture and Oriental Medicine Practice Act.

B. The Acupuncture and Oriental Medicine Practice Act shall not apply to or affect the following practices if the person does not hold himself out as a doctor of oriental medicine or as practicing acupuncture or oriental medicine:

- (1) the administering of gratuitous services in cases of emergency;
- (2) the domestic administering of family remedies;
- (3) the counseling about or the teaching and demonstration of breathing and exercise techniques;
- (4) the counseling or teaching about diet and nutrition;
- (5) the spiritual or lifestyle counseling of a person or spiritual group or the practice of the religious tenets of a church;
- (6) the providing of information about the general usage of herbal medicines, homeopathic medicines, vitamins, minerals, enzymes or glandular or nutritional supplements; or
- (7) the use of needles for diagnostic purposes and the use of needles for the administration of diagnostic or therapeutic substances by licensed health care professionals.

History: 1978 Comp., § 61-14A-6, enacted by [Laws 1993, ch. 158, § 14](#); [1997, ch. 240, § 5](#); [2000, ch. 53, § 3](#).

ANNOTATIONS

Repeals and reenactments. — [Laws 1993, ch. 158, § 14](#) repealed former [61-14A-6](#) NMSA 1978, as enacted by Laws 1981, ch. 62, § 6, creating the board and relating to officers and compensation, and enacted the above section, effective June 18, 1993.

Delayed repeals. — For delayed repeal of this section, *see* [61-14B-25](#) NMSA 1978.

The 2000 amendment, effective May 17, 2000, in Subsection A, substituted "licenses," for "license as defined by each profession's New Mexico licensing statutes" and substituted "term acupuncture" for "terms acupuncture"; deleted former Subsection B allowing students to practice acupuncture and oriental medicine under supervision, and redesignated former Subsection C as present Subsection B; in present Subsection B, substituted "person" for

"individual" in the introductory language, substituted "a person" for "any individual" and substituted "a church" for "any church" in Paragraph (5).

The 1997 amendment, effective June 20, 1997, inserted "approved by the board" near the beginning of Subsection B, substituted "if" for "provided that" in Subsection C, and added Paragraph C(7).

61-14A-7. Board created; appointment; officers; compensation. (Repealed effective July 1, 2024.)

A. The "board of acupuncture and oriental medicine" is created.

B. The board is administratively attached to the regulation and licensing department.

C. The board shall consist of seven members appointed by the governor for terms of three years each. Four members of the board shall be doctors of oriental medicine who have been residents of and practiced acupuncture and oriental medicine in New Mexico for at least five years immediately preceding the date of their appointment. Three members shall be appointed to represent the public and shall not have practiced acupuncture and oriental medicine in this or any other jurisdiction or have any financial interest in the profession regulated. No board member shall be the owner, principal or director of an institute offering educational programs in acupuncture and oriental medicine. No more than one board member may be from each of the following categories:

(1) a faculty member at an institute offering educational programs in acupuncture and oriental medicine;

(2) a tutor in acupuncture and oriental medicine; or

(3) an officer or director in a professional association of acupuncture and oriental medicine.

D. Members of the board shall be appointed by the governor for staggered terms of three years that shall be made in such a manner that the terms of board members expire on July 1. A board member shall serve until his successor has been appointed and qualified. Vacancies shall be filled for the remainder of the unexpired term in the same manner as the original appointment.

E. A board member shall not serve more than two consecutive full terms, and a board member who fails to attend, after he has received proper notice, three consecutive meetings shall be recommended for removal as a board member unless excused for reasons established by the board.

F. The board shall elect annually from its membership a chairman and other officers as necessary to carry out its duties.

G. The board shall meet at least once each year and at other times deemed necessary. Other meetings may be called by the chairman, a majority of board members or the governor. A simple majority of the board members serving constitutes a quorum of the board.

H. Members of the board shall be reimbursed as provided in the Per Diem and Mileage Act [10-8-1 through [10-8-8 NMSA 1978](#)] and shall receive no other compensation, perquisite or allowance.

History: 1978 Comp., § 61-14A-7, enacted by [Laws 1993, ch. 158, § 15](#); [2000, ch. 53, § 4](#).

ANNOTATIONS

Repeals and reenactments. — [Laws 1993, ch. 158, § 15](#) repealed former [61-14A-7 NMSA 1978](#), as enacted by Laws 1981, ch. 62, § 7, relating to powers and duties of the board, and enacted the above section, effective June 18, 1993.

Delayed repeals. — For delayed repeal of this section, *see* [61-14A-22 NMSA 1978](#).

The 2000 amendment, effective May 17, 2000, inserted "regulation and licensing" in Subsection B; in Subsection C, changed the requirements of board members by adding a residency requirement and increasing the years of practice required immediately before appointment, added "No board member shall be the owner, principal, or director of an institute offering educational programs in acupuncture and oriental medicine", and rewrote the distribution of board members; in Subsection D, substituted "A board member" for "When a board member's term has expired, he" and inserted "and qualified".

61-14A-8. Board; powers. (Repealed effective July 1, 2024.)

The board has the power to:

A. enforce the provisions of the Acupuncture and Oriental Medicine Practice Act;

- B. adopt, publish and file, in accordance with the Uniform Licensing Act [61-1-1 through [61-1-31](#) NMSA 1978] and the State Rules Act [Chapter [14](#), Article [4](#) NMSA 1978], all rules necessary for the implementation and enforcement of the provisions of the Acupuncture and Oriental Medicine Practice Act;
- C. adopt a code of ethics;
- D. adopt and use a seal;
- E. inspect facilities of approved educational programs, extern programs and the offices of licensees;
- F. adopt rules implementing continuing education requirements for the purpose of protecting the health and well-being of the citizens of this state and maintaining and continuing informed professional knowledge and awareness;
- G. issue investigative subpoenas for the purpose of investigating complaints against licensees prior to the issuance of a notice of contemplated action;
- H. administer oaths and take testimony on any matters within the board's jurisdiction;
- I. conduct hearings upon charges relating to the discipline of licensees, including the denial, suspension or revocation of a license in accordance with the Uniform Licensing Act; and
- J. grant, deny, renew, suspend or revoke licenses to practice acupuncture and oriental medicine or grant, deny, renew, suspend or revoke approvals of educational programs and extern programs in accordance with the provisions of the Uniform Licensing Act for any cause stated in the Acupuncture and Oriental Medicine Practice Act or the rules of the board.

History: 1978 Comp., § 61-14A-8, enacted by [Laws 1993, ch. 158, § 16](#); [2000, ch. 53, § 5](#); [2003, ch. 408, § 21](#).

ANNOTATIONS

Repeals and reenactments. — [Laws 1993, ch. 158, § 16](#) repealed former [61-14A-8](#) NMSA 1978, as enacted by Laws 1981, ch. 62, § 8, relating to funds and fees, and enacted the above section, effective June 18, 1993.

Delayed repeals. — For delayed repeal of this section, *see* [61-14A-22](#) NMSA 1978.

The 2003 amendment, effective July 1, 2003, deleted "In addition to any authority provided by law" at the beginning of the first paragraph; and deleted former Subsection G, concerning employment of professional and clerical assistance, and redesignated the subsequent subsections accordingly.

The 2000 amendment, effective May 17, 2000, deleted "and regulations" following "rules" in Subsections B and K, substituted "facilities of approved educational programs, extern programs" for "institutes, tutorships" in Subsection E, substituted "such professional and clerical assistance as necessary to carry out the powers and duties of the board" for "agents and attorneys" in Subsection G, and inserted "or grant, deny, renew, suspend or revoke approvals of educational programs and extern programs" in Subsection K.

61-14A-8.1. Expanded practice and prescriptive authority; certifications. (Repealed effective July 1, 2024.)

A. The board shall issue certifications, as determined by rule of the board, for expanded practice and prescriptive authority only for the substances enumerated in Paragraphs (1) and (2) of Subsection C of this section to a doctor of oriental medicine who has submitted completed forms provided by the board, paid the application fee for certification and submitted proof of successful completion of additional training required by rule of the board. The board shall adopt the rules determined by the board of pharmacy for additional training required for the prescribing, administering, compounding or dispensing of caffeine, procaine, oxygen, epinephrine and bioidentical hormones. The board and the board of pharmacy shall consult as appropriate.

B. The board shall issue certifications in the four expanded practices of basic injection therapy, injection therapy, intravenous therapy and bioidentical hormone therapy.

C. The expanded practice and prescriptive authority shall include:

(1) the prescribing, administering, compounding and dispensing of herbal medicines, homeopathic medicines, vitamins, minerals, amino acids, proteins, enzymes, carbohydrates, lipids, glandular products, natural substances, natural medicines, protomorphogens, live cell products, gerovital, dietary and nutritional supplements, cosmetics as they are defined in the New Mexico Drug, Device and Cosmetic Act [Chapter [26](#), Article [1](#) NMSA 1978] and nonprescription drugs as they are defined in the Pharmacy Act [Chapter [61](#), Article [11](#) NMSA 1978]; and

(2) the prescribing, administering, compounding and dispensing of the following dangerous drugs or controlled substances as they are defined in the New Mexico Drug, Device and Cosmetic Act, the Controlled Substances Act [Chapter 30, Article 31 NMSA 1978] or the Pharmacy Act, if the prescribing doctor of oriental medicine has fulfilled the requirements for expanded practice and prescriptive authority in accordance with the rules promulgated by the board for the substances enumerated in this paragraph:

- (a) sterile water;
- (b) sterile saline;
- (c) sarapin or its generic;
- (d) caffeine;
- (e) procaine;
- (f) oxygen;
- (g) epinephrine;
- (h) vapocoolants;
- (i) bioidentical hormones;
- (j) biological products, including therapeutic serum; and
- (k) any of the drugs or substances enumerated in Paragraph (1) of this subsection if at any time those drugs or substances are classified as dangerous drugs or controlled substances.

D. When compounding drugs for their patients, doctors of oriental medicine certified for expanded practice and prescriptive authority shall comply with the compounding requirements for licensed health care professionals in the United States pharmacopeia and national formulary.

History: [Laws 2000, ch. 53, § 12](#); [2007, ch. 276, § 3](#).

ANNOTATIONS

Delayed repeals. — For delayed repeal of this section, *see* [61-14A-22](#) NMSA 1978.

The 2007 amendment, effective June 15, 2007, redefined the scope of certificates for expanded practice and prescriptive authority and added Subsections B through D.

Regulation of fees. — Where the board adopted regulations that imposed new application and renewal fees for expanded practice certification and an administrative fee for approval of an expanded practice educational program; the application and renewal fees did not exceed the maximum set forth in the statutory schedule of application and renewal fees; the board discussed the reasons for the additional fees at a hearing before the regulations were adopted; and the new administrative fee covered the additional administrative work required to certify and approve continuing education for expanded practice, the new fees were authorized by statute and the board adequately justified its reasons for imposing the fees. *Wilcox v. N.M. Bd. of Acupuncture & Oriental Med.*, [2012-NMCA-106, 288 P.3d 902](#).

Regulation of the administration of substances. — The board has the power to determine how the substances listed in Section [61-14A-8.1](#) NMSA 1978 are to be administered. *Wilcox v. N.M. Bd. of Acupuncture & Oriental Med.*, [2012-NMCA-106, 288 P.3d 902](#).

Authority to define terms. — Where the board issued new regulations that redefined the terms "bioidentical hormones" and "natural substances" which had different definitions in prior regulations; the terms were not defined in the Acupuncture and Oriental Medicine Practice Act; the new definitions were developed by a joint committee of the board and the Board of Pharmacy; the definitions were informed by the Endocrine Society's characterization of such hormones; and the Attorney General advised the board that the prior definition of "natural substances" was so broad as to render the term meaningless, the board had the statutory authority to define the terms and the definitions were based on substantial evidence. *Wilcox v. N.M. Bd. of Acupuncture & Oriental Med.*, [2012-NMCA-106, 288 P.3d 902](#).

Regulations were lawful. — Where the board held hearings on proposed regulations to establish a formulary to guide extended prescriptive authority, admitted numerous exhibits, heard testimony and public comment, sifted through testimony and records and weighed evidence compiled during the prior three-year period when the board considered the same regulations, and issued more than one hundred findings of fact and conclusions of law before

the board adopted the regulations, the board's adoption of the regulations was not willful, arbitrary, or capricious. *Wilcox v. N.M. Bd. of Acupuncture & Oriental Med.*, [2012-NMCA-106](#), [288 P.3d 902](#).

61-14A-9. Board; duties. (Repealed effective July 1, 2024.)

The board shall:

- A. establish fees;
- B. provide for the examination of applicants for licensing as doctors of oriental medicine as provided in the Acupuncture and Oriental Medicine Practice Act;
- C. keep a record of all examinations held, together with the names and addresses of all persons taking the examinations, and the examination results;
- D. notify each applicant, in writing, of the results of his examinations within twenty-one days after the results of an examination are available to the board;
- E. keep a licensee record in which the names, addresses and license numbers of all licensees shall be recorded together with a record of all license renewals, suspensions and revocations;
- F. provide for the granting and renewal of licenses and approval of educational programs; and
- G. keep an accurate record of all its meetings, receipts and disbursements.

History: 1978 Comp., § 61-14A-9, enacted by [Laws 1993, ch. 158, § 17](#).

ANNOTATIONS

Repeals and reenactments. — [Laws 1993, ch. 158, § 17](#) repealed former [61-14A-9](#) NMSA 1978, as enacted by Laws 1981, ch. 62, § 9, relating to qualifications for examination, and enacted the above section, effective June 18, 1993.

Delayed repeals. — For delayed repeal of this section, *see* [61-14A-22](#) NMSA 1978.

61-14A-10. Requirements for licensing. (Repealed effective July 1, 2024.)

The board shall grant a license to practice acupuncture and oriental medicine to a person who has:

- A. submitted to the board:
 - (1) the completed application for licensing on the form provided by the board;
 - (2) the required documentation as determined by the board;
 - (3) the required fees;
 - (4) an affidavit stating that the applicant has not been found guilty of unprofessional conduct or incompetency;
 - (5) proof, as determined by the board, that the applicant has completed a board-approved educational program in acupuncture and oriental medicine as provided for in the Acupuncture and Oriental Medicine Practice Act and the rules of the board; and
 - (6) proof that he has passed the examinations approved by the board; and
- B. complied with any other requirements of the board.

History: 1978 Comp., § 61-14A-10, enacted by [Laws 1993, ch. 158, § 18](#); [1997, ch. 240, § 6](#); [2000, ch. 53, § 6](#).

ANNOTATIONS

Repeals and reenactments. — [Laws 1993, ch. 158, § 18](#) repealed former [61-14A-10](#) NMSA 1978, as enacted by Laws 1981, ch. 62, § 10, relating to requirements for institutes and private tutorships, and enacted the above section, effective June 18, 1993.

Delayed repeals. — For delayed repeal of this section, *see* [61-14A-22](#) NMSA 1978.

The 2000 amendment, effective May 17, 2000, redesignated the existing provisions of the section as Subsection A with Paragraphs (1) to (6) and added Subsection B.

The 1997 amendment, effective June 20, 1997, in Subsection E, substituted "a board-approved" for "an" following "completed" and deleted "and regulations" following "rules", and in Subsection F, substituted "the examinations" for "an examination".

61-14A-11. Examinations. (Repealed effective July 1, 2024.)

A. The board shall establish procedures to ensure that examinations for licensing are offered at least once a year.

B. The board shall establish the deadline for receipt of the application for licensing examination and other rules relating to the taking and retaking of licensing examinations.

C. The board shall establish the passing grades for its approved examinations.

D. The board may approve, and use as a basis for licensure, examinations that are used for national certification or other examinations.

E. The board shall require each qualified applicant to pass a validated, objective written examination that covers areas that are not included in other examinations approved by the board, including, as a minimum, the following subjects:

- (1) anatomy and physiology;
- (2) pathology;
- (3) diagnosis;
- (4) pharmacology; and
- (5) principles, practices and treatment techniques of acupuncture and oriental medicine.

F. The board may require each qualified applicant to pass a validated, objective practical examination that covers areas that are not included in other examinations approved by the board and that demonstrates his knowledge of and skill in the application of the diagnostic and treatment techniques of acupuncture and oriental medicine.

G. The board shall require each qualified applicant to pass a written or a practical examination or both in the following subjects:

- (1) hygiene, sanitation and clean-needle technique; and
- (2) needle and instrument sterilization techniques.

H. The board may require each qualified applicant to pass a written examination on the state laws and rules that pertain to the practice of acupuncture and oriental medicine.

I. If English is not the primary language of the applicant, the board may require that the applicant pass an English proficiency examination prescribed by the board.

History: 1978 Comp., § 61-14A-11, enacted by [Laws 1993, ch. 158, § 19](#); [1997, ch. 240, § 7](#); [2000, ch. 53, § 7](#).

ANNOTATIONS

Repeals and reenactments. — [Laws 1993, ch. 158, § 19](#) repealed former [61-14A-11](#) NMSA 1978, as enacted by Laws 1981, ch. 62, § 11, and enacted the above section, effective June 18, 1993.

Delayed repeals. — For delayed repeal of this section, *see* [61-14B-25](#) NMSA 1978.

The 2000 amendment, effective May 17, 2000, deleted "by rule" following "shall establish" in Subsections B and C; in Subsection D, deleted "by rule" following "approve" and added the proviso that examinations may be used as a basis for licensure; in Subsection E, inserted "validated, objective" and substituted "covers areas that are not included in other examinations approved by the board, including" for "includes"; in Subsection F, substituted "a validated, objective practical examination that covers areas that are not included in other examinations approved by the board and that" for "a practical examination that"; and added Subsection I.

The 1997 amendment, effective June 20, 1997, added Paragraph E(4) and redesignated the following paragraph accordingly, in Subsection H, substituted "rules" for "regulations", and made minor stylistic changes.

Am. Jur. 2d, A.L.R. and C.J.S. references. — 61 Am. Jur. 2d Physicians, Surgeons and Other Healers, §§ 56 to 60.

61-14A-12. Requirements for temporary licensing. (Repealed effective July 1, 2024.)

A. The board shall establish the criteria for temporary licensing of out-of-state doctors of oriental medicine.

B. The board may grant a temporary license to a person who:

- (1) is legally recognized to practice acupuncture and oriental medicine in another state or a foreign country or is legally recognized in another state or foreign country to practice another health care profession and who possesses knowledge and skills that are included in the scope of practice of doctors of oriental medicine;
 - (2) is under the sponsorship of and in association with a licensed New Mexico doctor of oriental medicine or New Mexico institute offering an educational program approved by the board;
 - (3) submits the completed application for temporary licensing on the form provided by the board;
 - (4) submits the required documentation, including proof of adequate education and training, as determined by the board;
 - (5) submits the required fee for application for temporary licensing;
 - (6) submits an affidavit stating that the applicant has not been found guilty of unprofessional conduct or incompetency; and
 - (7) submits an affidavit from the sponsoring and associating New Mexico doctor of oriental medicine or New Mexico institute attesting to the qualifications of the applicant and the activities the applicant will perform.
- C. The board may grant a temporary license to allow the temporary licensee to:
- (1) teach acupuncture and oriental medicine;
 - (2) consult, in association with the sponsoring doctor of oriental medicine, regarding the sponsoring doctor's patients;
 - (3) perform specialized diagnostic or treatment techniques in association with the sponsoring doctor of oriental medicine regarding the sponsoring doctor's patients;
 - (4) assist in the conducting of research in acupuncture and oriental medicine; and
 - (5) assist in the implementation of new techniques and technology related to acupuncture and oriental medicine.
- D. Temporary licensees may engage in only those activities authorized on the temporary license.
- E. The temporary license shall identify the sponsoring and associating New Mexico doctor of oriental medicine or institute.
- F. The temporary license shall be issued for a period of time established by rule; provided that temporary licenses may not be issued for a period of time to exceed eighteen months, including renewals.
- G. The temporary license may be renewed upon submission of:
- (1) the completed application for temporary license renewal on the form provided by the board; and
 - (2) the required fee for temporary license renewal.
- H. In the interim between regular board meetings, whenever a qualified applicant has filed his application and complied with all other requirements of this section, the board's chairman or an authorized representative of the board may grant an interim temporary license that will suffice until the next regular licensing meeting of the board.

History: 1978 Comp., § 61-14A-12, enacted by [Laws 1993, ch. 158, § 20](#); [2000, ch. 53, § 8](#).

ANNOTATIONS

Repeals and reenactments. — [Laws 1993, ch. 158, § 20](#) repealed former [61-14A-12](#) NMSA 1978, as enacted by Laws 1981, ch. 62, § 12, relating to reciprocal licensure requirements, and enacted the above section, effective June 18, 1993.

Delayed repeals. — For delayed repeal of this section, *see* [61-14A-22](#) NMSA 1978.

The 2000 amendment, effective May 17, 2000, deleted "by rule" following "establish" in Subsection A, substituted "a person" for "any person" in Subsection B, and rewrote Subsection B(1).

61-14A-13. Requirements for reciprocal licensing. (Repealed effective July 1, 2024.)

The board may grant a license to practice acupuncture and oriental medicine to a person who has been licensed, certified, registered or legally recognized as a doctor of oriental medicine in another state, district or territory of the United States or foreign country if the applicant:

- A. submits the completed application for reciprocal licensing on the form provided by the board;
- B. submits the required documentation as determined by the board;
- C. submits the required fee for application for reciprocal licensing;
- D. submits an affidavit stating that the applicant has not been found guilty of unprofessional conduct or incompetency;

E. has passed a practical examination that demonstrates his knowledge of and skill in the application of the diagnostic and treatment techniques of acupuncture and oriental medicine, if the board requires regular applicants to pass a practical examination, or within the last six years has five years of clinical experience, as defined by rule, in the practice of acupuncture and oriental medicine;

F. has passed a written examination on the state laws and rules that pertain to the practice of acupuncture and oriental medicine, if the board requires regular applicants for licensure to pass such an examination;

G. is licensed, certified, registered or legally recognized as a doctor of oriental medicine in another state, district or territory of the United States or foreign country in which the requirements for practice are similar to those of this state; and

H. is licensed, certified, registered or legally recognized as a doctor of oriental medicine in a state, district or territory of the United States or foreign country that permits a doctor of oriental medicine licensed under the provisions of the Acupuncture and Oriental Medicine Practice Act to practice acupuncture and oriental medicine in that jurisdiction by reciprocal credentials review.

History: 1978 Comp., § 61-14A-13, enacted by [Laws 1993, ch. 158, § 21](#); [1997, ch. 240, § 8](#).

ANNOTATIONS

Repeals and reenactments. — [Laws 1993, ch. 158, § 21](#) repealed former [61-14A-13](#) NMSA 1978, as enacted by Laws 1981, ch. 62, § 13, relating to continuing education, and enacted the above section, effective June 18, 1993.

Delayed repeals. — For delayed repeal of this section, *see* [61-14A-22](#) NMSA 1978.

The 1997 amendment, effective June 20, 1997, in Subsection E, inserted "if the board requires regular applicants to pass a practical examination" near the middle, added Subsection F, and redesignated the following subsections accordingly.

Am. Jur. 2d, A.L.R. and C.J.S. references. — 61 Am. Jur. 2d Physicians, Surgeons and Other Healers, §§ 67, 68.

61-14A-14. Approval of educational programs. (Repealed effective July 1, 2024.)

A. The board shall establish by rule the criteria for board approval of educational programs in acupuncture and oriental medicine. For an educational program to meet board approval, proof shall be submitted to the board demonstrating that the educational program as a minimum:

- (1) was for a period of not less than four academic years;
- (2) included a minimum of nine hundred hours of supervised clinical practice;
- (3) was taught by qualified teachers or tutors;
- (4) required as a prerequisite to graduation personal attendance in all classes and clinics and, as a

minimum, the completion of the following subjects:

- (a) anatomy and physiology;
- (b) pathology;
- (c) diagnosis;
- (d) pharmacology;
- (e) oriental principles of life therapy, including diet, nutrition and counseling;
- (f) theory and techniques of oriental medicine;
- (g) precautions and contraindications for acupuncture treatment;
- (h) theory and application of meridian pulse evaluation and meridian point location;
- (i) traditional and modern methods of qi or life-energy evaluation;
- (j) the prescription of herbal medicine and precautions and contraindications for its use;
- (k) hygiene, sanitation and clean-needle technique;
- (l) care and management of needling devices; and
- (m) needle and instrument sterilization techniques; and

(5) resulted in the presentation of a certificate or diploma after completion of all the educational program requirements.

B. All in-state educational programs in acupuncture and oriental medicine with the intent to graduate students qualified to be applicants for licensing examination by the board shall be approved annually by the board. The applicant shall submit the following:

- (1) the completed application for approval of an educational program;

(2) the required documentation as determined by the board;
(3) proof, as determined by the board, that the educational requirements provided for in Subsection A of this section are being met; and

(4) the required fee for application for approval of an educational program.

C. Out-of-state educational programs in acupuncture and oriental medicine with the intent to graduate students qualified to be applicants for licensing examination by the board may apply for approval by the board. The applicant shall submit the following:

(1) the completed application for approval of an educational program;

(2) the required documentation as determined by the board;

(3) proof, as determined by the board, that the educational requirements provided for in Subsection A of this section are being met; and

(4) the required fee for application for approval of an educational program.

D. Each in-state approved educational program shall renew its approval annually by submitting prior to the date established by the board:

(1) the completed application for renewal of approval of an educational program on the form provided by the board;

(2) proof, as determined by the board, that the educational requirements provided for in Subsection A of this section are being met; and

(3) the required fee for application for renewal of approval of an educational program.

E. Each out-of-state approved educational program may renew its approval annually by submitting prior to the date established by the board:

(1) the completed application for renewal of approval of an educational program on the form provided by the board;

(2) proof, as determined by the board, that the educational requirements provided for in Subsection A of this section are being met; and

(3) the required fee for application for renewal of approval of an educational program.

F. A sixty-day grace period shall be allowed each educational program after the end of the approval period, during which time the approval may be renewed by submitting:

(1) the completed application for renewal of approval of an educational program on the form provided by the board;

(2) proof, as determined by the board, that the educational requirements provided for in Subsection A of this section are being met;

(3) the required fee for application for renewal of approval of an educational program; and

(4) the required fee for late renewal of approval.

G. An approval that is not renewed by the end of the grace period shall be considered expired, and the educational program must apply as a new applicant.

History: 1978 Comp., § 61-14A-14, enacted by [Laws 1993, ch. 158, § 22](#); [1997, ch. 240, § 9](#); [2000, ch. 53, § 9](#).

ANNOTATIONS

Repeals and reenactments. — [Laws 1993, ch. 158, § 22](#) repealed former [61-14A-14](#) NMSA 1978, as enacted by Laws 1981, ch. 62, § 14, relating to refusal, suspension or revocation of license, and enacted the above section, effective June 18, 1993.

Delayed repeals. — For delayed repeal of this section, *see* [61-14A-22](#) NMSA 1978.

The 2000 amendment, effective May 17, 2000, in the introductory language of Subsection A, deleted "in acupuncture and oriental medicine" preceding "to meet board approval" and inserted "as a minimum"; in Subsection A(2), substituted "nine hundred hours" for "seven hundred fifty hours"; substituted "tutors" for "a qualified private tutor" in Subsection A(3); deleted "traditional and modern acupuncture and" preceding "oriental" in Subsection A(4)(f); inserted "qi or" in Subsection A(4)(i); and rewrote the introductory language in Subsections B through G.

The 1997 amendment, effective June 20, 1997, added Subparagraph A(4)(d) and redesignated the following subparagraphs accordingly, and made minor stylistic changes throughout the section.

61-14A-14.1. Students and externs; supervised practice. (Repealed effective July 1, 2024.)

A. A student enrolled in an approved educational program may practice acupuncture and oriental medicine under the direct supervision of a teacher or tutor as part of the educational program.

B. The board may promulgate rules to govern the practice of acupuncture and oriental medicine by externs. The rules shall include qualifications for externs and supervising doctors of oriental medicine or other supervising health care professionals and the allowable scope of practice for externs. The board may charge a fee for approval and renewal of approval of extern programs. Participation as an extern is optional and not a requirement for licensure.

History: [Laws 2000, ch. 53, § 11.](#)

ANNOTATIONS

Delayed repeals. — For delayed repeal of this section, *see* [61-14A-22](#) NMSA 1978.

61-14A-15. License renewal. (Repealed effective July 1, 2024.)

A. Each licensee shall renew his license annually by submitting prior to the date established by the board:

- (1) the completed application for license renewal on the form provided by the board; and
- (2) the required fee for annual license renewal.

B. The board may require proof of continuing education or other proof of competency as a requirement for renewal.

C. A sixty-day grace period shall be allowed each licensee after the end of the licensing period, during which time the license may be renewed by submitting:

- (1) the completed application for license renewal on the form provided by the board;
- (2) the required fee for annual license renewal; and
- (3) the required late fee.

D. Any license not renewed at the end of the grace period shall be considered expired and the licensee shall not be eligible to practice within the state. For reinstatement of an expired license within one year of the date of renewal, the board shall establish any requirements or fees that are in addition to the fee for annual license renewal and may require the former licensee to reapply as a new applicant.

History: 1978 Comp., § 61-14A-15, enacted by [Laws 1993, ch. 158, § 23](#); [2000, ch. 53, § 10](#).

ANNOTATIONS

Repeals and reenactments. — [Laws 1993, ch. 158, § 23](#) repealed former [61-14A-15](#) NMSA 1978, as enacted by Laws 1981, ch. 62, § 15, relating to penalties, and enacted the above section, effective June 18, 1993.

Delayed repeals. — For delayed repeal of this section, *see* [61-14A-22](#) NMSA 1978.

The 2000 amendment, effective May 17, 2000, changed the requirement that licenses be renewed biennially to annually; added "prior to the date established by the board" in Subsection A; substituted "late fee" for "fee for late license renewal" in Subsection C(3); in Subsection D, substituted "reinstatement" for "renewal", inserted "within one year of the date of renewal", and deleted "by rule" following "establish".

61-14A-16. Fees. (Repealed effective July 1, 2024.)

The board shall establish a schedule of reasonable nonrefundable fees not to exceed the following amounts:

- | | | |
|----|--|--------|
| A. | application for licensing | \$800; |
| B. | application for reciprocal licensing | 750; |
| C. | application for temporary licensing | 500; |
| D. | examination, not including the cost of any nationally recognized examination | 700; |
| E. | annual license renewal | 400; |
| F. | late license renewal | 200; |
| G. | expired license renewal | 400; |
| H. | temporary license renewal | 100; |

- I. application for approval or renewal of approval of an educational program 600;
- J. late renewal of approval of an educational program 200;
- K. annual continuing education provider registration 200;
- L. application for extended or expanded prescriptive authority 500;
- M. application for externship supervisor registration 500;
- N. application for extern certification 500; and
- O. any and all fees to cover reasonable and necessary administrative expenses.

History: 1978 Comp., § 61-14A-16, enacted by [Laws 1993, ch. 158, § 24](#); [2001, ch. 263, § 1](#); [2001, ch. 266, § 2](#).

ANNOTATIONS

Repeals and reenactments. — [Laws 1993, ch. 158, § 24](#) repealed former [61-14A-16](#) NMSA 1978, as enacted by Laws 1987, ch. 124, § 5, providing for termination of agency life and delayed repeal, and enacted the above section, effective June 18, 1993.

Delayed repeals. — For delayed repeal of this section, *see* [61-14B-25](#) NMSA 1978.

2001 amendments. — Identical amendments to this section were enacted by Laws 2001, ch 263, § 1 and [Laws 2001, ch. 266, § 2](#), effective July 1, 2001, which substituted "\$800" for "\$500" in Subsection A; substituted "\$500" for "\$300" in Subsection C; substituted "\$700" for "\$350" in Subsection D; substituted "annual" for "biennial" in Subsection E; deleted former Subsection K, which read "expired renewal of approval of an educational program. 400"; redesignated former Subsection L as K; added Subsections L, M and N; and redesignated former Subsection M as O. This section was set out as amended by [Laws 2001, ch. 266, § 2](#). *See* [12-1-8](#) NMSA 1978.

61-14A-17. Disciplinary proceedings; judicial review; application of Uniform Licensing Act. (Repealed effective July 1, 2024.)

A. In accordance with the procedures contained in the Uniform Licensing Act [61-1-1 through [61-1-31](#) NMSA 1978], the board may deny, revoke or suspend any permanent or temporary license held or applied for under the Acupuncture and Oriental Medicine Practice Act, upon findings by the board that the licensee or applicant:

- (1) is guilty of fraud or deceit in procuring or attempting to procure a license;
- (2) has been convicted of a felony. A certified copy of the record of conviction shall be conclusive evidence of such conviction;
- (3) is guilty of incompetence as defined by board rule;
- (4) is habitually intemperate, is addicted to the use of habit-forming drugs or is addicted to any vice to such a degree as to render him unfit to practice as a doctor of oriental medicine;
- (5) is guilty of unprofessional conduct, as defined by board rule;
- (6) is guilty of any violation of the Controlled Substances Act [Chapter [30](#), Article [31](#) NMSA 1978];
- (7) has violated any provision of the Acupuncture and Oriental Medicine Practice Act or rules promulgated by the board;
- (8) is guilty of failing to furnish the board, its investigators or representatives with information requested by the board;
- (9) is guilty of willfully or negligently practicing beyond the scope of acupuncture and oriental medicine as defined in the Acupuncture and Oriental Medicine Practice Act;
- (10) is guilty of failing to adequately supervise a sponsored temporary licensee;
- (11) is guilty of aiding or abetting the practice of acupuncture and oriental medicine by a person not licensed by the board;
- (12) is guilty of practicing or attempting to practice under an assumed name;
- (13) advertises by means of knowingly false statements;
- (14) advertises or attempts to attract patronage in any unethical manner prohibited by the Acupuncture and Oriental Medicine Practice Act or the rules of the board;
- (15) has been declared mentally incompetent by regularly constituted authorities;
- (16) has had a license, certificate or registration to practice as a doctor of oriental medicine revoked, suspended or denied in any jurisdiction of the United States or a foreign country for actions of the licensee similar to

acts described in this subsection. A certified copy of the record of the jurisdiction taking such disciplinary action will be conclusive evidence thereof; or

(17) fails, when diagnosing or treating a patient, to possess or apply the knowledge or to use the skill and care ordinarily used by reasonably well-qualified doctors of oriental medicine practicing under similar circumstances, giving due consideration to the locality involved.

B. Disciplinary proceedings may be instituted by any person, shall be by sworn complaint and shall conform with the provisions of the Uniform Licensing Act. Any party to the hearing may obtain a copy of the hearing record upon payment of the costs of the copy.

C. Any person filing a sworn complaint shall be immune from liability arising out of civil action if the complaint is filed in good faith and without actual malice.

D. The licensee shall bear the costs of disciplinary proceedings unless exonerated.

History: 1978 Comp., § 61-14A-17, enacted by [Laws 1993, ch. 158, § 25](#); [1997, ch. 240, § 10](#).

ANNOTATIONS

Delayed repeals. — For delayed repeal of this section, *see* [61-14A-22](#) NMSA 1978.

The 1997 amendment, effective June 20, 1997, in Paragraph A(3), added "as defined by board rule" at the end, substituted "promulgated" for "and regulations adopted" in Paragraph A(7), deleted "and regulations" following "rules" in Paragraph A(15), added Paragraph A(17) and Subsection D, and made a minor stylistic change.

Am. Jur. 2d, A.L.R. and C.J.S. references. — 61 Physicians, Surgeons and Other Healers, §§ 74 to 120. Rights as to notice and hearing in proceeding to revoke or suspend license to practice medicine, 10 A.L.R.5th 1. 70 C.J.S. Physicians, Surgeons, and Other Health-Care Providers §§ 24, 35 to 42.

61-14A-18. Fund created. (Repealed effective July 1, 2024.)

A. There is created in the state treasury the "board of acupuncture and oriental medicine fund".

B. All money received by the board pursuant to the Acupuncture and Oriental Medicine Practice Act shall be deposited with the state treasurer for credit to the board of acupuncture and oriental medicine fund. The state treasurer shall invest the fund as other state funds are invested. All balances in the fund shall remain in the fund and shall not revert to the general fund.

C. Money in the board of acupuncture and oriental medicine fund is appropriated to the board and shall be used only for the purpose of meeting the necessary expenses incurred in carrying out the provisions of the Acupuncture and Oriental Medicine Practice Act.

History: 1978 Comp., § 61-14A-18, enacted by [Laws 1993, ch. 158, § 26](#).

ANNOTATIONS

Delayed repeals. — For delayed repeal of this section, *see* [61-14A-22](#) NMSA 1978.

61-14A-19. Penalties. (Repealed effective July 1, 2024.)

A. A person who violates a provision of the Acupuncture and Oriental Medicine Practice Act is guilty of a misdemeanor and upon conviction shall be punished as provided in Section [31-19-1](#) NMSA 1978.

B. In addition to criminal penalties, a person who engages in acupuncture or oriental medicine without a license is subject to disciplinary proceedings by the board. The provisions of Section [61-1-3.2](#) NMSA 1978 notwithstanding, the board may impose a civil penalty in an amount not to exceed two thousand dollars (\$2,000) against such person and may assess the person for administrative costs, including investigative costs and the cost of conducting a hearing. The fine shall be deposited to the credit of the current school fund.

History: 1978 Comp., § 61-14A-19, enacted by [Laws 1993, ch. 158, § 27](#); [2017, ch. 52, § 3](#).

ANNOTATIONS

Delayed repeals. — For delayed repeal of this section, *see* [61-14A-22](#) NMSA 1978.

The 2017 amendment, effective June 16, 2017, provided additional penalties for engaging in acupuncture or oriental medicine without a license, directed that money collected from fines be deposited to the credit of the current school fund; added the subsection designation "A." preceding the first sentence of the section; in Subsection A, after the subsection designation, deleted "Any" and added "A", and after "who violates", deleted "any" and added "a"; and added new Subsection B.

Am. Jur. 2d, A.L.R. and C.J.S. references. — 61 Am. Jur. 2d Physicians, Surgeons and Other Healers, §§ 125 to 130.

61-14A-20. Criminal Offender Employment Act. (Repealed effective July 1, 2024.)

The provisions of the Criminal Offender Employment Act [28-2-1 through [28-2-6](#) NMSA 1978] shall govern any consideration of criminal records required or permitted by the Acupuncture and Oriental Medicine Practice Act.

History: 1978 Comp., § 61-14A-20, enacted by [Laws 1993, ch. 158, § 28](#).

ANNOTATIONS

Delayed repeals. — For delayed repeal of this section, *see* [61-14A-22](#) NMSA 1978.

61-14A-21. Licensed acupuncture practitioner; license valid under new act. (Repealed effective July 1, 2024.)

Any person validly licensed as an acupuncture practitioner under prior law of this state shall be deemed licensed under the provisions of the Acupuncture and Oriental Medicine Practice Act.

History: 1978 Comp., § 61-14A-21, enacted by [Laws 1993, ch. 158, § 29](#).

ANNOTATIONS

Delayed repeals. — For delayed repeal of this section, *see* [61-14A-22](#) NMSA 1978.

61-14A-22. Termination of agency life; delayed repeal. (Repealed effective July 1, 2024.)

The board of acupuncture and oriental medicine is terminated on July 1, 2023 pursuant to the Sunset Act [12-9-11 through [12-9-21](#) NMSA 1978]. The board shall continue to operate according to the Acupuncture and Oriental Medicine Practice Act until July 1, 2024. Effective July 1, 2024, Chapter [61](#), Article [14A](#) NMSA 1978 is repealed.

History: 1978 Comp., § 61-14A-22, enacted by [Laws 1993, ch. 158, § 30](#); [2000, ch. 4, § 10](#); [2000, ch. 53, § 13](#); [2005, ch. 208, § 11](#); [2017, ch. 52, § 4](#).

ANNOTATIONS

The 2017 amendment, effective June 16, 2017, changed "July 1, 2017" to "July 1, 2023", and changed "July 1, 2018" to "July 1, 2024".

The 2005 amendment, effective June 17, 2005, changed the termination, operation and repeal dates.

The 2000 amendment, effective May 17, 2000, extended the termination date of the board from 1999 to 2005, substituted "the Acupuncture and Oriental Medicine Practice Act" for "Sections 61-14A-1 through [61-14A-21](#) NMSA 1978" and "July 1, 2006" for "July 1 2000" in the second sentence, and substituted "2006, Chapter [61](#), Article [14A](#) NMSA 1978 is" for "2000, Sections 61-14A-1 through [61-14A-21](#) NMSA 1978 are" in the last sentence. This section was also amended by [Laws 2000, ch. 4, § 10](#). The section was set out as amended by [Laws 2000, ch. 53, § 13](#). *See* [12-1-8](#) NMSA 1978.